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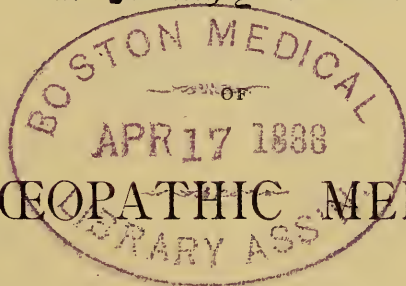






THE  
NEW ENGLAND  
MEDICAL GAZETTE.

A Monthly Journal



HOMŒOPATHIC MEDICINE.

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*“Die milde Macht ist gross.”*

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VOLUME XXII.

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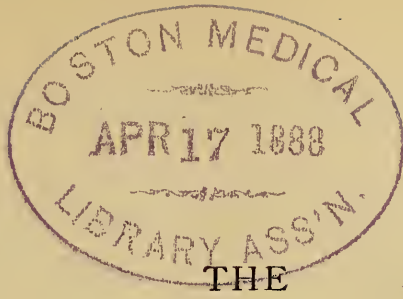
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## EDITORIAL.

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*VOL. XXII.*

THERE is perhaps nothing, — unless one excepts the address of the valedictorian of a graduating class, — in which, from the mournful necessities of the case, so little originality can find place, as in the annual salutatory of a magazine. The chief reason of this must be looked for in the fact that human nature wearies of the repetition of a truth, long before it is prepared to act on the truth itself; as a man may find dunning letters monotonous reading for some time before he is prepared to pay his debts. The homœopathic physicians of New England, for instance, we fear will, in New-England phrase, “bear a deal of telling” that — as the *GAZETTE* has during the whole term of its now very respectably long lifetime been endeavoring to impress upon them — they have other duties toward their representative publication than the subscription to and the reading of it. Unless their names, as contributors, adorn its title-page, the title itself is but a sad misnomer, reflecting alike on the neglected duties of should-be contributors, and the powerlessness of editorial rhetoric to spur them to those duties. Let us hope that in the ensuing year the title of our magazine will prove less than ever a misnomer; for we cannot too frequently or too forcibly remind the homœopathic physicians of New England that the *GAZETTE* welcomes to its columns, as to their rightful place, all reports of what New-England homœopathists are doing in their societies,

proving or disproving in their clinical experience, and evolving, in the way of theory, from their "inner consciousness."

The New Year's word of the GAZETTE must not and should not, however, be a carping or ungrateful word. For the year just ended has proved for our journal a year rich in material success, and in that other, better success, which is born of the consciousness that one has been, in however small measure, useful in one's day and place. And we are already assured, by growing subscription-list, and by generous promises of valuable contributions, that neither form of success will fail to brighten the coming twelvemonth. As it promises to prove to the GAZETTE, may it prove to all its readers and contributors, a HAPPY NEW YEAR!

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#### EDITORIAL NOTES AND COMMENTS.

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THE APPEARANCE OF "ANTIFEBRIN," a new anti-pyretic which is fast displacing "antipyrin," as that much-vaunted preparation, in its day, displaced its predecessors, "kairin," "thallin," and "resorcin," is a fresh instance of how, in the "rational" school of medicine, times change and remedies change with them. It is a pity, by the way, that the rational school should disavow all formulas and mottoes, when, from the nature of its practice, so many appropriate watchwords wait its adoption: "One nail drives out another," for instance; or, "*Le roi est mort: vive le roi!*" It was no longer ago than at the last meeting of the Massachusetts Homœopathic Medical Society, that Dr. J. Heber Smith presented his very interesting paper, reproduced elsewhere in our present issue, on the confidence which the allopathic school was then reposing in "antipyrin," and the generality of its use, which was so wide that even homœopaths were sometimes tempted to resort to it when alarmed by a persistently high temperature in a case under their treatment. But mingling with the shouts of "Eureka!" with which the dominant school, with the cheerful promptness of a Greek chorus, greets every new and infallible specific, there gradually arose murmurs of dissatisfaction. Reports of cases cured by "antipyrin" began to be matched with reports of cases in which the

drug had no apparent effect ; for instance, one reported by Dr. Singer, of Galveston, Tex., where one hundred grains of antipyrin were given within three and a half hours, in a case of hyperthemia from insolation, without in the least reducing the temperature. And, equally convincing with the above, appeared statistics in which no antithermic drug of any sort was employed, but with the aid of the bath, and an ice-bag on the epigastrium, the patients made a good recovery. Five hundred and fifty-one cases of typhoid fever thus treated—in a few of these cases, the bath being contra-indicated, seven and one-quarter grains of hydrochlorate of quinine were exhibited daily—are reported by Dr. Aufrecht of Magdeburg (*Therapeutic Gazette*, October, 1886), with a mortality of but ten and a half per cent. And thus, driven from the field, antipyrin seems about to be relegated to the vast oblivion of discarded fashions ; and a new aspirant for its lost honors is just making its bow to the medical world. Antifebrin lays claim to all its predecessor failed to be ; claims to act more promptly and in smaller doses, to cause no secondary symptoms, to be appreciably cheaper. It comes to us from the clinics of Professor Kussmaul of Strasburg, and is described as “a white, crystalline, and odorless powder, slightly pungent, almost insoluble in cold water, sparingly so in hot water, and readily so in alcohol” (*Ther. Gaz.*). Somewhat contradictory experiments seem to have been made on the lower animals, and the drug now arrives at the dignity of being experimented with on the sick of humankind. Its future is not difficult of prediction ; less so than the possible name of its successor,—“anti-thermin,” perhaps. Or, Greek having served its turn, may we not have a “Rough on Fevers” ?

One suggestion from all this can only be ignored or rejected by the wilfully deaf and blind. And that is, that every new anti-pyretic exultingly discovered and heralded by the rational school sheds, in its meteoric passing, and by its very transitoriness, a brighter glory on the laurels won and worn by those anti-pyretics of our homœopathic pharmacopœia, which came into medical science nearly a century ago, and, when they came, came to stay. Belladonna, aconite, rhus tox., bryonia,—these, standing sturdily, yet modestly, each in its place, and neither vaunting itself as a universal and infallible specific, nor failing in its duty



in that especial kingdom of suffering over which it has control, — these, and a few of their not less honorable brethren of later discovery and date, will steadily and nobly serve us and our successors as they have served “our fathers in the old time before us;” and who shall ask better helpers?

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THE LAURA FRANKLIN FREE HOSPITAL FOR CHILDREN is announced as completed, and ready to receive the little patients for whom it has been erected and endowed. It may not be generally known to the physicians of New England (and it is most pleasant and congenial news to communicate to them), that this noble and beautiful building — probably the finest hospital for children in this country, and possibly in the world — is to be in charge of homœopathic physicians and surgeons. Its announcement, lately received through the courtesy of Dr. T. F. Allen, is as follows:—

THE LAURA FRANKLIN FREE HOSPITAL FOR CHILDREN, One Hundred and Eleventh Street, between Fifth and Madison Avenues, New-York City, is now ready to receive children from two to twelve years of age requiring medical or surgical treatment.

Children living in or near New York may be taken directly to the Hospital, but those living at a distance should apply by letter.

INCURABLE OR CONTAGIOUS DISEASES CANNOT BE RECEIVED; and applications from patients residing at a distance should be accompanied by a note from a physician, stating the nature of the disease.

Further information may be obtained from Sister Gertrude, at the Hospital, or from Dr. T. F. Allen, No. 10 East Thirty-sixth Street, New-York City.

The Hospital is in charge of the Episcopal Sisters of St. Mary.

MEDICAL AND SURGICAL STAFF OF THE LAURA FRANKLIN FREE  
HOSPITAL FOR CHILDREN.

*Consulting Physicians.*

Dr. T. F. ALLEN, 10 East Thirty-sixth Street.

“ J. MCE. WETMORE, 41 East Twenty-ninth Street.

*Consulting Surgeons.*

Dr. WILLIAM TOD HELMUTH, 299 Madison Avenue.

“ F. E. DOUGHTY, 512 Madison Avenue.

*Attending Physicians.*

Dr. M. DESCHERE, 38 East Sixtieth Street.

“ B. G. CLARK, 134 West One Hundred Twenty-sixth Street.

Dr. H. M. DEARBORN, 152 West Fifty-seventh Street.

“ E. V. MOFFAT, 132 West Forty-fourth Street.

“ E. H. PORTER, 461 West Seventy-first Street.

“ J. W. DOWLING, Jun., 313 Madison Avenue.

*Attending Surgeons.*

Dr. S. F. WILCOX, “The Rutland,” Fifty-seventh Street and Broadway.

“ F. S. FULTON, 121 East Seventieth Street.

*Specialists.*

Dr. H. C. HOUGHTON, 12 West Thirty-ninth Street, diseases of the ear.

“ GEORGE S. NORTON, 154 West Thirty-fourth Street, diseases of the eye.

“ GEORGE G. SHELTON, 10 East Thirty-sixth Street, diseases of the nose and throat.

“ J. T. O’CONNOR, 19 West Forty-sixth Street, diseases of the nervous system, and electricity.

The Hospital is the gift to suffering childhood of Mr. and Mrs. F. Delano, as a memorial of their niece. No more touching and beautiful tribute to a beloved memory can be imagined, than such an one as this. However lovely may be a memorial in marble or in color, from which a name shines forth, surrounded by all that art can do to make it immortal, surely unspeakably lovelier is the memorial which inshrines that name forever in the hearts and on the lips of little children, redeemed from suffering for its sake.

We congratulate our sister city on this noble acquisition to its humanitarian possibilities, and our *confrères* that they are privileged to find so wide and worthy a field for the exercise of that “*milde Macht*” which is their honored heritage, and ours.

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THE CHANGE OF BUSINESS HEADQUARTERS ON THE PART OF MESSRS. OTIS CLAPP & SON, the well-known homœopathic pharmacists of New England, which is to take place in the near future, is matter for congratulation to the homœopathic profession of New England, and, indeed, to friends of homœopathy everywhere, no less than to the enterprising firm itself. The fact that the business of the chief homœopathic pharmacy of New England should have outgrown the generous limits of its present familiar headquarters at 3 Beacon Street, and should be still rapidly increasing, bears welcome and convincing testi-

mony to the growth of homœopathy, and public demand for its beneficent service.

We are authorized to give a few details of the proposed change, which, we are sure, will be of interest to our readers. The new pharmacy will be situated in the very centre of growing Boston, at No. 10 Park Square; and in order to furnish much-needed space for laboratory purposes, and for storage, will include the estates Nos. 17 and 19 Carver Street. These buildings will be connected, and so enlarged and improved as to make a convenient and spacious whole, admirably adapted to its important purposes. The familiar store, full of pleasant and friendly associations for homœopathic physicians the country over, at 3 Beacon Street, will be still retained, but for purposes of retail trade only, and as a branch of the main house. Early in March, homœopathic physicians will be asked to transfer their associations, business and social, with the pharmacy, to its new headquarters. We are sure that the motto of the change will be "*Cælum non animum*;" that the new associations will prove, to the full, as pleasant as the old; and that the profession to whose needs and interests it so ably and cordially ministers will precede and follow, with good will and good wishes, the firm of Messrs. Otis Clapp & Son to its new headquarters.

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#### COMMUNICATIONS.

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*REPLY TO THE QUESTIONS UNDER DISCUSSION AT THE MEETING OF THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY, OCT. 21, 1886.*

BY C. WESSELHOEFT, M.D.<sup>1</sup>

THE following questions will be submitted to the Society for discussion:—

1. Whether the present extensive use by homœopathists of extraneous therapeutic methods is inconsistent with the professed tenets of homœopathy.

2. Whether this departure from the conventional homœopathic practice is due to mistakes or omissions in teaching, disappointment in results obtained, or carelessness on the part of the practitioner.

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<sup>1</sup> This "reply" was given verbally, and only subsequently put into written form.



3. In case the use of such methods becomes general in our ranks, shall we be justified in still retaining our distinctive title?

4. What will be the influence, if any, of such practice upon the progress and future condition of homœopathy?

In order to approach the questions propounded in your circular, it is necessary to prepare our minds for an intelligible answer by defining as concisely as possible what homœopathy means. When we consider that this term implies a correct knowledge of the action of drugs, and an accurate application of such knowledge, according to a certain principle embodied in the term *similia similibus curantur*, we find that this formula is separable into two distinct parts, whose relation to each other is scarcely ever duly appreciated or considered. I mean that the formula as an abstract expression strikes us as something that having been empirically found, and many times verified by analogies, is a true and practical rule. The second part of the formula, however, clearly implies a method of its application to concrete cases. Now, while the principle regarded as a rule or law, if you will, appears to us as universal, its method of application, bringing us to the purely practical level of treating disease, is fraught with great difficulties and uncertainties; for while we may proclaim our guiding law as universally true, who will say that its methods of application are easy and infallible?

It is not difficult to quote numerous passages from the writings of Hahnemann, that homœopathy was by him regarded as an unalterable and perfect system, to which additions might be made, but nothing taken away, — as a system which, implicitly and accurately followed and applied, would lead to certain cures; in a word, that, *under such conditions*, it is to be regarded as infallible.

With these distinctions in mind, we may approach the first of the questions propounded in our circular to-night.

Taking these questions as a whole, they seem to me to take a good deal for granted. They are a kind of *petitio principii*, which in the form of an inquiry rather seem to assert what they ask: thus they seem to say that homœopathists use extraneous methods too extensively, that there is too common a departure from conventional homœopathic practice, and so forth.

While we may concede that there is more or less of such departure, I doubt that we are justified in assuming it to be very extensive; but to come down to the first question, in a manner as direct as that in which it is framed, I for one do not hesitate to assert that extraneous therapeutic methods are wholly at variance with the professed tenets of homœopathy. First, because it was taught by its founder as an invariable, unalterable



system, a departure from which involved a degree of inconsistency irreconcilable with the professions of a follower of Hahnemann; for the founder of homœopathy very soon brought the conditions of the recognition of his system down to a test question, involving absolute and implicit acceptance of his system, without which the master could consider none as one of his true followers.

Taking this as the standard, the true answer to the first of your questions is, as I have stated it, a categorical negation.

If the question had been put in another form, asking if, notwithstanding the difference between homœopathy and other non-homœopathic (extraneous) methods, such methods had a right to exist and to be employed, my reply would be, that they certainly had such right under the laws permitting each physician to practise according to the best of his knowledge. For the difference in principle between methods of practice does not imply that one is absolutely right, and the other absolutely wrong; hence it does not imply their reciprocal negation as seems to be assumed by homœopathists and alloëpathists.

As the second part, touching the method of applying the homœopathic principle, is not included in your questions, I cannot dwell upon it as I would; but must ask to be permitted to say, as I have done elsewhere, that, though the principle appears to us as perfect, its methods of application are not yet as perfect and infallible, but require much careful research and work to make them more nearly perfect.

This brings us to the second question of our programme, in which it is assumed that there exist extensive departures from conventional homœopathic practice, due to mistakes or omissions in teaching, disappointment in results obtained, or carelessness on the part of the practitioner.

Though not personally conversant with the methods of teachers in all of our homœopathic colleges, I know that they are struggling to overcome great difficulties. Homœopathic therapeutics constitute only one among many of the other branches of medical science, all of which absorb the time and attention of students to such an extent that homœopathic therapy is only a small portion of what students have to learn. But, as far as my experience extends, teachers having charge of that branch are not guilty of omissions or mistakes as far as teaching the principles of homœopathy in the spirit and words of its author is concerned. If teachers err, it is in the avoidance of independent critical elucidation. By too closely following the words of the text of Hahnemann, teachers are led to assert or to imply too much, or, at least, more than the learner can comprehend, so that he is forced back upon his powers of faith or upon an irredeemable scepticism.

The ideal aim of homœopathy is confounded with the reality. The ideal object of homœopathy is perfection,—infallibility. The reality, left without proper comment, confuses and disappoints not only the beginner but many others.

It is an overweening confidence, not to say intolerance and zealotism, that leads to disappointments and to departures from homœopathic practice, from which the beginner is driven to grope vaguely about, or to attempt rash measures at variance with homœopathy. Finding himself unable to perform as much as is implied or demanded, by the implied, but only conditional, infallibility of homœopathy, the timid beginner becomes careless as well as rash, and the effect can scarcely ever be eradicated by ever so much teaching. If the instruction of our schools is guilty of omissions, the error is not on the side of moderation in stating the advantages of homœopathy, but it is deficient in defining and in explaining the difficulties, as yet insurmountable, which stand in the way of invariable or infallible cures.

I would on no account argue, that, because our methods of applying homœopathic principles are as yet imperfect, this should form a valid excuse for departing from them under every slight pretext. If I maintain that our methods are still imperfect, it is in the sense that we err in arrogating to ourselves absolute superiority. On the other hand, I would consider him in error who, discouraged in his expectations to perform miracles of cure by means of homœopathy, deserts it and forgets it.

This brings me to the third question of our programme, concerning the retention of the title. I have answered it in my preface to the third edition of my *Lecture on Homœopathy*,<sup>1</sup> wherein I take the ground that any scientist, or body of scientists, having a principle governing their actions, should have the undisputed right to distinguish themselves by the name of the principle which characterizes them; and, far from being a trade-mark or advertisement, it would be hypocrisy to deny a principle once adopted: hence the name or title of the principle must remain. On the other hand, it would be wrong to assume a distinctive title or name where there is no principle governing a method, or where such principle is distinctly disavowed.

This is perfectly clear to my mind, as far as our relation to allœopathists is concerned; but I am very mindful that among ourselves there are some who would deny the right to the title of homœopathists to those who do not practise it wholly; and there are some who even go so far as to exclude from a common brotherhood those who do not practise what certain physicians choose to call pure, or Hahnemannian, homœopathy.

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<sup>1</sup> *A Lecture on Homœopathy.* Boston: Otis Clapp & Son. 1886 Also: *Homœopathy, its Name, and Relation to Medicine.* *British Journal of Homœopathy*, Jan. 1, 1876.

When differences arise within our walls, these are fomented by outsiders, and thus become dangerous, as is the case when the title of homœopathists is denied us by the allœopathists, on the ground that a certain class of homœopaths deny such title to another class.

As long as homœopathy is a practical method of treating the sick, it must have a definition; and its definition or title will be maintained just as long as the system which the name defines is found to be practical. The great truths which it embodies are worth developing and improving to their furthest extent. Ardent homœopathists are right in maintaining that departure from homœopathic methods at each slight discouragement, that to resort to extraneous therapeutic methods while maintaining the title of homœopathy, is inconsistent. For, if such extraneous methods become general, if the principle of *S. S. C.* is forgotten or ignored, or if, in the opinion of many orthodox homœopathists, the system is perfect and unalterable, both of these directions will lead to its decline, — the one through neglect, and the other through stagnation in its progress, — and its distinctive title will wane out of sight and out of mind. Neglect, ignorance, and pusillanimity in practising according to *S. S. C.*, no less than the over-estimation of this principle, will work its decline. The exact experimental test, in place of old-fashioned methods of proving, and more scientific methods of demonstrating the validity of *S. S. C.*, will develop it. With these words I may leave the subject, without enlarging particularly on the fourth question, which I think I have answered at sufficient length while speaking of the question of the distinctive title, and here leave the subject that the opinions of others may be heard.

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#### OUR HERITAGE.

BY HOWARD P. BELLOWS, M.D., BOSTON.

[*Annual Oration before the Massachusetts Homœopathic Medical Society, Oct. 13, 1886.*]

LADIES AND GENTLEMEN, — In years past you have been accustomed at this time to listen to the words of some of the older and more experienced of your colleagues. You have heard fall from their lips words of wisdom born of their experience. You have received from them the results of individual investigation. You have shared with them riches of thought and of fact which are only gathered through years of patiently continued and carefully trained observation. You have followed them in argumentative reasoning, and reached with them conclusions which result only from exact knowledge and mature deliberation. From their points of vantage they have acted for you as watch-



men upon the heights, and have given warning of impending danger, or brought you good news of that which happens afar off. It is the province of those grown wise and experienced through years of battling and success, to perform towards us such service, and I would we were all listening to such an one at this moment.

But, for some reason, this good old custom is reversed to-day, and I stand here before you, — one of the younger members of the profession, — to speak to you, not from experience, from originality, from richly stored observation, nor yet with carefully considered logic, but rather as one who feels a debt of gratitude, and is impelled to speak, not so much from the head as from the heart, in grateful recognition of the aids, the privileges, and the immunities which our toiling and long-suffering predecessors in homœopathy have bequeathed to us, their younger followers. I speak not alone of those whose names and whose completed works only remain among us, but of those also whose faces are familiar, our instructors and our counsellors, who are still at their labors, lightening our tasks by the sturdy performance of their own, and making possible for us higher attainments than we could otherwise have achieved.

It is that we may realize more fully the benefit accruing to us from the work of the pioneers in our school and those who have borne the heat and burden of the day, that I wish to speak; speaking especially to those who, like myself, have now entered fairly upon the active work of the profession, and feel its more solid burdens settling firmly upon our shoulders. We should realize how different would be our positions and our surroundings, were it not for our predecessors who prepared the way for us, and our older colleagues on whom we lean safely in times of trial. Our thoughts will then become a tribute to those who have gone, and are still going, before us, and the weight of gratitude which we feel becomes to us a weight of obligation towards those who may follow us. This rich inheritance of knowledge and prestige which is our portion is not to end with us, but is the common heritage of our school, a common fund of wisdom and record of achievement which is ever to be transmitted. Realizing this, our thoughts will become a stimulus to renewed effort, that, as stewards of this trust, we may transfer it to still younger hands than ours, with that increase which they may justly demand.

Turn your thoughts, then, with mine, to a poor wayside inn, in an obscure little village of Germany, during the last year of the last century. A mournful group is slowly and with difficulty approaching the door. In the centre is a large travelling wagon, laden heavily with household goods of every description.



They are thrown and hung upon the load in great confusion, and many of them are wet and broken, and seem hardly fit for use. For there has been a serious accident, not far from this village, during the descent of a rough and steep hillside. The wagon has been overturned, its contents rolled into a stream beside the road, and not only the driver is injured, but to the owner of this simple and meagre household equipment, who was travelling with his numerous family in this same overcrowded wagon, has come terrible and heart-rending disaster. His own injuries, though severe, are hardly felt, for his little son, a mere infant, borne tenderly along, will never survive the cruel hurt it has received, while a daughter with fractured limb completes the picture of distress. Toiling on, by the help of the peasants and villagers who have come to their aid, they reach the poor shelter which is to be their abiding-place for weeks, till the recovery of the injured ones permits of further journeying, — this time with even the scanty store in the purse so lessened by the expenses of illness, that the traveller seems reduced almost to the verge of abject poverty.

Who is this man, whose present misfortune alone draws so heavily upon our sympathy? He is one of our calling, a physician, already of middle age, widely known among his colleagues and among scientific men; eminent in culture and in scientific and literary attainments; a linguist of no mean order, who has translated many works into his native tongue from the Latin, from English, French, and Italian; a chemist, whose discoveries and writings have won for him recognition and standing among the followers of that science; and yet — an outcast. After nearly twenty years of professional life, sometimes doubting, sometimes succeeding, always struggling for something better than he saw around him, he had found rest in a quiet town of his beloved fatherland, his native Saxony, to which, in all his wanderings, he looked back with longing and with yearning. Here first he saw emerging from a hap-hazard and often dangerous empiricism the guiding lines of a beneficent principle in therapeutics. Here he learned to forsake forever the multiple prescriptions then dominant throughout the schools, and administer the single remedy. Here he falteringly proclaimed what he afterwards triumphantly announced and reiterated, with all the positiveness of his nature, that, in the treatment of disease, a remedy should be chosen which is capable of producing symptoms similar to those exhibited by the disease, and that these symptoms should be ascertained by testing the action of the drug upon the healthy organism. These principles were at that time distinctly foreshadowed in his mind and in his writings, and acted upon to the full extent of his ability in his practice. With the growing satisfaction

which came to him in his professional labor, came tardily, at length, something like recognition on the part of the public ; and with their gratitude and increasing patronage, there came something like ease in pecuniary matters, so that the long, hard struggle for bread to satisfy, day by day, the many little mouths around him, gave place to moments of leisure, when he could draw upon the resources of his knowledge, and profit by the lessons of experience, in the development of the principles which became to him all-absorbing as he realized more fully their importance to the future of his beloved profession, and to the welfare of future generations. Here, during a fatal epidemic of scarlatina, he put to the test the power of belladonna in combating the early stages of the disease, led to its choice, and its confident and successful use, purely from his knowledge of the similar condition produced by its action upon the body in health ; and here he likewise discovered, and proclaimed to the profession, the prophylactic power of belladonna in this dread disease. Many other instances might be cited of the successful application of the newly formulated principles.

This was the beginning of homœopathy, and this man was Hahnemann. With his natural gifts and his eminent acquirements, with his strength of body and of mind, with his indomitable perseverance and never-tiring industry, his conscientiousness and natural benevolence, he would have won both wealth and laurels had he been content to follow traditional paths and heed time-honored barriers. This would have been his heritage in the old and honored school of dominant medicine. What was his heritage in the new school, at the very outset of his career as the first homœopathist ? The bitter and implacable enmity of his colleagues, abuse, misconception, derision, obloquy. He, a chemist of recognized authority, was finally even prevented, by legal enactment, from preparing and dispensing his own simple remedies ; and this at the suit of the petty apothecaries of this small town, instigated by the physicians, their allies. This was his heritage in those early days, from those of his own profession, — hatred and persecution, so powerful and so successful that he could no longer even administer to the suffering and the dying about him the simple and effectual remedies for their ills. And from the public what return ? Gratitude, unavailing sympathy, and loving remembrance. Forced to leave the one spot where he had found rest in his life of vicissitudes, turning his back in discouragement upon his fatherland, many inhabitants of this town followed him upon the road as he commenced his journey, and took tearful leave of the man to whom they owed so much. The sequel of this sad journey we have seen. Let us imagine, if we can, the thoughts and the feelings which must

have swayed this strong nature under the thrall of persecution, and cheerless, heart-crushing adversity, during those weeks of weary detention, with the wound of his bereavement fresh in his spirit, and the sense of bitter injustice and pursuing malignity rankling in his very soul. But the great principle for which he lived bore him onward, and sustained him; and to his endurance we owe all that makes our professional life best worth the living.

His heritage, the founder, the first homœopathist, was all this which I have pictured, and more; following him unrelentingly for forty years beyond the time of this episode, almost to the grave itself.

Pause a moment, and think of our heritage in comparison with his. Think of the funds of exact knowledge, accumulated largely by his own untiring efforts, and increased by scores of earnest, self-denying workers in the years which have elapsed since his labors ceased. Think of the many conflicts with professional enmity, envy, jealousy, which have been waged between his time and ours, and left us in acknowledged position upon the field. Think of the liberty of thought and of action which is our birthright, but was only his dream. Think of the thousands of colleagues who stand with us in the ranks, shoulder to shoulder, where he stood forsaken and alone. Think of the tens, the hundreds of thousands, who look to us for help in time of trouble, and rely upon our ministrations in time of need; and think of him, forbidden to reach to the dying among his own people the simple means of restoration which he possessed. What is our heritage, what is the heritage of homœopathy, become to-day, compared with his heritage, and the homœopathy of that day!

But let us not too far anticipate. Let us come thirty years onward towards the present time, and see what store awaits the man who, impressed by the teaching, the personality, or the cures of Hahnemann, ventures to cast in his lot with the few devoted followers who are now striving with him, in sturdy strength, to advance the cause of homœopathy. The party lines have long been drawn; the word "homœopathy" has long become familiar to both profession and laity; no urchin in the streets has failed to hear it, and the very sound has become as smoke to the eyes. The system, too, has emerged from the nebulous state in which we first saw it, and has assumed a definite form, and announced a definite aim. The "Organon" has been the butt of the profession at large for nearly twenty years, and has just appeared in its fourth edition. The "Materia Medica Pura" has for several years been completed, and is now in its second edition. It has furnished the follower of the new system with the knowledge of sixty-one remedies, — his whole



armamentarium. The work on "Chronic Diseases" is in process of publication; three parts have appeared, and others are promised. There are several works already in the hands of prescribers to facilitate reference to the "Materia Medica." The first homœopathic monograph has appeared. There is also a journal devoted to homœopathic interests, which for seven years has made its appearance, every four months a welcome number, filled with rich results in the new therapeutics. And now, in this very year which claims our attention, the disciples, from far and near, gather around their master, already aged, but in no wise infirm, to visit him in his seclusion (for again he has been practically exiled from his fatherland), to celebrate with him the fiftieth year of his doctorate, and to form among themselves a new and closer bond of union and good-fellowship, a centre from which may spring new strength and courage, from which may be derived a new impulse to growth and to development. Thus with an organized medical society, with a regular periodical, a little library of books, and a case full of proven remedies, the homœopathist of this period finds himself infinitely better prepared to cope with the disease of his patient, and the rancor of his professional neighbor, than was Hahnemann thirty years before. At the outset of his career he becomes possessed of that which the pioneer spent all the years in acquiring. Homœopathy has already in her keeping a birthright, a heritage, for all her sons, an accumulated store of knowledge and of power for all who seek her truths.

This is the bright side. Another inheritance is in store for the man who, in the strength of this knowledge and power, goes forth to help and to heal, or ventures to lift his voice in either warning or instruction among his fellows. With his beneficent heritage he falls heir to all the evil-born hatred and fierce intolerance which has arisen in the dominant school, and which has accumulated during the years of bitter and unrelenting strife since that first assault; for never has there been peace, or sign of peace, in all the years. Even among the people, await him, on this side and on that, ignorant prejudice and foolish jest, honest fear or humiliating suspicion, born of evil report and false imputation, kept alive and magnified, in many instances, by professional advisers. Is he a Saxon? This very year, one of his most able and honored colleagues is being tried by criminal process for the death of a patient from typhoid fever, and the points upon which the action rests are, "Whether the necessary evacuating medicines for the correction and removal of morbid bile were given in sufficiently large doses;" "whether antiphlogistic measures, — such as venesection and leeches, — and if so, how many, were employed at the proper time;" "whether the disease,

treated according to Hahnemann's method, was thereby neglected and aggravated to a fatal degree;" and finally, "whether poisons were given in a homœopathic form." The official medical report, after autopsy, lays before the judges this positive statement: "If derivative, antigastric, antiphlogistic, and cooling treatment, together with the removal of the saburra biliosa from the intestinal canal, and bleeding at the proper time, had been employed, relief would have been given, and the patient's life would have been saved." Is the homœopathist a German of the other principalities? There, as in Saxony, the judicial sword hangs over his head, not only in such cases as this, where the failure to bleed and purge is made a ground of criminal action, but, in many of them, if at any time, under any circumstances, he should venture to dispense his own remedies. Is he a Hungarian? The censorship of the press allows the appearance of all that can injure or bring contempt upon homœopathy, while all which can favor or explain it in any way is rigidly excluded. Even correction of the grossest misrepresentation, even a word of reply to personal attack, is returned with the hopeless words, *Pro typis non qualificatum*. Is our physician an Austrian? He is forbidden by imperial edict to practise homœopathy at all. A Russian? He is held under restraint almost as great. An Italian? In this summer land his prospects are brighter, as if to relieve, or perhaps to intensify, the darkness of the picture elsewhere. His colleagues there, though still few in number, are eminent in social position, in science, and in letters; the opposition is less than elsewhere; and this very year sees the opening of a public homœopathic clinic at Naples, by order of the King himself. Is he a Spaniard? In this same year an Italian physician, a homœopathist, attached to a royal commission, journeyed into Spain, and during his short sojourn has first introduced there our method of practice. Is he a Frenchman? He would count himself the first homœopathist in that country. A Belgian? He would find one man just entering this year upon the practice of our school. An Englishman? Here also he would have one colleague, and he a foreigner, who two years before had first introduced our practice into Great Britain. An American? He would find practising by the rule of similia five physicians and one layman in New York, and one physician in Pennsylvania; and for literature, one small pamphlet, and that a translation. These are the conditions, after thirty years of homœopathy, which surrounded the few devoted men upon whom the mantle of the master was falling—and with it, shall we say, the honors, the privileges, the amenities, of his profession? Nay! rather the dishonor, the deprivations, the crushing injustice, the bigotry, malice, and intolerance, which they encountered on every hand.

Five years more have passed, and bring us at last to better days. Homœopathy has been tried in the furnace, and the fiery test is over. Many thousands among the people have come to love its very name, despite the opposition of the established school, which is now redoubled in view of the wide appreciation, the internal growth, and the rapid spread of the new system. From this period begins the real public success of our school. The cholera swept down upon Europe, and the old school with its empiricism was driven hither and thither by every wave of doctrine. The sway of the lancet was alone maintained with any firmness of belief. On the other hand, Hahnemann, in his quiet study, gathering knowledge of the approaching disease carefully from such authentic reports as reached him, before any cases had occurred from whose treatment he or his followers could obtain empirical results, wrote of the means to be employed when the dreaded disease should appear, explaining concisely the treatment for each several stage, and circulated this instruction in advance of the danger, far and wide among the people and those of the profession who would heed his words. What more striking demonstration could be given of the difference between the vague theorizing and the wavering experimental practice of the established school of that day, and the deliberate deduction and almost uniform practice which characterized the new? The practical outcome, as concerning the welfare and spread of homœopathy, was immense. How better can we realize this than by scanning a few contemporaneous paragraphs which appeared in a German medical annual of the old school,<sup>1</sup> which discussed with exceptional soberness the current events of this year? Begging your indulgence for the quotation, it proceeds as follows: "While an anonymous writer who has just increased the number of works on homœopathy by a new one, describes homœopathy as a frightful abortion with a big body, goat's hoofs, crooked arms and long fingers, fox's eyes, donkey's ears, and a hydrocephalic head, others find the system uncommonly attractive. The number of its adherents is increasing, and it has become quite the fashionable beauty—it is spoken of by every one. Whether, however, it will be able to defy time and its opponents, and, like Ninon de l'Enclos, be able to retain its old admirers and attract new ones in its old age, is very doubtful; but its spread is immense notwithstanding. Not much less than half of the medical works that appear in Germany at the present time relate to the subject of homœopathy. Its literature is already so extensive that even homœopathists begin to complain that they have no time to read all, and study what is

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<sup>1</sup> See Ameke: *History of Homœopathy*, p. 275.



good. Seven periodicals are devoted to homœopathy; the first number has just appeared of an eighth, which merely contains extracts from the others; another one will shortly see the light in Karlsruhe, a tenth in Paris, an eleventh in North America. The first dozen is therefore nearly complete. In Germany, its native country, homœopathy has spread rapidly. In Baden, a few years ago there was one single homœopathic doctor; since that time more than forty doctors have studied and are practising homœopathy. . . . In Munich, lectures have been given for two years on homœopathy, and a homœopathic hospital is to be erected. In Austria, the number of homœopathic doctors is increasing. In Saxony and in Thuringia, it counts a great many adherents. And its founder is still, in his old age, laboring with youthful zeal. In Leipsic a homœopathic dispensary was open last year. In Sax-Meiningen the government last year issued an order to the apothecaries to provide themselves with homœopathic remedies. In the two Hesses it has met with a cordial reception. In Prussia, too, homœopathy is making its way; in Hamburg some doctors have recently carried its banner, and for eleven years it has taken up its home in the capital of Brunswick. . . . In Russia it was long kept down by the late Rehmann, who was at the head of the medical faculty there, and an opponent of homœopathy. Now, however, it is left more free; and an imperial rescript appeared in October of last year, which allowed qualified doctors to practise homœopathy, ordered the establishment of homœopathic pharmacies in St. Petersburg and Moscow, and even allowed doctors to dispense their own medicines themselves under certain conditions. On the other side of the ocean, too, the new system has found its admirers. . . . From these short notices we can see that homœopathy has spread considerably in the last few years, and it may not be an exaggeration when the number of homœopathic doctors is given by its adherents as five hundred. But notwithstanding this, the attentive observer cannot but notice that homœopathy, spreading as quickly as it has done, is now encountering a crisis in which the question of its very existence is involved. Either it will issue from this crisis victorious and purified, or it will tumble down, and be buried under its own ruins: and this, according to all appearance, is what will most probably happen."

Ladies and gentlemen — is it so? Passing over all the intervening time, the struggles and the successes of homœopathy in the country of its origin, and in those of Europe to which it was transplanted; passing over the history of its growth in our own country from the little nucleus of learned men and hard-working students at Allentown to the complicated and bulky records of the present; passing the instances of individual op-

pression and injustice at the hands of our opponents, which have extended down to our own time, and been practised upon more than one honored colleague sitting here in our midst,— is it true that we view a heap of ruins burying its own remains? or has homœopathy issued from that crisis, and from all subsequent crises, “victorious and purified”? If success is any index, let that speak to us in answer. Again let me quote, and this time from an English account<sup>1</sup> of the condition of homœopathy a year ago, — just forty-nine years later than that other, with which it stands in contrast. This present statement proceeds thus: “Germany, including Austria, Hungary, and Switzerland, has upwards of four hundred practitioners, four or five hospitals, and four journals. In Great Britain there are upwards of two hundred and fifty avowed, and a large but unknown number of unavowed practitioners, three hospitals, and two monthly periodicals. In France there are more than one hundred and fifty practitioners, two hospitals, and three monthly periodicals. In Russia there are about a hundred practitioners and one or two periodicals. In Belgium there are twenty-seven practitioners and one monthly journal. Italy has only forty-one practitioners and one monthly periodical. Spain has a large number of practitioners, two hospitals, and three or four monthly periodicals. In the United States of North America, there are between seven thousand and eight thousand practitioners, fifty-four hospitals, several State-supported lunatic-asylums, upwards of one hundred societies (some of them numbering many hundreds of members), twenty periodicals, besides nine annual Transactions of societies, and five annual reports of hospitals. The neighboring British province of Canada has a considerable number of practitioners. Mexico has a good many, and a monthly periodical. In South America most of the States are well provided with practitioners; and several of them, as La Plata, Monte Video, Colombia, have homœopathic periodicals. Australia, New Zealand, Hindostan, and China are all provided with homœopathic practitioners. Indeed, there is scarcely a corner of the world where the disciples of Hahnemann have not penetrated.”

This record exhibits the outward, material growth of homœopathy, the kind of success which is apparent to the world at large, and perhaps even better appreciated by the laity than by the profession itself. There is another measure of success which appeals more directly to us as physicians, and that is the internal growth of the system within itself. Hundreds of books, in all languages, now stand upon the shelves of our physicians, instead of the few earlier but precious volumes; and these exhibit

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<sup>1</sup> *Op. cit.*, p. 277, note.

this growth on every page, and deal not alone with the vital but more limited questions peculiar to our school, but broadly and deeply with every subject in medical and surgical science. Hundreds of remedies fill our drawers, instead of the precious little careful which served those earlier prescribers so well; and here again the evidence of growth is apparent in our superior knowledge of their action, — not alone our more extended knowledge, but, of vastly greater importance, our more exact and accurate knowledge, gained by careful re-proving and the elimination of errors. Medical colleges have sprung up in all parts of our country; and these, together with special schools, provide for the complete and thorough education of our own students in every branch of theory and of practice.

And last in the train of progress comes a growing recognition, a sort of negative respect, on the part of our adversaries. Where now, in the discussion of our differences, can we hear the abusive epithets and the language of vituperation with which the ears of our predecessors were so often treated? How significant of progress is this latest discussion which they themselves have raised, whether it may not be admissible for them, as a school, to sanction the meeting with our physicians, if desired, in professional consultation! The desire on our part seems far from urgent, and it may not be on theirs; but the very fact of such discussion, viewed in the light of history, is deeply significant of the progress which we have made, — even in the estimation of our adversaries.

Such is the position of our school to-day. Such is the heritage of prestige, of knowledge, of power, which comes to the young physician of this generation at the moment when he first grasps his diploma, and announces the beginning of his professional life. Does not the thought of it fill us with gratitude to those who worked for us and for our science in the past? Does it not fire us with enthusiasm for our work in the present? Does it not weigh us with a debt of obligation to the men and to the science of the future? Let us, then, see to it that we in no wise fail in the fulfilment of this obligation. By a firm and rational belief in the principles which we avow; by a life spent in the studious application and patient development of these principles; by a record of personal faithfulness and integrity, — let us provide abundantly for the heritage of those who come after us.

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“METHYL IODIDE IN GYNECOLOGY.—Dr. Robert Kirk (*'Lancet,'* Oct. 24, 1885) recommends this preparation instead of Churchill's tincture for application to the cervix uteri and the vaginal vault. It is said to have an anæsthetic as well as a resolvent action. After an application has been made to a sensitive endometrium, a sound may be passed without pain.”—*Maryland Medical Journal.*



*ANTIPYRIN IN FEVER.*

BY J. HEBER SMITH, M.D., BOSTON.

*[Read before the Massachusetts Homœopathic Medical Society, Oct. 13, 1886.]*

WE can but view with interest the pains-taking experimentation by the physiological school of therapeutists, led by such men as Professors Knorr, Fischer, and his assistant Filehne, of Germany, in the trial of certain carbon compounds called antipyretics, in fever; and a brief statement of the clinical results thus far obtained, and of the most approved methods employed, may interest this Society, which has set itself free, as I understand its amended Constitution, to know every thing that promises to be useful to humanity in the whole wide range of medicine.

Permit me to call your attention, in the beginning, to the circumstance that the physicians of the so-called advanced, or rationalistic school, who reject with indignant protest the appellation by Hahnemann of "allopathists," are notwithstanding, with seeming inconsistency, striving to combat high temperature in fever with compounds from the laboratory, the anti-thermic powers of which are due to their property of being able to produce rapid and oftentimes inconvenient and even dangerous chill. Of these compounds, resorcin, among the first to be abandoned shortly after its introduction on account of its action in inducing severe rigor and alarming visceral and pulmonary congestions, needs only be mentioned in passing. Its rejection by the French physicians, who principally affected it, was found necessary, not only for these disadvantages, but also because its action as an antipyretic was so rapidly followed by a rise in temperature notwithstanding the profuse perspiration which it causes, and not seldom also by adynamia and other alarming symptoms of poisoning by phenic and carbolic acid. The fever-stricken, under its use, perished in a sort of collapse.

Another antipyretic, abandoned for similar causes, was kairin, a hydrochlorate of oxyethyl-chinoline hydride. It proved a powerful anti-thermic; but its bad behavior led to the prosecution of a further search in the same direction, in the expectation of finding some other and safer agent among the carbon compounds for combating allopathically the thermal perils of typhoid-fever.

Professor Knorr of Erlangen, and one of his assistants, succeeded in obtaining a synthetically prepared alkaloid, called antipyrin, a derivative of quinolin, of remarkable anti-thermic properties, and first subjected to clinical tests by Filehne, a laboratory assistant to Professor Fischer, the discoverer of kairin.

The reports from Germany and France upon all these coal-tar derivatives so demonstrated their resemblance to quinine in their

antipyretic action, that they were one after another adopted for experimental use by American physicians in the public hospitals, to be rejected one after another, for the reasons already specified. It was also found, with disappointment, that, notwithstanding their demonstrable anti-thermic properties, they yet signally failed in anti-periodic action in malarial conditions, thus leaving the experimenter to look forward with a certain dread to the recurrence of an approaching and consuming pyrexia more dangerous than the first. Against this periodicity of fever, no better resource has been found than their old ally quinine.

But from the time when antipyrin was first introduced into hospital and private practice in this country in 1884, until the present, it has answered every expectation as an anti-thermic. No anti-periodic property was claimed, nor can it be allowed. Hospital and private reports upon its use in fever have appeared in American journals from time to time, embracing well-arranged statistics which challenge our candid attention. These are accessible to every practitioner who is not so sectarian as to confine his medical reading to the publications of his own school. It is not intended to present, in this brief sketch, any thing save a mere summary of the general results.

Had antipyrin no other claim for favor, its remarkable hæmodynamic effect, said to be superior to that of ergotine and perchloride of iron, particularly in hæmoptysis, would bring it into favorable and perhaps permanent use, if ever there can be any thing permanent in medicine.

Antipyrin is a white powder of a sweetish taste, and readily soluble in water. It is seldom rejected by the stomach; but if it is to be given in heroic doses, a proceeding not thought necessary by many, it is recommended to be added to a little wine and water, or some simple aromatic. The dose recommended by recent authorities is thirty grains, hourly, for three hours. For children, a grain and a half for every year of the child's age may be given hourly for three hours. If it causes vomiting, it may be dissolved in half its weight of hot water, and injected subcutaneously.

It is credited at all hands with reducing the temperature from one to three or four degrees for a period of time varying from one to twenty-four hours, and without any rigor, as a rule, such as is so apt to accompany the use of kairin, and especially of that more subtle, active, and less-understood anti-thermic thallin.

It causes profuse perspiration. It is said by Brunton to slightly increase the blood-pressure. It is not known to have any pronounced action on the respiration. It is excreted in the urine. Its use, even in such enormous doses as one hundred and more grains in three hours, has rarely been attended with collapse.

Its exhibition in considerable doses has been not unfrequently followed by a somewhat variable eruption resembling that of measles, occasioning no inconvenience, and generally disappearing during the continued use of the remedy.

The fall in temperature ordinarily begins to show itself in about an hour after giving the medicine, reaching its maximum in from three to five hours, and continuing as a general rule about eight hours, though sometimes lasting twice as long, and in some instances even twenty-four hours. Brunton fixes the term of its apyrexia at from one to twenty hours. In this free interval the delirium and wakefulness of fever often give place to sweet sleep, and the patient expresses himself as gratefully relieved.

It is not claimed that antipyrin modifies the course of disease, and assuredly not of typhoid-fever. It is to be hoped that not even the more ardent of our number, sanguine and bristling with college honors, or basking in the mellow retrospect of amber petrification, presume to "break up" typhoid-fevers.

During the past year a former student of mine, a graduate of the Boston school, Dr. E. W. Keith, as a resident physician in the great Cook-County Hospital of Chicago (containing about eight hundred beds), has had ample opportunity for watching the action of the antipyretics; and he has written me very favorable reports of the use of antipyrin in both typhoid and intermittent fever. The doctor writes that it is there often used with success in breaking "chills and fever" that have resisted the skill of our best homœopathic physicians. But in this class of cases its administration is always preceded some six hours by a large dose (about twenty grains) of quinine, in the morning. It is also employed there to combat the dangerously high temperature attending severe relapses in all fevers. "Should the temperature reach 105 or 106, or, as it often does, still higher figures, thallin gr. iii., is given, followed in fifteen minutes by antipyrin gr. xv. or xx. The antipyrin is repeated in from thirty minutes to an hour. The temperature falls two or three degrees in three hours, but rises rapidly after an hour. Anticipate this an hour by a similar dose of antipyrin, and the temperature will fall to 100 or 101, and remain there for from six to ten hours. In stubborn cases, ten grains every two or four hours will control the temperature after such a reduction, excepting the usual rise of two degrees in the evening." The doctor writes, moreover, that on the homœopathic side of the hospital, this treatment is tried upon some of the patients, while others are treated from day to day symptomatically, the remedy being changed according to new indications, while still others receive but one remedy from first to last, selected with great care at the outset, homœopathically. Of these last, two in one week were rescued from imminent peril



from extreme temperature, and life saved, by a resort to the anti-pyrin.

While the physiological school has nothing more promising to offer than these more or less hazardous anti-thermics, under the use of which their reported death-rate in typhoid-fever has, in at least one trial of about thirty cases in a New-York hospital, reached a loss of twenty-five per cent of the patients, homœopathsists should not suffer themselves to be lured away from our well-proven drugs, such as rhus tox., bryonia, and sulphur, remedies that have stood the trial of more than half a century, like well-tempered blades, fitted to the hand. Under the carefully selected remedy, chosen from a due consideration of the totality of the symptoms, the nervous irritability common to typhoid is so lessened that I have found my patients to sleep calmly, to perspire gently, the urinary secretion to be augmented, and the temperature seldom going above 104 at evening. While a fever-patient sleeps, he may be said to be doing well, provided, of course, that the sleep be natural. This desirable end may often be brought about, together with a considerable reduction of temperature, by bathing our patient's body with water, for several hours, about two degrees below his own temperature, or, at the lowest, never below 95° F. I have found this better practice than the antipathic use of very cold baths.

In the disastrous pestilence of typhus which swept over Germany, and raged from the summer of 1813 onwards, carrying off thousands by death who were treated by the regular physicians, Hahnemann and his little band of devoted followers saved every case given to their care with rhus tox. and bryonia. Let us never forget this signal triumph of the true treatment of fever. Our school of practice, which proves its drugs upon the well, rather than upon the fever-stricken, hesitates upon the darkened threshold of the typhoid patient before plying his ebbing strength with compounds whose very composition is in doubt, many of which have been thrown aside as useless or harmful, and one of which, the subject of this paper, lies under the odium of a letter-of-patent.

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#### *EXPERIMENTS WITH SCHÜSSLER'S MEDICINES.*

BY D. B. WHITTIER, M.D., FITCHBURG, MASS.

[*Read before the Massachusetts Homœopathic Medical Society, Oct. 13, 1886.*]

JEVONS says, "Inductive investigation consists in the union of hypothesis and experiment; deductive reasoning being the link by which experimental results are made to conform to, or confute, the hypothesis." A collection of facts, then, which

have been anticipated by theory, and afterwards verified by experiment, are most important as regards their scientific interest. Clinical tests thus become the interpretation of hypothesis, and are convincing proofs of the correctness of the principles for the administration of drugs to the sick. Dr. Schüssler's assuring declarations of the utility of administering drugs by his peculiar method has challenged clinical tests. I have sought opportunities for the application of this method with no other intent than to be assisted in the cure of diseases that have been difficult, and those that have shown negative results by ordinary medication. Experience teaches that the deductions drawn from clinical demonstration may be premature or illogical, largely from the limited capacity of the observer, his environments, and the circumstances of the tests; still the therapeutic action of a drug is tested in this way, notwithstanding these conditions. Because Dr. Schüssler's particular method cuts athwart our prejudices, or fails to accord with our adopted principles in medicine, should be no reason for preventing a fair trial in our ministrations to the sick. In the examination of his position, we are confronted with this principle, "A name may wrong the thing," or, conversely, "The thing may wrong the name."

Does the name wrong the thing? the answer to this inquiry I leave to those who delight to revel in hypothesis. Does the thing wrong the name? is the investigation I propose to confirm or refute. I have undertaken the solution of this subject in a limited way, and with caution, selecting those cases which would afford an opportunity to retreat without incurring serious risks to my patients.

I shall present first a neurotic case, — one that belongs to that class of diseases upon which it is natural and often just to cast doubt, both regarding the recital of its phenomena by the patient, and also the representations of benefit that obtains after the administration of medicines. Recognizing these facts, I have endeavored to avoid them by personal inspection and discrimination, striving to eliminate all doubtful elements from it.

POTASSIUM PHOS. *Dysmenorrhœa with Neuroses.* — Miss L., aged twenty-eight. Keenly sensitive; pale; lachrymose; possessed of a morbid mentality induced by years of suffering from pain and hard circumstances in life; consequently had great mental depression and exhaustion; intense but smothered emotions; dread forebodings, and impatient of life's hardships; a struggling toiler without home and helping friends; wanting sympathy and counsel, and finding none. She fought well a pronounced hysterical nature; was a silent sufferer until nerve and will power succumbed to physical pain. The neurotic outbursts were intense and painful. She menstruated at the age of

thirteen, was irregular for one year without unusual discomfort. For fifteen years subsequent she experienced the following pains more or less severe, together with the nervous and neurotic conditions cited. Two weeks preceding the menses, the mammæ were so painful that the touch of her clothing was unbearable.

The menstrual pains were cramp-like, with severe bearing down in the hypogastrium, and most severe after the flow commenced; was then obliged to take to her bed, and there remain for three or four days.

During the menses, when the suffering was most intense, a sharp shooting pain would extend from the hypogastrium to the epigastrium, followed by a sensation as if something were flowing up to the stomach, and immediately succeeded by vomiting of bile or frothy acid substances sometimes streaked with blood. The vomiting would relieve the dreadful distress at the stomach, when the uterine pains would be increased, and sometimes continue for twenty-four hours.

The headache was at first general, but soon settled over the left eye, and continued for two or three days. When it was severe, the pains elsewhere were lessened, and *vice versa*.

For the past few years the headache has occurred more frequently, usually succeeding the flow. Menses were five or six days' duration; flow not excessive, thick, dark, and coagulated, sometimes resembling flesh, the passage of the same causing intense pain. The number of the substances has decreased of late years.

This brief recital contains only the prominent, more severe, and constantly recurring menstrual symptoms; the details of minor and intervening conditions are purposely omitted on account of her hysterical inclination. Cervical stenosis could not be assigned as the cause of the dysmenorrhœa, as the passage of the sound was easily made, and an occasional monthly period was observed with symptoms much less intense. During the past few years the most severe periods have occurred less frequently, when the headaches were more intense. In 1883 five times; 1884, four times; and in the seven months of 1885 four times, with several other months when she was very sick. These periods of such agony, which was only slightly lessened by medicine, have been her lot for fifteen years. Sleepless nights have resulted, together with mental anxiety, nervous exhaustion, and despondency. For years previous, tonics, nervines, and anodynes had been given, with only temporary benefit. I gave the medicines apparently indicated, most prominent of which were *bell.*, *gel.*, *cimicifuga*, *ignatia*, *puls.*, *colocynth*, *caulophyllum*, and *viburnum*, with no satisfactory results. I became discouraged, and the patient lost all hope of benefit. Dr. Schüss-



ler's medicines came to my notice. The objective and subjective symptoms of the case were like a transcript of the indications for *kali phos.*, and I concluded to use it in the 6x.

It was prescribed morning and night for six months, then once a day. The first menstrual period following the use of the medicine was comparatively comfortable, and after three months she experienced very little discomfort. There was progressive improvement; had but one painful period in a year; normal flow has returned; better mental equipoise; strength greatly increased; returned to her avocation as seamstress without a return of her former complaints. She gratefully expresses herself as having experienced a wonderful change in mind and body.

MAGNESIUM PHOS. — The indications for this medicine are: all ailments of a spasmodic nature; warmth is soothing; neuralgic cramping pains, worse by motion; colic; spasmodic coughs, worse at night; whooping-cough; and the chief remedy in menstrual colic.

Miss —, aged five years; delicate, and of consumptive family; had a cough for four weeks; at first it was a hacking cough, then became spasmodic resembling whooping-cough; the mother was convinced it was such. It was worse on walking, eating, crying, and during the first hours of the night; was sometimes accompanied with vomiting; expectoration yellow, and occasionally streaked with blood; no appetite; tongue coated brown; perspiration when coughing, and in the night. Physical examination revealed subcrepitant râles, and percussion dulness.

Aug. 3. *Mag. Phos.*, 6x., every three hours.

Aug. 6. Cough improving; cough loose; physical signs improving.

Aug. 10. Fifty per cent improvement; general health better; appetite normal.

Aug. 15. Well.

Mrs. — has been in poor health for years; was dyspeptic, scrofulous, emaciated; of a consumptive family, and mother of the child in the preceding case; had frequent attacks of colds affecting the lungs; pains and lameness through the chest from exertion; had a spasmodic cough, worse in the fore part of the night; paroxysm, less severe during the day; soreness in the upper part of chest, and tenderness on external pressure; hoarseness in evening; had these symptoms with varying severity for four weeks.

*R. mag. phos.* 6x.; well in one week. This result does not show that the patient is restored to health. It would be too much to expect in the time; but it shows the benefit of this remedy upon the lung tissue, and very great probable results from its continuance.

*Dysmenorrhœa.* — Miss S., aged twenty. Nervo-sanguine temperament; menstruated at twelve years of age, and for six years menses were normal; eighteen months ago had suppression from a cold when pelvic inflammation ensued, and was aggravated by a fall down stairs four months after; during the skating craze was in daily attendance at the rink. For eighteen months she has had menstrual colic; periods regular, and flow normal; severe cramp pains in hypogastrium, causing the patient to toss and roll about upon the bed, and the constant application of hot fomentations for twenty-four hours; had pains extending down the legs; backache; heat in the back; and in the menstrual intervals, dragging and tired feelings in the pelvis. Physical signs by touch were prolapsus uteri; by speculum, endocervicitis, and cervical erosion; by the sound, unobstructed canal, measurement of womb two and a half inches. Bland albuminous leucorrhœa has increased for the last six months.

Applied glycerole of flu. ext. of belladonna, twenty drops to the ounce, and prescribed *mag. phos.*, 6x., three doses daily. Five days after, the menses appeared, and surprised both patient and friends by the diminished pain, quite one half, so that she had comparative comfort, and the attendants were relieved of the constant application of fomentations.

The amelioration of this period was followed by relief of backache, and a very noticeable lessening of the leucorrhœa, and has remained so since. Relapses occurred in this case, when the periods would recur in the usual severity. Other remedies were given for a time in the hope of a more speedy cure, but were less satisfactory than the *mag. phos.*, which was again administered morning and night. Occasional applications of a solution of chloride of gold and sodium was made to the cervical canal. The patient is now well after five months' treatment.

*CHOREA.* — Miss —, six years old. Symptoms were manifested largely upon the face and upper part of the body. Lateral and downward jerking of the mouth; snapping of the eyelids; sudden jerking of the head. When the head symptoms were absent, forward and backward motions of the shoulders would appear. Symptoms relieved during sleep; were aggravated by the usual causes. — attendance at school, bad methods of correction, and fatiguing exertions; was irritable, easily moved to tears, and had a poor appetite. Prescribed *ignatia* every three hours; no perceptible improvement. *Mag. phos.*, 6x., for three months was followed by gratifying improvement, which was interrupted by relapses from indiscretion in eating confectionery, too exciting plays, etc. Considering the time employed, I considered the case not fully met by the remedy. Dr. Schüssler says, when *mag. phos.* is indicated and unavailing, use *calcium phos.* in con-

nection with it. Prescribed *calcium phos.*, 6x., once daily, and *mag. phos.* twice daily; reported in three weeks very much improved; only slight motions of the head remaining; medicines continued one month, when the mother reported the child well.

POTASSIUM CHLORIDE. — Special indications for eczema are skin affections with white or whitish opaque secretions or pustular formations; oozing sticky fluid; white-coated tongue; chafing of skin, inclined to scabs; effusion of effete albuminoid substances. In obstinate cases not yielding to kali chlo., use calcium fluoride.

*Eczema.* — On a young child, in its early stage, located on the cheeks, chin, and behind the ears; skin swollen, inflamed, and underneath it induration, on its surface dry scales. The indications were an early development of pustules. Child otherwise appeared healthy. Prescribed *potassium chloride*, 6x., every four hours; child well in one week.

*Eczema.* — Miss S., aged fifteen. Anæmic; had eczema for three years; had become so weak she was obliged to leave school; years ago had pneumonia complicated by a cough thought to be whooping-cough. The lungs were left obstructed by mucus, and portions of them hepatized. The results of this condition upon her health, in connection with the anæmia and eczema, caused the parents to be apprehensive of consumption.

The eczema was located behind the ears, and extended over the sides of the head, and was very troublesome with itching. From underneath the scales there exuded a profuse glutinous secretion which flowed down the neck. For a year past, had dysmenorrhœa with attacks of fainting; flow dark and scanty; was constipated, fæces large in circumference. The remedy in this case is evidently *graphites*, which was given thrice daily. A weak lotion of borax-water and glycerine was used for cleansing the scalp, and to allay the intense itching.

In two weeks the constipation was better, the eczema only palliated by the wash. Although too soon to expect decided results from the remedy used, I was disposed to test *potassium chloride* as recommended by Dr. Schüssler. After its use for three weeks before meals, patient reported general health improved, but no decided change in eczema. Dr. Schüssler recommends, when a case of this kind is obstinate, to give *calc. fluoride*. Prescribed this remedy with *potassium chloride*, two doses of each daily for three weeks. Menses less painful; better flow; eczema much improved. Medicine continued for three weeks. The constipation now recurred, and *graphites* was substituted for *calc. f.* (It would be an easy, and perhaps a common, thing, not to record this prescription of *graphites*, and let the case go smoothly along with the use of kali. and calc. ; but I



am testing, and must be truthful.) Improvement continues, constipation better; menses normal, and eczema mostly disappeared. Medicines continued for another three weeks. The patient is well, save the condition of the lungs. The morbid physical signs not being removed as rapidly as I desired, and this being the only unhealthy condition present demanding attention, I prescribed *calc. phos* 3d for two months, three doses daily. There has been, as a result, a gradual clearing-up of the lung tissue; a manifest richness of the blood, increased strength and endurance; and the patient has returned to school, and after four months' treatment is now well.

I have administered Dr. Schüssler's medicines in other cases; but in those cases they were not used alone, or sufficiently long to be presented as tests of their benefit.

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#### HOW TO TREAT DIPHTHERIA SUCCESSFULLY.

BY C. S. COLLINS, M.D., NASHUA, N.H.

ABOUT twenty-five years ago, my father, and present partner, Dr. W. S. Collins, who was then a country physician, found a case of diphtheria several miles from home. He had used his last grain of merc. bin., and had no reliable substitute for it. He hunted up some corrosive sublimate, which a neighbor kept for some ulterior purpose, and made a 1-100 solution. His orders were so misunderstood that the patient, an adult, took *nearly a grain* in the first twenty-four hours. The result was so surprisingly favorable to the patient, that it led to further experiments upon the disease, which was then prevalent and quite fatal. As a result, he had rapid recoveries and a greatly reduced mortality.

Ten years ago, Nashua was visited with a most terrible epidemic of diphtheria. People died on all sides; but I went through the epidemic with a total record of fifty-four cases, and but one death. I reported my success and treatment to the New-Hampshire Homœopathic Medical Society soon after. Dr. Cushing of Lynn was present, as delegate from the Massachusetts Society, and will doubtless recall the facts. He was inclined to term my method "too radical," and I imagine it was so regarded by all present.

After ten years further trial, with *no failures*, I feel so thoroughly fortified in the position I then took, that I feel justified in claiming a hearing.

I do not claim any discovery, and wish to disclaim and discard all theories. Let men who have nothing else to do, elaborate the theories. I have only to do with results, in this communi-

cation. The "Symptomen Codex" and Allen give to mer. cor. many symptoms analogous to those of diphtheria. In fact, I think this remedy approaches nearer than any other to the "totality" of that disease. Why it has never taken a more prominent place in the treatment of this disease, I am unable to state; but my opinion is, that it has been given in a too much attenuated form.

About three years ago, the old-school journals were flooded with items about the corrosive chloride in diphtheria. Somebody else had blundered upon it, and it was heralded as a "newly discovered specific." It was the discovery of its germicidal powers that led to this excitement; and it is to this power we must look for a solution of the *modus operandi* of the remedy. The only favorable results of which I find any record were wrought by  $\frac{1}{60}$  and  $\frac{1}{30}$  grain doses. Dr. Mitchell, in "Arndt's Practice," accepts this theory, and says, "Given *low*, it is followed by rapid removal of the exudation and loss of fetor."

I wish to add, that given *lower*, it is followed by abatement of all the local and *constitutional* symptoms, and rapid recovery.

As the dose and administration of the drug are the only points I shall discuss, I will briefly state how I prepare and administer it.

I have two or three potencies on hand constantly. For a child say six to nine years of age, the age most frequently infected, I triturate 1 grain mer. cor. with 80 grains sac. lac., and administer 1 to 3 grains once in 3 hours, *dry* on tongue.

For patients above twelve years, I triturate 1 grain mer. cor. with 60 grains sac. lac., and exhibit it at intervals of 2 to 4 hours according to the severity of the case.

This is all the medication necessary, except that now and then a putrid case calls for arsenic low, as an intercurrent remedy.

And here, in answer to the objections certain to arise, I declare it to be impossible to produce the slightest toxical effect while the disease is in progress. Nor have I ever seen any bad result follow the most radical use of the remedy in the treatment of diphtheria. I attempt no explanation, but state the fact as I have observed it for fifteen years in an infinite variety of cases.

I next refer to the *local* treatment. This is "just as radical" and just as important as the constitutional. Either may cure isolated cases; but together they seem to have a direct and specific effect upon the germ or essence of the disease, whatever it may be.

The only remedy I have ever found to stop instantly the progress of a diphtheritic exudation, or slough, is Monsel's solution of persulphate of iron.

Immediately after the application, the deposit takes on a

brownish color, and changes from the tough leathery, to a soft mealy consistence, which will be expectorated in flakes with the saliva secreted during the operation.

The point I emphasize in the use of this application relates to its *strength*. I find one or two authors who mention its use in diphtheria, but always in combination with glycerine or some other diluent. Jacobi, Hartson, Arndt, and many other writers, fail to even mention it as a candidate for honors.

No doubt they have all tried it, and found it wanting, because they destroyed its efficacy as a germicide by *dilution*.

This treatment must be repeated daily. By the third or fourth day the membrane will be black or dark green, and will soon come away *en masse*, leaving a healthy, granulating surface, which heals rapidly. By the end of the second day, all constitutional symptoms will be controlled, when the medicine may be given less frequently.

The local treatment, which should never be intrusted to the nurse, requires no little tact. Children are often suspicious of my little "swab," and the molasses on the end of it. The molasses "dodge" never works but once; but it enables the physician to get in one good treatment, which will often suffice.

I make a very small applicator, by taking two or three turns of a narrow strip of cloth about one end of a small penholder or pencil, and winding to the other end. This saves tying, and avoids danger of losing it in the throat. If in doubt about reaching the parts nearest the larynx, — a very important point, — the child may be made to "gag" by sliding the depressor back on the tongue. This will expose the whole pharynx sufficiently for satisfactory treatment.

I have met physicians at the bedside who would not share the responsibility of this treatment, and anticipate this being read by such.

To them I wish to say, that the danger is purely imaginary. The healthy mucous membrane tolerates the solution very nicely, in striking contrast to its effect on diphtheritic patches or sloughs. Still, with a little care, it may be applied without disturbing the healthy tissue.

There are many important factors in the successful treatment of this disease, which, for want of time and space, I must leave to the good sense of the reader.

If in the above statement, I have been too explicit or too emphatic, it is because I am in earnest. I know that we all hesitate to sail a trackless sea without compass or chart. I have voyaged far upon this sea, and now venture to kindle, however dimly, a beacon here and there, which, I hope, may guide some timid mariner to that most delightful of all havens — success.



## TARAXACUM.

BY C. B. GILBERT, M.D., WASHINGTON, D.C.

THE following symptoms of taraxacum have been confirmed in one case. A man sixty years old, medium height, iron-gray hair, stout; had syphilis twenty-five years ago, and now has a squamous eruption on scalp, worse on occiput, and slightly on fore-arms; gloomy mood; tongue coated white, except on a strip on the right side of the back of the tongue, which looked raw (the coating all peeled off, and left a red surface); bitter taste rises into the mouth from the œsophagus; butter tasted so badly that he had stopped eating it (thought his wife had been cheated in buying it).

The following clinical symptom may be added: viz., burning, raw feeling all down the œsophagus.

After taking the remedy (Oct. 15, 1886) the stools became free and almost black, since which he has felt better than for a year. He had a sharp malarial chill July 8, 1886, which was promptly relieved with arsenicum.

## PRESIDENT'S ADDRESS.

BY H. K. BENNETT, M.D.

MEMBERS OF THE MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.

*Ladies and Gentlemen,*—We have assembled this afternoon for the purpose of holding our ninth annual meeting. As president of this society it devolves upon me to deliver an annual address. In doing this, permit me to occupy a short time in calling your attention briefly to the past history and *status præsens* of this society. In doing this, I will first consider our position as a society, and secondly our position as gynecologists. During the autumn and winter of 1876-77, it occurred to me that a society ought to be instituted whereby more time could be devoted to the consideration of the science of surgery and gynecology, than could be obtained in our State society. With this end in view, I first wrote a letter to the late J. H. Woodbury, M.D., of Boston, stating my views, and requesting his opinion upon the practicability of such a project. He wrote me in reply, that he fully concurred with me in the desirableness of such an organization mentioned, and if a certain number would enlist in the enterprise he would give it his most hearty co-operation and support. In accordance with instructions from him, I wrote to those physicians who are our charter-members,

requesting them to meet at the college building, East Concord Street, for the purpose of taking this subject under consideration. Every physician written to responded to the call, The society was organized, and its first regular session was held on the afternoon of March 7, 1877. Dr. H. M. Jernegan was our first president.

Commencing, as we did, under adverse circumstances, with only eight charter-members, our growth was at first slow, and our meetings thinly attended. Two or three times we were obliged to wait one and two hours before the required seven members, to constitute a quorum, were present. From this humble origin, from this small beginning, we have grown to our present magnitude. To-day we have upon our roll of membership ninety-seven active members, and ten corresponding members. Since organization we have held twenty-six regular sessions, and eighty-nine papers have been presented and ably discussed. Only forty-one members have furnished papers for this society. One member has given us ten papers; two have given us five each; four, four each; six, three each; seven, two each; and twenty-one, one each. It will be observed that more than one-half of our members have failed to contribute a single paper, and an equal number have not even participated in our discussions. This is lamentable, from the fact that we have many members who are thoroughly competent to present able scientific and instructive papers, who, in the past, have been pitifully silent. May I bespeak from those a determination to do better in the future? Let us have no drones in this society. Of these eighty-nine papers presented, thirty-five were furnished during the first five years of our existence.

It affords me great pleasure to be permitted to witness the steady growth and healthy condition of this society. I feel that it has a future before it, and if all its members will have the same amount of zeal, determination, and perseverance as characterized its founders, then at the end of the next decade this society will be second to none in this Commonwealth. May we all live to enjoy the culmination of this hope.

I will now say a few words in relation to our position as gynecologists. And first let me remark that we have in our ranks a goodly number competent to cope with any gynecologist in New England. We are in a position where we can furnish from our ranks men and women prepared to meet any and every variety of the diseases of women. Unfortunately there seems to be an apparent division among us. We seem to be divided into three classes. One class is all for the use of the knife; another class *never* uses the knife, and believes it unnecessary; while the third class claim to do every thing with internal remedies. The

last class is largely in the minority, while the other two seem to be equally divided, or thereabouts.

These three classes are constantly in strife with each other, and neither will yield to the other. Now, this is unnecessary, and entirely wrong. Every member is entitled to his or her opinion; and should be permitted to express it without the least personal feeling from any member. Every method has its merits, and there is a necessity for all. I believe that a great many cases of uterine disease are amenable to internal remedies alone, while, on the other hand, topical applications and the knife are absolutely necessary. But the knife has been used many times unnecessarily, I have no doubt; and, on the other hand, the knife has not been used where a human life might have been saved by its use. Let this constant clashing, and denunciation by members of those who differ from them, be done away with, and, on the contrary, let them use their best endeavors to prove all things, and hold fast to those which prove to be true. There is a middle ground for us to occupy, and that is, to cure our patients in the most speedy manner possible; and when the method we adopt proves unavailing, resort to other methods, even to the knife, rather than let our patients perish, or live in endless misery. Let us from this moment resolve that no contention shall ever exist between us but that noble contention, or, rather, emulation, of who can best work and best agree.

Before closing this rambling talk, I must remind you that death has visited our ranks during the past year. I refer to Dr. O. R. Kelsey of Waterbury, Conn. I trust this society will take suitable action upon his demise.

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## GLEANINGS AND TRANSLATIONS.

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### THREE CASES OF INANITION.

I HAVE recently had an interesting experience with three cases of inanition in infants, and, as weak stomachs in babies are so often the subject of the medical man's attention, have concluded to give my experience to the profession.

CASE I. — C. S., male, aged ten weeks. Was present at the birth of this child, and at birth it was a strong, hearty child; but the mother having no milk, she commenced rearing the child on cow's milk. For a time the child thrived, but the extreme hot weather of last summer was too great a tax upon its digestive powers.

At the age of ten weeks I was called to see it. The mother



told me that it had had a similar attack to the one I am about to describe, three or four days previously, but had partially recovered from it. Upon visiting the little patient, I found it constantly crying. It presented a shrivelled, pinched, mummified appearance, such as one never forgets after having seen it once.

I sat and studied this child carefully, and concluded that the child was not crying from pain, but from hunger, and that the entire trouble was inanition from lack of assimilation. I told the mother I did not think the child would live till I could get to town, a distance of five miles, and get some food out to it. I left a placebo to appease the anxious mother, and returned to the city. I had in my office a sample package of Carnrick's Soluble Food, which had been sent me a short time previously. I also had samples from several other manufacturers, but chose Carnrick's, not because I had any more confidence in it, but because it could be prepared without using any milk.

The father took it home, and some of it was quickly prepared and given. From the first dose, the child ceased crying, and commenced thriving at once, very much to my surprise, and that of all who saw it.

CASES II. and III. — These may be considered as one case, being a pair of twins, born at the seventh month. I will designate them as babies Nos. 1 and 2.

When these children were born, I did not expect them to live, as they were very puny and feeble. When they were six weeks old, I was called to visit them; and I found them in precisely the condition of the one previously described, except that there was not the continual crying.

One of them, which I will designate as No. 1, seemed much weaker than the other: in fact, it lay in a condition of stupor most of the time.

I had a small portion of the sample package of Soluble Food left, and ordered them to be fed with it at once. They commenced recovering at once, and continued to thrive as long as the food lasted. In the mean time, I had ordered the food from both St. Paul and Milwaukee, but could not obtain it in either city.

When the food I had left them was gone, and as no more of it was to be obtained, they were placed upon the use of another food, which is in very popular use for infants, but it failed to meet the requirements; and, though the greatest of care was used in its preparation, it was but two or three days before they commenced showing signs of inanition; but this time, the one designated as No. 2 failed first, dying about a week after we had suspended the use of Carnrick's Soluble Food. The other died four days later.

In the cases of these two infants, the changes for better and for worse were so decidedly marked that there could be no question as to the effect of the foods ; and the parents, as well as myself, are convinced, that, could we have had the Soluble Food to continue with, both children would be alive to-day.

About a month ago, C. S., Case No. 1, commenced showing all of the evidences of a return of the old condition of inanition ; though what caused it, I could not learn. Not having yet obtained a supply of Carnrick's Food, I prescribed the food that was substituted for it in the case of the other infants, but the child still failed.

In the mean time, I had written a brother of mine in Chicago, who succeeded in obtaining some of Carnrick's Food of Fuller & Fuller.

As soon as it arrived, the child was fed with it ; and the patient is now (two weeks later) nearly restored to its former plump, healthy condition.

If my fellow-practitioners will try this preparation, I can assure them that they will not only be pleased with it, but will save the life of many a little patient that would otherwise be sacrificed. — DR. HATCH, in *North-western Lancet*.

THE INFLUENCE OF THE NERVOUS SYSTEM ON THE TEMPERATURE OF THE BODY. — "The College and Clinical Record" quotes the following :—

The "Centralblatt für die Medicinischen Wissenschaften" (Aug. 29, 1885) contains an abstract of some interesting experiments, made by Richet, to determine the influence exerted by the nervous system on the bodily temperature, the original of which appeared in the "Comptes Rendus" for March, 1884, and April, 1885. These researches demonstrate that when, in rabbits, a steel needle is thrust into the anterior lobe of the cerebrum without injuring the corpus striatum and the optic thalamus, the rectal temperature is increased several degrees. The elevation of temperature generally manifests itself a few hours after the operation, and in some cases the effects of the latter pass off without leaving any permanent disturbances in the animal. Pyrexia also followed superficial irritation of the brain with the thermo-cautery, with carbolic acid, and chloride of iron, not only in the rabbit, but also in the duck and dog. He further established that the elevated temperature thus produced depends upon increased heat-production of the body, and not upon diminished radiation, or loss of heat. While it is by no means a newly established truth in experimental physiology, that the nervous system possesses a marked influence as a heat-regulator, its influence as a fever-producer in disease is not, thus far, well

supported by clinical data, mainly because efforts are wanting to carry on such observations in a scientific manner. Although it is generally believed that fever can only be produced through the operation of fever-germs, yet every practitioner has knowledge of cases of excessive but transient pyrexia, which cannot be accounted for on the score of germ-infection. Experiments like the above teach us, however, that simple irritation of the nervous system is amply sufficient to overthrow the equilibrium of the heat-producing forces of the body, and that a specific germ is not essential to the generation of fever. The following case of pyrexia, which happened in the experience of the writer, is undoubtedly one which was brought about by reflex irritation of the intestinal nerves:—

Mrs. L. was confined on Feb. 29, 1884. She made a good recovery from the immediate effects of the confinement, and felt well until the following 9th of March, when I was called in, and found her suffering with a severe frontal headache, and very nervous. Her whole body trembled, so that she could with difficulty hold the thermometer between her lips, or a cup in her hand. Her temperature at this time (evening) was  $103\frac{1}{2}^{\circ}$  F.; no tympanites, no abdominal tenderness, except slight pain in the right ovarian region. Lochia and lactation were normal. I gave her eight grains of quinia, and poulticed the abdomen, with a view to counteract any inflammatory condition that might be developing in the generative organs. March 10. Morning temperature,  $102\frac{1}{2}^{\circ}$ ; evening temperature,  $103^{\circ}$ . Nervous symptoms no better. I gave her eight grains of quinia in the morning, and eight toward evening, and continued the poultice. March 11. Morning temperature,  $103^{\circ}$ ; evening temperature,  $103\frac{1}{2}^{\circ}$ . Same treatment otherwise. March 12. Morning temperature,  $102^{\circ}$ ; evening temperature,  $103^{\circ}$ . Other symptoms and conditions same as before. It now occurred to me that her bowels were possibly not sufficiently cleared out by the cathartic which she took a few days previous to her relapse, so I administered a dose of calomel and castor-oil in the evening. March 13. During the night she had two large stools, — the first composed of hard lumps of fecal masses, the second of a softer consistency. Morning temperature,  $98\frac{1}{2}^{\circ}$ ; evening temperature,  $98\frac{1}{2}^{\circ}$ . From this time on, she made a rapid and permanent recovery.

The history of this case shows very plainly that the whole difficulty was located somewhere in the alimentary canal, and consisted, probably, of a partial impaction of fecal matter, the irritation of which sent an impulse to the higher nerve-centres, from whence it was reflected and distributed over the whole body, and manifested itself in the form of increased heat-production. There can be no question that many forms of fever con-



stantly met in practice are entirely the result of peripheral nerve-irritation. Notably among these are the simple febriculæ, the fever which accompanies disorders of dentition, gastro-intestinal derangements, cerebral and spinal diseases, irritating fever resulting from wounds, etc.

From a practical point of view, these fevers are very important, inasmuch as it is futile to administer quinia and other antipyretics for the purpose of reducing the exalted body temperature. The only rational mode of subduing pyrexia of this order is to reduce to a minimum, or to annihilate, the nerve-irritation, with whatever means are indicated and best adapted. — *The Polyclinic.*

**KALMIA IN THE TREATMENT OF SCLERITIS.** — In this article I wish to draw attention to kalmia in the treatment of scleritis.

The symptom that induced me to prescribe the remedy in this disease was that of "pain on turning the eye," which is one of the characteristics of the drug. It was in an obstinate case of scleritis, which had resisted the remedies generally used; the only symptoms present were a deep ciliary injection surrounding the cornea, photophobia, and *pain on turning the eye*. On the next visit of the patient, there was a marked improvement, — less injection, photophobia, and pain; and from this time on, the case progressed favorably until cured, which was in an unusually short time for this disease.

Another case was that of a man who had had syphilitic iritis, which was cured by kal. hyd., but in a month he returned with a very severe scleritis; the eye presenting deep ciliary injection surrounding the cornea, and several of the characteristic nodules of infiltration, one over the attachment of superior rectus, and the other over the attachment of the internal. I first put him on kal. hyd. in appreciable doses, and in potency, without any improvement; then I prescribed kalmia on the appearance of the ciliary injection surrounding the cornea, and on the success that had followed its use in the other case, although he did not complain of pain on turning eye. The effect of the remedy on the disease showed itself on his next visit, and, as in the former case, the improvement and cure were rapid.

I consider the deep ciliary injection surrounding the cornea an indication for the use of this remedy, as well as that of pain on turning the eye in other ocular diseases. In parenchymatous keratitis I have prescribed on this indication with benefit.

I will mention one more case in which kalmia had a very marked effect. A lady, age twenty-six, came to me Feb. 23, 1883, complaining that the vision of the right eye had been gradually failing for the last two weeks. R. V. = fingers, 1 ft.

L. V. =  $\frac{2}{20}$ . Ophthalmoscope showed the lower part of fundus covered with pin-points of exudation in choroid, nerve a little pale. Complained of aching in eye-ball, and *pain on turning eye*. Had had rheumatism in right arm and shoulder.  $\mathcal{R}$  Kalmia i.

Feb. 26, R. V. =  $\frac{2}{100}$ , L. V. =  $\frac{2}{20}$ . Appearance of fundus same; eye still aches.  $\mathcal{R}$  Kalmia i.

March 9, complains of numbness of right side of face, also of hands and feet; tongue inclined to right side on projecting it; no pain or soreness in eyeball.  $\mathcal{R}$  Kalmia i.

March 16, R. V. =  $\frac{2}{20}$  s. d., L. V. =  $\frac{2}{20}$ . No pain in eye; appearance of fundus about same. Still complained of numbness, inability to think. Memory poor.  $\mathcal{R}$  Nux v. i.

The patient did not return again. The probabilities are, that, as her eyesight was all right, she consulted her family physician for the numbness, etc.

There is every reason why kalmia should prove an excellent remedy in scleritis, as this disease is generally found in persons of a rheumatic diathesis, and it is well known that this drug is one of the prominent ones used in rheumatism or diseases resulting from it. — C. C. BOYLE, M.D., in *North American Journal of Homœopathy*.

SIMPLIFICATION IN THE TECHNIQUE OF THE SÄNGER OPERATION. — At the recent meeting of the German Gynecological Association in Munich, Dr. Säger stated that while the classic simplicity of the Cæsarean section was irretrievably a thing of the past, there was not necessarily any great complexity in the modern modified operation. His rules as to technique are as follows: —

1. *Preparation*. — No especial instruments are needed. The abdomen, vulva, and vagina are disinfected with sublimate solution; the instruments, with carbolic acid. Sponges may be substituted by large cotton wads dipped in the antiseptics just named, or in chlorine water, or by napkins of sublimate gauze, etc. Two assistants are sufficient. In case of need, the narcosis may be intrusted to a layman.

2. *The Abdominal Section* is in the linea alba. The application of hæmostatic clips, and the introduction of provisional sutures, may be dispensed with. Unless there has been death of the fœtus, rolling out of the unopened uterus is not advisable, on account of the increased length of the incision involved, and the likelihood of intestinal prolapse.

3. *The Uterine Section* is the anterior middle median incision, the lower uterine segment being avoided. The deep diagonal incision advised by Kehrer is not commended. In Cæsarean placenta prævia, the placenta may either be rapidly cut through,

or it may be loosened laterally. The author has followed the first method in one case, and the second in two cases ; in neither were there any resultant difficulties in suturing, or in arrest of hemorrhage. The removal of the foetus is best begun at the feet. If the head be retained, the operator waits a short time, and, if then necessary, enlarges the incision upward.

4. *Eventration of the Uterus.* — A napkin is spread over the intestines, and the uterus enveloped in another. In the absence of elastic rubber tubing, an artificial bloodlessness of the uterus may be produced by manual compression, or by torsion on its long axis. The placenta is separated by the fingers, and the patency of the collum is ascertained. The uterine cavity is now disinfected with iodoform, and is filled by sponges or strips of gauze until the introduction of the deep sutures.

5. *Sutures.* — The deep sutures include the serous and muscular coats, but not the decidua. They are wide, eight to ten in number, and best made with flexible silver wire. The superficial stitches are taken with fine silk at the edges of the wound, and are from sixteen to thirty in number. In the absence of silver, which is highly commended, strong aseptic silk may be employed.

6. *Washing out the Uterus* is effected with sublimate, five parts to the thousand. Iodoform is applied to the line of suture, and the uterus is replaced as soon as all bleeding has ceased. There is no abdominal toilet except under special indications, and *no drainage*. The abdominal wound is closed with silk knot sutures ; iodoform and a thin adhesive plaster covers all. Ice bladders are placed upon the abdomen, and several ergotin injections are given.

7. *The After-Treatment* is to be as inactive as possible. Säng-er maintains, that while uterine suture is not, strictly speaking, easy, yet suturing the intestine is more difficult. — *Centralblatt f. Gynäkologie. Med. News.*

FROG'S SKIN AS GRAFTS, USED IN THE LONDON HOSPITAL. — Sometimes slowly healing wounds with feeble granulations are made to increase their activity in the direction of cicatrization by transplanting minute fragments of epidermal tissue containing some of the cells of the rete Malpighii on the healing surface. O. Petersen has successfully used the skin from the back of a frog. The slowly cicatrizing wound was situate on the back of the neck of a man, and had resulted from excision of a malignant pustule. A piece of frog's skin the size of the thumbnail was washed in a two-per-cent solution, and placed upon blotting-paper, when it was divided into two. The grafts were applied to the wound so that the blotting-paper was interposed



between them and the fixing plaster. Two days after the transplantation, both fragments of epidermis were found to be adherent. Two days later, a fresh grafting was made; the former grafts had become roseate. In a further period of forty-eight hours, the pigmentation of the grafts had almost disappeared. The cicatrix resulting after this treatment was found to be of great softness and elasticity. Frog's skin as grafts has been recently employed at some of the London hospitals. — *London Lancet.*

THE DANGER OF SYNCOPE IN HOT BATHS. — It is surprising, says the "Lancet" (July 3), that deaths by syncope during the use of hot baths are not more common than the coroner's court returns would show them to be. The peril of faintness by the mere determination of blood to the surface of the body, thus quickly depriving the heart of its usual normal support and stimulus, is very great. In cases of muscular weakness of the heart, this danger must be imminent whenever the "hot" or even the "warm" bath is used. Apart from this obvious risk, however, there is always the possibility that in weakly or too impressionable states of the nervous system, the peripheral stimulation produced by the application of heat to the whole of the cutaneous extremities of the afferent nerves may so act on the centres as to arrest the evolution of energy by an inhibitory influence. It is doubtful whether we lay enough stress on this consideration when prescribing the use of such external agents as act on large areas of surface, and strongly impress the nerves there commencing. We know how burns of even moderate severity may kill by the impression they produce on the centres of vitality from the periphery. There is much to learn in regard to the nature and extent of the central effects which may be thus caused. Whether for good or evil, the application of heat or cold to the whole surface is a potent measure, and one that ought not to be recklessly resorted to, more especially in cases of great susceptibility, involving such excitability of the nervous centres as often co-exists with fairly good health in a weakly body. — *Maryland Med. Four.*

LAWSON TAIT'S OVARIOTOMIES. — In the "Canadian Practitioner" is given a report of Mr. Lawson Tait's work, consisting of a "remarkable series of one hundred and twelve consecutive operations for ovarian and parovarian cystoma, without a death." The achievement is a marvellous and brilliant one, and is a credit alike to this distinguished operator and to modern abdominal surgery.

A few years ago they used to tell us in London that Mr. Tait's

reports were unreliable. They persistently sneered at the young "radical upstart" from Birmingham. They first pretended to ignore him, and then attempted to extinguish him; but still he lives, and now even his strongest opponents will scarcely deny that he stands in the front rank of abdominal surgeons.

In the present report, the residence of the patient, the name of her medical attendant, age, disease, nature and date of operation, are given. In the series he used no antiseptics, which he thinks by poisoning the patients do more harm than good. He attributes his success to the following: the non-use of antiseptics, increased personal experience, increased attention to all the minute details, cleanliness, and discipline in the hospital.

The series included —

Dermoid cyst . . . . .	1
Cystic sarcoma . . . . .	1
Abscess of ovary . . . . .	2
Cystoma of one ovary . . . . .	49
Cystoma of both ovaries . . . . .	38
Parovarian cysts . . . . .	21

Among the most serious cases were some of parovarian cysts, where the structure of the broad ligament had been lifted bodily out of the pelvis, and tumors presented neither pedicle nor free surface. They had, therefore, to be treated by Dr. Miner's method of enucleation. Mr. Tait thinks that parovarian cysts have a peculiar tendency to rotate on their axis, and to become strangulated and gangrenous. This furnishes a strong argument against the old method of tapping such tumors. One of the most satisfactory features connected with the report is the fact that the operator did not leave incomplete any operation begun for ovarian or parovarian cystoma. — *Weekly Medical Review*.

SELTZER-WATER INJECTIONS IN INTUSSUSCEPTION. — The "Massachusetts Eclectic Medical Journal" quotes the following:—

Since the injection of both water and gas has been successfully used in the treatment of cases of intussusception, Dr. E. E. Beach ("New Orleans Medical and Surgical Journal," September, 1885) employed them together in the treatment of two such cases by injections of seltzer-water into the bowels. His method was to attach the rubber pipe of a Davidson's syringe, after having removed the metal part of the suction end, to the nozzle of the seltzer bottle or siphon. The pipe was then introduced into the rectum, and the valve of the seltzer-bottle opened, taking care not to suddenly distend the bowels. After letting water pass in, he allowed time for the gas to be evolved from the fluid injected.

In one case, that of a boy eight years of age, in whom all the symptoms of intussusception were present, injections were made until the child vomited. As the tube was withdrawn from the rectum, quite a burst of gas escaped with the water, and the patient then rested quietly and easily, and the lump which was previously detected in the abdomen had disappeared. Laudanum was then given in sufficient quantity to insure quiet, and the abdomen was covered with a poultice of flaxseed. The patient did well for the next three days, when he had a natural evacuation from the bowels. He also reports a case of an infant, six weeks old, in whom he diagnosed intussusception of the bowels, and in whom the symptoms were relieved by similar procedure. — *Therapeutic Gazette.*

POTASSIUM PERMANGANATE IN BURNS AND FROST-BITE. — In the "Meditzinsko Obozrenie," 1886, No. 8, p. 758, Dr. A. A. Züboff writes, that, having tried permanganate of potassium in forty-four cases of burns and thirteen cases of frost-bite, he arrived at the following conclusions: 1. Permanganate of potassium, in the shape of frequently changed compresses (linen or hygroscopic cotton-wool soaked in a solution of one or two grains to an ounce of water), is an effective remedy for frost-bite of the first and second degrees. 2. The same lotion acts as successfully in burns of the first degree. 3. It is less successful in burns of the second degree. At all events, the permanganate lotion rapidly relieves inflammation around blisters, and pain, and prevents suppuration when blisters remain intact. In this category of cases, it is advisable to employ a weaker solution (half a grain, or even less, to an ounce). Two cases are given in detail. One of the patients received (when taking a vapor-bath) a scald of the first degree, extending from the breasts to the inguinal folds anteriorly, and between the same levels posteriorly. Pain disappeared within an hour after the application of the permanangate lotion. Soon the epidermis began to peel off. She left, well, in eleven days. Another woman had a similar scald of the face and a hand. She also obtained rapid relief, the treatment lasting a week. — *London Medical Record; Med. News.*

REMOVAL OF A SLIVER FROM THE EYE BY SUCTION. — Dr. R. E. Curran writes as follows in the "Southern California Practitioner" for May, 1886: "A friend applied for relief the other day with 'something in his eye,' which amateur efforts had failed to find or remove. Reflected light showed a foreign body on the cornea; and a magnifying-glass revealed the fact that a splinter of steel had penetrated the conjunctiva obliquely, and



was entirely covered. Attempts to remove it with the spud were unsuccessful, and there was danger of perforating the cornea: but while applying solution of cocaine with dropping-tube, the idea of *suction* was suggested; and covering the wound with the mouth of the dropping-tube, and with a gentle reverse motion of the bulb, I was happily successful in the first effort." — *Medical Record*.

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## SOCIETIES.

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### MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.

THE ninth annual meeting of the Massachusetts Surgical and Gynecological Society was held at the Parker House, Boston, Wednesday afternoon and evening, Dec. 8, 1886, President H. K. Bennett in the chair.

On motion of Dr. Payne, it was voted that the Secretary cast the ballot in favor of election of all the applicants for membership, viz., Maude Kent, M.D., Boston; Jane S. Devereaux, M.D., of Marblehead; Ferdinand Pfefferkorn, M.D., of Lawrence; Grace E. Cross, M.D., of South Boston; Clara E. Gary, M.D., of Boston; Eliza B. Cahill, M.D., of Boston; Herbert C. Clapp, M.D., of Boston; Mary H. Baynum, M.D., of Boston; Stephen W. Hopkins, M.D., of Lynn; Lucy J. Pike, M.D., of Lynn; Martha E. Mann, M.D., of Boston; Walter Tuttle, M.D., of Milford: and a unanimous election was the result.

Election of officers for the ensuing year resulted as follows: George H. Payne, M.D., President; Alonzo Boothby, M.D., First Vice-President; Francis Brick, M.D., Second Vice-President; Leslie A. Phillips, M.D., Secretary; J. H. Sherman, M.D., Treasurer.

The Globe Pharmaceutical Association exhibited samples of antiseptic wool, and called attention to its quality and superiority over all other like preparations.

The President then read a short address of an historical character, concluding with some suggestions, to consider which a committee of three, viz., L. A. Phillips, W. H. Lougee, and W. H. Tobey, was appointed by the President, on motion of the Secretary and vote of the society.

Dr. George H. Payne next read an interesting paper on "Uterine Cancer," which was fully discussed by several members, among whom were Drs. Lougee, French, Morse, Phillips, and Payne.

Dr. O. B. Sanders then presented an excellent paper upon

“The Detection of Criminal Abortion.” Extended discussion followed, participated in by Drs. Morse, Boothby, Brown, Southwick, Lougee, Worcester, French, Hadley, and Sanders.

Dr. S. Worcester read a report from Dr. Goodell of Philadelphia, regarding results in cases of oöphorectomy, which called forth considerable discussion, mostly a repetition of that of a former meeting. At the request of Dr. Worcester, Dr. S. Manning Perkins, who was personally knowing to the facts in the case, reported condition and results in the case operated upon by Dr. Phillips with Dr. Worcester’s advice, which any of the critics and opponents of the operation would be very proud of if they could have accomplished a like result by medicines or otherwise.

Dr. F. C. Richardson read a very scholarly essay on the “Mutuality of Uterine and Nervous Diseases,” which was much enjoyed by those who could hear it, in spite of great disturbance in an adjoining room. On account of this, it was voted to adjourn to the lunch-room, where, after enjoying an excellent supper, the reading of Dr. Richardson’s paper was continued, and afterwards briefly discussed by Drs. Southwick, Boothby, Payne, and Richardson.

Papers were later read by Dr. J. F. Hadley upon “Cervical Endometritis;” by Dr. C. A. Lloyd on “Puerperal Eclampsia;” and by Dr. A. Boothby on “Tuberculosis of Joints.” It is to be regretted that members are so generally compelled to leave before the close of the session, as these papers which were worthy of thought and discussion were read to a small number, and called forth but little comment. The attendance at the meeting was larger than usual, and the session one of the most interesting and profitable in the history of the Society. At nine o’clock adjournment was voted.

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

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*VERMONT HOMŒOPATHIC MEDICAL SOCIETY.*

THE Vermont Homœopathic Medical Society held its semi-annual meeting at White River Junction, Wednesday, Dec. 15.

Papers were read by H. E. Packer, M.D., of Barre, on “Diseases of the Rectum,” and by F. E. Steele, M.D., of Gaysville, on “Pelvic Cellulitis.”

The meeting was well attended, and there was much interesting and profitable discussion.

Drs. George W. Talbot of Bellows Falls, and A. N. Logan of Woodstock, were elected to membership.

F. E. STEELE, M.D., *Secretary.*

## REVIEWS AND NOTICES OF BOOKS.

WE extend a cordial right hand of fellowship to our newly appeared contemporary, "L' UNION HOMŒOPATHIQUE," published both at Lierre and at Amers, Belgium, and edited by Dr. Boniface Schmitz. We accord the magazine a hearty welcome to our exchange list. May it live long and labor successfully!

THE POPULAR SCIENCE MONTHLY for December contains, among many papers of interest, a thoughtful and tolerant paper on "Science and Theology," by John Burroughs; an article on "The Higher Education of Women," by Mrs. Lynn Linton, in which the writer sets forth anew those "remonstrative" arguments with which we are so wearily familiar; an excellent editorial on Wiggins, and his fellow-charlatans in other departments of science; and contributions from Dr. Oswald, Dr. Cappie, and other well-known writers. D. Appleton & Co., New York.

THE CENTURY for December is a veritable Christmas gift to its fortunate readers. Mr. Howells nominally concludes his serial, though, as far as actual conclusion goes, it might as well have ceased with any preceding chapter. The Life of Abraham Lincoln shows the future President as shop-keeper, surveyor, and State legislator. The "war-papers" still deal with Gettysburg. There is a most touching story of army-life, "A Coward," by Ellen Mackubin; other short stories, essays, and poems; and the illustrations, notably those of "Old Chelsea," are ideals of delicate wood-engraving. New York: The Century Company.

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 BOOKS AND PAMPHLETS RECEIVED.

- KEYNOTES TO THE MATERIA MEDICA. By Henry N. Guernsey, M.D. Edited by Joseph C. Guernsey, A.M., M.D. Philadelphia: F. E. Boericke, 1887.
- AMERICAN MEDICINAL PLANTS. Fascicle V. By Charles F. Millspaugh, M.D. New York and Philadelphia: Boericke & Tafel.
- ROLAND BLAKE. By S. Weir Mitchell, M.D. Boston and New York: Houghton, Mifflin & Co., 1886.
- ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY AND OF THE LONDON HOMŒOPATHIC HOSPITAL. Nos. LXII. and LXIII.
- CARE OF MOTHER AND CHILD IN THE LYING-IN ROOM. By J. Martine-Kershaw, M.D. St. Louis, Mo.: The Periscope Print, 1886.
- INTER-STATE NOTIFICATION: ITS PRINCIPLES AS DEMONSTRATED IN THE HISTORY OF YELLOW FEVER AT BILOXI, MISS., 1886. By Joseph Holt, M.D., President of the Louisiana State Board of Health. November, 1886.
- RELATION OF QUARANTINE TO SHIPPING INTERESTS. By Joseph Holt, M.D., President Board of Health, State of Louisiana. November, 1886.



## OBITUARY.

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It is with deep personal sorrow that we chronicle the death on the 6th ultimo, of DR. FREDERICK CLINTON WOODBURY, the only and much-beloved son of the late Dr. John Woodbury, whose honored memory is still fresh among New-England homœopathists. Dr. Frederick Woodbury was a graduate of Harvard College, class of 1882, and Harvard Medical School, 1886. He filled, at the time of his death, the position of house physician at the Massachusetts General Hospital. Among his friends it was well known to be his intention, after pursuing for some years his studies abroad, to familiarize himself with homœopathic therapeutics, which were so long and ably employed by his father in his eminently successful practice. From his too brief yet brilliant past, a no less brilliant future was augured for this young physician, whose loss is mourned by many friends. He died of typhoid fever, after a brief illness.

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## PERSONAL AND NEWS ITEMS.

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DR. MARIA L. DOWDELL, of Troy, N.Y., a graduate of Boston University School of Medicine, class 1877, was married on the 15th of December to Prof. H. A. Wilson of Saratoga Springs, N.Y.

THE Archives of Gynæcology, Obstetrics, and Pædiatrics, New York, series of 1886 just completed, has met with such warm encouragement, the publishers have decided to issue monthly, and commencing January, the parts will so appear, instead of bi-monthly as heretofore. Leonard & Co., 141 Broadway, New York.

AFTER Jan. 1, DR. H. K. BENNETT will be at his office, 165 Boylston St., Boston, from 2.30 to 5 P.M., daily, Sundays excepted. Diseases of the eye, ear, and throat, exclusively.

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EDITORIAL.

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*INDECENCY IN MEDICAL LITERATURE.*

INDECENCY in medical literature is a phrase which should be self-contradictory and paradoxical. If entire cleanness of action, speech, and habits of thought, is demanded by high moral law, and should be demanded by fixed public opinion, of any class of workers in the community, it is and should be demanded of physicians and clergymen, and of physicians no less than of clergymen. A religious journal which could give space to coarse jokes, conundrums, and *double-entendres* at the expense of the names, beliefs, and observances which the Church holds sacred, and yet could pass unrebuked of the clergy, and be read and supported by them, would, in the very fact of its continued existence, be a serious reflection on the fitness of the clergy for their high office. The same should, to our mind, be true of any medical journal publishing indecent jokes whose point lies in allusion to those physiological functions of the human body, or those intimate relations of human life, before which wise delicacy draws the veil that science or morality is at any time free to lift, but which should be held sacred from the prurient fingers of a bastard humor. Every conscientious physician to whom the honorable reputation of his profession is dear, should protest, in every fashion open to him, against the publishing in medical journals, and subsequent dissemination by reprint in their contemporaries, of such paragraphs as these under discussion. The smile they

excite is worse than wasted. Their appearance can serve no worthy end, and in many very evident ways is most seriously mischievous.

The reading of them tends to foster in the minds of physicians, and especially of younger physicians, the idea which, more than any other, will be fatal to their growth in personal character and public usefulness; the idea that the ethical side of professional life is no very serious matter; that the deep respect of a physician for the more intimate life of his patient has its place among appropriate phrases for commencement valedictories, and for the preface to a work on gynecology; but that it is quite permissible for the physician, the doors once shut, like the priests of old, to "wink behind the mask" not to wholly cast the mask aside. Such paragraphs, sooner or later finding their way to the laity, serve as apt illustration for the theory which, to the crying shame of the masculine side of our profession, is so freely advanced to-day in private conversation, in essay and in fiction, that the diseases of women can and should be treated by women only, since among men the delicacy and dignity of mind, which should be brought to their treatment, are wholly lacking.

We are far from desirous to call back any thing of that ponderous solemnity which, with long canes and periwigs, was once held to be a *sine quâ non* of the medical profession, and which, in conjunction with his murderous methods of treatment, made the appearance of the old-time doctor a "grave" matter, in more senses than one, to his unlucky patient. A humorous habit of mind is among the physician's best allies against those pessimistic views of life and human nature which so press upon him in the lengthening and saddening years. But surely there is quite enough food for wholesome laughter in the cleanly and honest drolleries of professional life, without aid from fictitious anecdotes unfit for public repetition.

To the credit of homœopathic medical journalism be it said that doubtful stories are less commonly found in its pages than in those of the old school. We are far from saying that indecencies are habitual or even common in the journalistic literature of either the old school or the new. But the fact remains, that there do, from time to time, appear in medical journals paragraphs whose fitting place must be sought in the columns of certain



publications that creep stealthily through the public mails in terror of that law which forbids the circulation of obscene literature. It is against the — even occasional — appearance of such paragraphs, that we venture to protest. It is against their appearance, that we would earnestly urge physicians to protest ; if not in the interests of higher morality, then at least in those of the dignity of science.

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#### EDITORIAL NOTES AND COMMENTS.

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THE QUESTION AS TO WHETHER THE HOMŒOPATHIC PHYSICIANS OF TO-DAY ARE PRIMARILY HEALERS OF MEN, OR PRIMARILY FETICH-WORSHIPPERS, is raised anew by recent emphatic though limited condemnation of the GAZETTE'S editorial mention, in its November issue, of a new treatment for tubercular meningitis. It was hoped that the position of the GAZETTE on the claims and value of homœopathy was sufficiently well understood to make it clear that no slur on, disloyalty to, or retrogression of belief in the powers of homœopathy could be implied by a simple statement of the apparently well-authenticated success, in a disease hitherto looked upon as incurable, of treatment not discoverably homœopathic. It seems, however, not needless repetition to say that the GAZETTE holds to the distinction so clearly and so often made by one of the leading exponents of homœopathy in our land and time ; the distinction between homœopathy the ideal principle, and homœopathy as partially developed and imperfectly applied to the daily healing of the sick. As in the present instance, it were one thing to say that there is no medicine, which, administered under the law of similars, is capable of curing tubercular meningitis ; and quite another thing to say that the *similimum* which will control this dreadful malady has not yet been discovered or applied, and that, therefore, though homœopathy the principle stands unshaken, homœopathy in fallible human practice stands almost as hopeless of cure before a fully developed case of tubercular meningitis, as stands and has always stood the therapeutics of the allopathic school. Reports of cases in which tubercular meningitis, after fully developing itself in a patient, has been cured by homœopathic treat-

ment, may be triumphantly pointed out in magazine literature ; but while such cases are so few, and their diagnosis so unauthoritative, as to justify Hughes in saying that we "cannot but echo the melancholy experience of the old school of treatment, and say that a fully developed tubercular meningitis is incurable," we feel ourselves justified in calling attention to any treatment which, in cases authoritatively diagnosed, has proved curative. To refuse mention of such treatment because our own system has not, in its humanly imperfect development, yet furnished us with the key to a like success, is to distinctly emulate the old-school bigotry which we vociferously condemn, and to prove that we do not base our claim to be physicians on our deep desire to heal the sick. Homœopathy is by such bigotry betrayed in the house of its friends, and insulted as no open enemy has power to insult it. Those are no true friends of a cause, or of an individual, who fawn and flatter, fulsomely ascribing perfection where perfection does not exist : those are true friends to a cause or an individual, who, by frankly acknowledging imperfections, hasten the growth which alone can put imperfections away.

To heal the sick : this, as honest physicians, is our first aim beside which all other aims are as nothing. Humbly and gratefully to avail ourselves of the 'gentle, well-tested, and potent aids which we have received from homœopathy for the treatment of almost every form of disease, and to assiduously search and test for such aids as we have not yet been able to discover, however firmly we may believe they exist, for forms of disease now pronounced incurable, — this, as homœopathic physicians, is our duty, our privilege, and our joy. But, *pending the discovery of these aids*, to refuse our patients the benefit of aids discovered and proved by workers in other fields of medicine is to dishonor our high calling, and to belittle, even while claiming to deify, the name of the great founder of homœopathy, whose example incites not to self-glorification, not to worship of a phrase, but to service to one's suffering fellow-men.

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MENTION OF THE RECENT MEETING OF THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION was crowded out of the columns of our January issue ; though assuredly the omission

was due to no lack of fraternal interest, on our part, in the Association and its objects. This meeting was held in New Orleans Dec. 8, 9, and 10; and we rejoice to learn, from the reports kindly forwarded to us, that it was in every respect a most successful one. The success is evidenced alike by the numbers in attendance, the character and amount of scientific work accomplished, the interest and enthusiasm manifested in the discussions which followed the reading of papers, the increase in membership, and the hearty and general satisfaction with the session, expressed by the physicians present. Delegates representing nearly every Southern State were in attendance at the meeting, and the future of the Association seems well assured.

From the practical address of the President, Dr. A. L. Munroe of Louisville, Ky., and from the report of the committee on legislation, are to be gathered facts on the status of homœopathy in the South, which should be of interest to homœopathists everywhere. Able representatives of the school are to be found in all the States; though North Carolina, Alabama, and Mississippi are practically under allopathic control, the old school having there succeeded in moulding legislation to its own purposes. In other Southern States the laws are not inimical to homœopathy, relating chiefly to the necessity of the registration of diplomas from chartered colleges of any school. The following resolutions, adopted by the Association, give a clear idea of the attitude of our Southern colleagues in the matter of State legislation. All quotations made are from the admirable report of the New Orleans "Times-Democrat."

*Resolved*, That, in the opinion of the Southern Homœopathic Medical Association, the examinations heretofore conducted by such boards as are now in existence are less comprehensive and less thorough than the examinations in even the average grade of medical colleges in this country, and their results do not, as a rule, furnish proper and sufficient evidence of the qualifications of the applicants for license to practice; and, further, we believe that the powers vested in said boards may be easily abused, and public interests compromised, by permitting unjust discriminations between medical sects.

*Resolved*, That we therefore oppose the enactment of laws creating State Licensing Boards, and for the above-mentioned reasons.

*Resolved*, That we demand and encourage a thorough medical education, and graduation in a regularly incorporated medical college, as the quali-



fications which alone should entitle or permit the physician to engage in the practice of medicine.

“*Resolved*, That we believe the public interests can be best protected by laws requiring the registration, under oath, of the candidate’s diploma and other evidences of his qualifications for the practice of medicine.”

That the duty and responsibility of homœopathists as sanitarians are not, in the exactions of their daily practice, lost sight of by our *confrères*, is made evident by the following resolution :

“WHEREAS, The public health of this country, especially the protection of the people from the spread of infectious diseases, calls for the exercise of the best experience from different sections ; and whereas, army and navy surgeons are not so brought in contact with the masses of the population and made acquainted with the varied health needs of different localities as to be the safest sanitary guardians ;

“*Resolved*, That we view with great concern the withdrawal, on the part of Congress, of the appropriations necessary to enable the National Board of Health to discharge its duties, and the persistent transfer of the work intrusted by law to its competent care to the surgeons of the army and navy ; and further, that we, individually, make known our views on this subject to our several Representatives in Congress.”

Those who are conversant with the history of the suspicious epidemic, — probably of mild yellow-fever, — which had its origin in Biloxi, Miss., last August, and which by the energetic and efficient action of the Louisiana State Board of Health was confined to a limited area, will doubtless heartily commend the following, which was also offered by Dr. J. P. Dake, and adopted by the Association :—

“WHEREAS, The safety of the people in the Mississippi Valley, as well as along the Gulf Coast, from the ravages of the yellow-fever, demands a watchful care and a prompt notification on the part of all persons having in charge private as well as public health interests ;

“*Resolved*, That the thanks of this Association be tendered to Dr. Joseph Holt, and the State Board of Health of Louisiana, for their prompt and efficient action during the past summer ; and that we commend the plans adopted by them for the detention and purification of all carriers of infection.”

Resolutions relating to the position of homœopathy in regard to the indiscriminate use of alcoholic stimulants and opiates in medical practice, and the pernicious results following such use, excited animated discussion, and the adoption of these resolutions offers fresh testimony to the conservative and commendable practice of our school.

“WHEREAS, The public press, religious and secular, frequently arraign the medical profession as being an important factor in the increase of drunkenness by the indiscriminate and oftentimes illegal prescribing of alcohol in various forms; and

“WHEREAS, The homœopathic profession has ever raised its voice, as a school, against the indiscriminate use of alcohol and opiates in medical practice: therefore, be it

“Resolved, by the Southern Homœopathic Medical Association, in convention assembled, That we are opposed to opiates and alcohol in medical practice, except in cases where the accumulative experience of acute, sagacious observers has taught us that they are beneficial.”

Officers for the ensuing year were elected as follows:—

“President, Dr. Joseph Jones of San Antonio, Tex.; First Vice-President, Dr. Walter M. Dake of Nashville, Tenn.; Second Vice-President, Dr. E. A. Murphy of New Orleans; Recording Secretary, Dr. C. G. Fellows of New Orleans; Corresponding Secretary, Dr. C. R. Mayer of St. Martinsville, La.; Treasurer, Dr. J. G. Belden of New Orleans.

“Board of Censors: Dr. Walter Bailey of New Orleans; Dr. J. P. Dake of Nashville, Tenn.; Dr. C. E. Fisher of Austin, Tex.; Dr. E. A. Guilbert of Jackson, Miss.; and Dr. J. H. Henry of Montgomery, Ala.”

On the evening of Dec. 10, a large and enthusiastic public meeting was held, at which spirited and able addresses were offered. The place of the next meeting will be again New Orleans. We trust that it, and all future meetings, may be as rich in usefulness as the one just chronicled, and that our *confrères* of the Southern Homœopathic Medical Association may find

“their . . . comforts to increase  
Even as their days do grow.”

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THE ENGLISH HOMŒOPATHIC LEAGUE, to which allusion is made by DR. GOLDSBROUGH in his extremely interesting letter, published elsewhere in our present issue, is a movement which testifies afresh to the enthusiasm, the energy, and the executive ability of our English *confrères*. Its objects are to diffuse a knowledge of homœopathy among all classes, by popular lectures, and brief inexpensive tracts. The membership fee is so moderate, that all friends of homœopathy will find it possible to enroll themselves. The League already has high social and

ecclesiastical support, and nine tracts have already been issued.<sup>1</sup> The League can hardly fail to accomplish great good by the well-planned work, whose execution lies in such able and willing hands. We trust they need no assurance that their success will scarcely rejoice their own hearts more than those of their American colleagues.

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DR. THOMAS NICHOL of Montreal, whose paper on the Iodide of Arsenic was promised our readers for the January GAZETTE, has been prevented by illness from preparing the expected contribution. He hopes, however, to furnish it for our March issue. A brief but exceedingly interesting paper from his pen will be found in the present number.

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#### COMMUNICATIONS.

##### *THUJA OCCIDENTALIS IN SYCOSIS.*

BY THOMAS NICHOL, M.D., MONTREAL.

ON Nov. 17, 1885, G. D., a stout young Englishman, came into my office, stating that he had some warts round the head of his penis. On examination, I found that a complete coronet encircled the glans penis to such an extent that the prepuce was permanently retracted. The warts were long, spike-like, and so tender that they bled at the slightest touch. They were bathed in a thin fluid of evil odor, quite distinct from that of the secretion of the *glandulæ odoriferæ*. This state of things had lasted for two months, constantly getting worse. Fortunately, no treatment had been instituted, so that one had a fair field for homœopathic therapeutics, for nothing spoils a case in venereal surgery so much as the meddling and muddling of those gropers in the dark, the allopathic surgeons.

I gave him *Thuja occidentalis*, second decimal trituration, nine powders each of one grain, and directed him to take a powder

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<sup>1</sup> 1. Why should the Friends of Homœopathy form a League? 2. What is Homœopathy? 3. Origin of Homœopathy. 4. Hahnemann's Achievements in Medicine and the Allied Sciences. 5. Statistics of Homœopathy. 6. Persecutions of Homœopathy. 7. Testimony of Opponents in Favour of Homœopathy and its Founder. 8. Influence of Homœopathy on Ordinary Practice. 9. Allopathy judged by its Professors. *The following are nearly ready*: 10. Eminent Physicians who have embraced Homœopathy. 11. Official Trials of Homœopathy.



dry on the tongue, morning, noon, and night; to make no alteration in his diet, and to go about his work as usual.

On the morning of November 20, he returned; and on examination I found that the coronet had entirely disappeared, leaving the tissues strictly normal. I gave him another prescription of *thuja occidentalis*, precisely the same as the first, with the view of making assurance doubly sure, but no return of the morbid state took place. *Similia similibus curantur.*

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THOUGHTS ON MATERIA MEDICA, SUGGESTED BY WORK  
ON THE CYCLOPÆDIA OF DRUG PATHOGENESY.<sup>1</sup>

BY R. E. DUDGEON, M.D.

THE investigation of the actions of medicines on the healthy human body is beyond all doubt the most important work for the perfecting of homœopathic therapeutics. When Hahnemann became convinced of the truth of the homœopathic rule, he at once saw that it could not be applied in practice unless the positive effects of a considerable number of drugs were known. In 1796, when as yet he imagined that the homœopathic rule was only applicable to chronic diseases, he held that medicines must be tested on the healthy human organism in order to discover remedies for these diseases. In the article written in that year — “Suggestions for Ascertaining the Curative Power of Drugs” — we see that he had already made a few trials of medicines on himself, but he seems to have thought that he could gain a useful amount of pathogenetic material from the records of poisonings and overdoses of drugs scattered throughout medical literature, many of which he collects in this essay. But it is evident that he soon became convinced of the insufficiency of this source, and, with an energy and self-sacrifice that command our admiration, he set himself to prove medicines on himself and the members of his own family (for as yet he had no disciples); and the results of these provings he published in 1805 in two volumes — his well-known “*Fragmenta*” — the title of which shows his consciousness of their imperfect character. After this he persevered for five more years in his solitary provings, so that when, in 1810, he published his “*Organon*,” containing a full exposition of his doctrine, he was able to offer the following year some of the more extended and elaborate provings he had made, in the first volume of the “*Materia Medica Pura*.” The necessity for haste in the production of the material from which alone the homœopathic therapeutic rule could obtain a practical applica-

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<sup>1</sup> Reprinted from the *Annals of the British Homœopathic Society and of the London Homœopathic Hospital*, Nos. LXII. and LXIII., August, 1886.

tion is, I think, chiefly to blame for the faulty character of the manner in which this material was first presented to the medical world. To himself, who had tested the drugs and had thereby become perfectly conversant with the manner in which their pathogenetic effects had been developed, the schema in which he arranged the observed symptoms would suffice to remind him of the true character of the artificial diseases produced by the various drugs. But to one who has not tested the medicines on his own person, or on subjects immediately under his eye, the severance of the symptoms from their natural connection, as we see in the Hahnemannic schema, is fatal to the endeavor to ascertain the true interdependences and sequential order of these artificial diseases. That Hahnemann, in his subsequent volumes of "*Materia Medica*," when he was aided by many willing disciples, should have still adhered to his original method of presenting the symptoms ascertained by proving, is not to be wondered at; for he had found it to answer very well at first, and he would naturally be unwilling to introduce a change. But that many subsequent provers, who were daily adding to the number of drugs tested on the healthy human being, should have slavishly stuck to the Hahnemannic form of presenting the symptoms, speaks more for their loyalty to the master than for their intelligence. Another characteristic of Hahnemann's provings is, that though in the pathogeneses of most of his medicines a considerable number of symptoms is said to be from himself, it is evident from internal evidence that they were observed in different persons, though this is nowhere stated, and no distinguishing sign is applied to the symptoms to show that they are derived from different subjects. We see that this is so by the fact that some of the symptoms are ascribed to a male, some to a female, or even to a child. Consequently we cannot, by collecting together all the symptoms of a medicine proved by Hahnemann, form any connected history of a medicinal disease even in those cases where the period at which the symptoms occurred is stated. This bad plan has been adopted by many of Hahnemann's fellow provers, more especially by Stapf, Gross, and others, who jumble together the symptoms observed by them on themselves, and on several men, women, and children. This seriously detracts from the value of the provings, for it is impossible to unravel from them the history of the medicinal diseases they produced in different subjects. Nor, with very rare exceptions, are the doses that were employed in the provings mentioned. In some of the earlier provings of other observers, the names and qualities of the persons who took part in them are given, and even the doses they took are stated; but in the schema no indication is given whereby we can distinguish by whom the different symptoms were observed.

Later provers have generally avoided this serious defect in their records of their provings. The Austrian Society is distinguished meritoriously by the care they have taken to give the provings of each worker separately, indicating the doses taken, the period after the ingestion of the drug when each symptom occurred — in short, the full and accurate history of the medicinal diseases developed in each. In fact, the Austrian provings are models of what provings ought to be, and since they were published most provers in other countries have imitated them more or less exactly.

The provings of Jörg, who was a declared opponent of homœopathy, and seems to have undertaken his laborious task principally with the view of demonstrating the fallacy of Hahnemann's therapeutic rule, are also models of carefulness, accuracy, and precision. Far from proving the fallacy of homœopathy, they have been of immense value to our materia medica, and I am not aware that they have met with the slightest attention from the school to which Jörg belonged.

British homœopaths have contributed few provings, but as a rule these few will bear comparison with the best that have been made in other countries. I need only mention the *kali bichromicum* of Drysdale, the *naja tripudians* of Russell, the *crotalus horridus* of Hayward, and the *uranium nitricum* of Blake, which are all excellent examples of useful and well-proved medicines, presented in a way that renders it easy to the reader to acquire a thorough knowledge of their physiological effects and therapeutic uses.

As a rule, the proving of our American colleagues have been conducted in a scientific manner, and are fully up to the mark required by the student and practitioner, though this praise cannot be accorded to all the provings we have received from beyond the Atlantic. Thus the Brazilian provings of Dr. Mure are objectionable on several accounts. Some of the substances taken for experimentation do not appear to belong to the class of medicaments at all; such as *pediculus capitis*, the skin of a deer and of a dolphin, guano and diseased potato. Then the dose given is scarcely ever stated, and as regards many medicines we are not even informed by whom the proving was made. This is the more regrettable, for some of the drugs proved by Dr. Mure and his friends seem to be of a very potent kind, and worthy of careful investigation as to their effects.

Nor can we admit that it was a "happy thought" of Dr. Reising to infer poisonous qualities in high potencies of substances which are commonly used as articles of ordinary diet. This fad has given us provings of skim-milk, white sugar, sugar of milk, and bitch's and cat's milk. Such provings receive no counte-



nance from Hahnemann, who says (*Organon*, § 122), "No other medicines should be employed [for proving purposes] except such as are perfectly well known, and of whose purity, genuineness, and energy we are thoroughly assured." It may be said that some of his so-called anti-psoric remedies, such as *silica*, *sepia*, *calcareo*, *lycopodium*, *graphites*, and the *carbos* do not fulfil these requirements; still, with the exception perhaps of *silica*, they had all been occasionally employed for medicinal purposes, and even *silica* was a component part of many mineral waters, whose therapeutic virtues might partly be attributed to its presence in them.

The editors of the Journal of the Berlin Homœopathic Society do not seem to share my opinion with regard to the unsuitable character of such substances for provings, for in the last number of their periodical they have given a full translation of Swan's proving of *lac caninum*, with all its wonderful symptoms said to be caused by a few doses of dilutions from the 30th up to the 500,000th. The editors of the Cyclopædia will of course reject all so-called provings of this character. I may mention that the Materia Medica department of the Berlin Journal does not seem to be conducted with the same judgment and discernment that characterize some of its other portions, for it is at present engaged in publishing a translation of the late Dr. Hering's very imperfect, and I should say useless, Condensed Materia Medica.

Some medicines whose therapeutic value we acknowledge in our daily practice have assuredly not obtained their actual high place in our estimation by the recorded provings of them by members of our school. Such a medicine is *berberis*, of which we possess a proving by Dr. Hesse (in the *Journal für Hom. Arzneimittellehre*, vol. 1, pt. 1), the schema of which occupies 90 pages, comprising 1,212 symptoms. This is about as bad a proving as can be found. Hesse tells us that the provers were himself and four others, and they took at short intervals two or three pretty large doses of the drug. He does not give the day-books of the provers, but only records the symptoms in schema form, without any indication whatever of the provers to whom the symptoms recorded belong, and he gives hundreds of symptoms — many of the most trivial and commonplace character — which he tells us occurred weeks and months after the medicine had been taken; sometimes, indeed, as long as nine months after taking the drug.

Rubini's proving of *cactus* has all the faults we have attributed to Hesse's proving of *berberis*. The provers were himself and his wife, but he does not distinguish the symptoms that belong to each, nor does he mention what doses were used nor when

they were taken. Moreover, the symptoms of cases treated with the medicine are mixed up with those derived from his provings without any distinctive sign. Under these circumstances it is astonishing that we have gained any accurate knowledge of the pathogenetic effects and therapeutic powers of the drug; and I have no doubt many of my hearers, like myself, have been disappointed with its effects in practice, which do not always correspond with the expectations raised by the enthusiastic recommendations of its introducer.

Nuñez's proving of *tarantula* was made chiefly with globules of the 6th to 12th dil. One very impressionable woman took the 3d trit. One prover, Dr. Tejidor, proved the 12th and 200th, but was obliged to leave off the latter as the effects were so violent. The symptoms in the volume are all huddled together, without indicating time of occurrence or dose; in short, it is a proving that is hardly admissible into a work like the Cyclopædia.

The height of grotesqueness in the matter of provings was reached by Wolf, of Berlin, who proved *thuja* by giving to about 100 persons one globule of the thousandth dilution, and recording all that happened to these persons for months and years afterwards; a violent attack of confluent small-pox occurring many months after the taking of this powerful dose being calmly attributed to the action of the globule. Houat's volume of provings deserves to be classed with this one of Wolf. But recently we have, in the *Allg. Hom. Zeitung*, the climax of absurd provings furnished by Buchmann, who gravely records the effects caused on sensitive subjects by merely holding in their hands a well-corked bottle of some highly potentized drug. A parallel to such provings is shown in the experiments lately recorded in French periodicals, where the specific effects of various drugs were elicited in hysterical subjects by holding the medicine, wrapped up in paper, at some distance behind the subject's head. These effects are vouched for by the high authority of the celebrated Professor Charcot; but notwithstanding this, we must refuse to all such transcendental pathogeneses admission into our Cyclopædia.

The industrious symptom-manufacturer, Nenning, was too much even for Hahnemann, who does not always display sufficient caution in accepting as the genuine effects of medicines the symptoms furnished to him by some of his disciples. Among his most prolific symptom-providers, Langhammer is conspicuously untrustworthy. The provings of this gentleman have been severely criticised by the late Dr. David Roth; and, indeed, a very superficial inspection of them will show that they are remarkably alike, whatever medicine he was engaged in examining. Contributions from such unscientific and incompetent ob-

servers serve only to overload our materia medica with a mass of worthless symptoms, which we can hardly get rid of, since they have been accepted by Hahnemann, and incorporated with the better provings of his "Materia Medica Pura."

Among the most diligent and industrious of provers in recent times must be reckoned Dr. James Lembke of Riga, who has proved a large number of drugs upon himself, and carefully and conscientiously recorded their effects, giving us his daily — I may almost say his hourly — diary of the symptoms he observed. But, as with most voluminous provers, the amount of trivial and commonplace symptoms is greatly in excess of the characteristic specific effects of the drugs he proved; and it must be confessed that his provings are generally very uninteresting, not to say wearisome, and might well bear considerable condensation. Dr. Hencke, also of Riga, is an almost equally zealous and faithful prover. On the whole, Riga seems to be favorable to the production of provers. Besides experiments made with drugs upon themselves, or persons under their observation, by partisans of the old school, we find some invaluable material for our purpose in the recorded effects of large doses of drugs given to patients for diseases of a fixed and determined character. As an example I may point to Foster's large doses of *lactic acid* given to diabetic patients, on whom the drug produced exquisite pictures of arthritic rheumatism or gout, which marks this substance as a valuable remedy for that disease.

The task of sifting and criticising the material furnished from so many different sources is not easy, but the editors of the Cyclopædia have attempted to perform it. That they have perfectly succeeded, it would be rash to assert; but at all events they have, to the best of their ability, given a revised and improved account of the positive effects of the remedies they have admitted into their work; and if they have, in the opinion of some, abridged some provings which seemed to them needlessly spun out, and admitted others which in the opinion of others might have been omitted without loss to our therapeutics, they felt that they must steer a middle course between the extremists on either hand; and I believe the great majority of the earnest students of homœopathy will allow that in the Cyclopædia they, for the first time, possess a treasury of reliable medicinal effects which will prove equally useful to the student of drug action and to the scientific therapist, and which will serve in all future time as the material from which a perfect Materia Medica may be constructed.

#### DISCUSSION.

DR. POPE said that he thought that Dr. Dudgeon's paper showed how great a responsibility rested upon those who undertook the provings of



medicine. It was upon the fulness and accuracy with which they recorded their experiments, that we, as practitioners, were dependent for much of our success at the bedside. It also showed how careful homœopathists were in estimating the importance they should attach to the results of individual experiments. Very great responsibility also rested on those who undertook to examine our now bulky records of drug experiments for the purpose of sifting the untrustworthy and the doubtful from the reliable symptoms attributed to the action of different drugs. To do this was the arduous, important, and responsible work undertaken by the editors of "The Cyclopædia of Pathogenesis;" and that it had been well done, and thoroughly well done, would be at once admitted by those who had given any attention to the two parts which had been in our hands for some little time, and to that which had just appeared. For the care and time which the editors, Dr. Hughes and Dr. Dake, had bestowed upon this work, their society and English-speaking homœopathic practitioners all the world over were very, very deeply indebted. (Cheers.) The records given in the Cyclopædia might be regarded as being absolutely reliable. The importance of their being so could not, he thought, be exaggerated. This quality rendered the volume one the careful study of which would prove of the utmost value to the student, would give him a knowledge of the Materia Medica that no other work on the subject could do. And when the time came for the publishing of an index to the vast category of symptoms, it would be equally valuable to the practitioner. With much that Dr. Dudgeon had said in criticism of the various provers, he agreed, but he certainly entertained a higher opinion of Lembke's experiments than Dr. Dudgeon appeared to do. He had read many of them, and they seemed to him to be very fairly trustworthy and useful.

DR. COOKE (Richmond) said that he had recently been making inquiries into the reality of homœopathy. When he first began these inquiries, he was a good deal staggered by the multitude of minute symptoms attributed, in works on symptomatology, to different drugs. To solve this difficulty, he determined to make a series of experiments on himself with a drug; for this purpose he selected *cedron*, and continued to take daily doses of it for some time. He began with one grain, gradually increasing it up to six grains at a dose. He found many decided symptoms of its action to occur, all of which he carefully noted. But among these were many that were not recorded in the provings already published, while many that were published did not occur in him. He, however, utilized in practice such symptoms as he had observed. Taking them as his guide, he prescribed this medicine according to the law of similars in many cases, and the results he had obtained in doing so were certainly very remarkable and striking.

DR. NEILD said he had listened with great pleasure to the remarks of Dr. Cooke; for provings such as he had made of *cedron* were of special value. He (Dr. Neild) had had the fortune, or *misfortune*, early in his medical life, to get into rather heavy work, and therefore it had been difficult for him to work by the repertory and Materia Medica so much as he would have liked to have done, and, under these circumstances, he had often found that his ordinary knowledge of the action of drugs stood him in good stead. He instanced *elaterium*, which he first prescribed in a chronic case of "squirting" watery diarrhœa, at a time when he only knew that remedy by his remembrance of its use in hospital practice. *Cactus*, again, was a medicine of which we have only comparatively short provings, and the pathogenesis of which we can easily grasp, and with what certainty and satisfaction do we prescribe it! Short provings, with the symptoms given in the order in which they occur, would be likely to be more useful to junior practitioners than the detailed provings. Dr. Neild referred also to the satisfac-

tion he felt in being able to meet with the lecturer and others present, whose names he had long honored as the leaders of our school.

DR. DYCE BROWN said, that, though he had nothing to remark on the paper, he might be allowed to answer Dr. Cooke's questions, and clear up the difficulties occurring to the mind of an inquirer. Dr. Cooke must not be disappointed if he found that certain symptoms mentioned in a drug proving were not developed in himself, while others not previously noted had been. Here we saw the importance of having a drug proved by several provers, as, while the broader features of drug-action were developed in every one, the minor symptoms were not equally so, but certain of them occurred in only a minority of provers, and some only in a very few. In order, then, to obtain an all-round full picture of drug-action, we have to observe its effects on several provers, and compare the results. Again, the mere fact of one prover obtaining only negative results does not prove the inertness of a drug. It merely shows an idiosyncratic state of an individual. As an illustration of what he meant, Dr. Dyce Brown stated that some years ago he had commenced a re-proving of *conium* on himself, beginning with high dilutions, and coming down to the mother tincture, one dose every morning, half-an-hour before breakfast. He gradually increased the dose till he took seven drachms of mother tincture, with no more effect than if he had taken cold water. Thinking the preparation might have been a bad one, he took the *succus conii* (B. P.) in the same way till he had got to seven drachms, with an absolutely negative result. He then gave it up, as larger doses would have involved a proving of *alcohol*. No one, however, would say that *conium* is an inert drug on that account.

DR. RENNER asked what the "keynotes" were which determined use of drugs. How were we to determine the relative value of different symptoms?

DR. HUGHES would add to what Dr. Dyce Brown had said in reply to Dr. Cooke, that the order in which his symptoms under *cedron* developed might well have differed from that of the *Materia Medica*s, as the latter was artificial; and that the therapeutic applications of the drug would doubtless be enlarged by his proving, which he hoped would appear in one of our journals. In speaking of *elaterium*, Dr. Neild, he thought, was quite right in wishing the fundamental pathological action of a drug put in the foremost place; but to differentiate it from others having a similar action, we needed also the finer shades of its working. He expressed his warm appreciation of the paper read, and took the opportunity of saying that, Dr. Dudgeon's aid had been to the editors of the "Cyclopædia" simply invaluable and indispensable. The thought that had most frequently occurred to his own mind while working at this undertaking had been the singular worthlessness of the contributions to the *Materia Medica* of what he might call the sub-Hahnemannian epoch. When he studied the lists of symptoms, without any information as to how they had been obtained, which were then published as pathogeneses, he hardly knew which most to wonder at,—the audacity which could put forth such things, or the credulity which could accept them. Their authors were not only the Mures, Houats, and Nennings whom Dr. Dudgeon has so justly stigmatized, among them he was compelled to include Petroz of France and Hering of America. The symptom lists issued by the former, purporting to be obtained by the dilutions from the fourth to the sixth, contained a number of utterly impossible phenomena, and only one of them—that of *asterias rubens*—has as yet been found admissible into the *Cyclopædia*. Constantine Hering, though belonging to the ultra-Hahnemannian school, he had once supposed too shrewd to partake very largely of its illusions. In his last work, however, the "Guiding Symptoms," he found in his prefaces to the several medicines a constant prefer-



ence of the bizarre and apocryphal over that which rested on solid ground. Langhammer (of whom Dr. Dudgeon has told us enough) is singled out by him for commendation as a prover; and Houat's inventions are admitted *in toto*. On the other hand, *agaricus* is said to be "over-proved," because of the splendid experiments of the Austrian Society; *arsenicum* is declared rarely applicable in practice, because its pathogenetic effects are mainly taken from cases of poisoning, and are "too like" the symptoms of disease; and we are informed that we have no real knowledge of the physiological action of *atropia*. One who can judge thus perversely is hardly to be trusted as a conductor of provings, and those issued by him have been found to be of very inferior quality. It is from the burden of these pathogeneses that the present revision of the *Materia Medica* would free us; and only those who had worked at it knew how much rubbish had had to be cleared away.

DR. ROTH (in the chair) referred to the efforts made by his brother, Dr. D. Roth, and by Langheinze, to sift the chaff from the wheat in our records of drug symptoms, and to the unfavorable manner in which these efforts were received. He was very glad to witness a more critical spirit at work at the present time.

DR. DUDGEON said that as his paper had not been criticised, there was no need for him to say any thing in reply. He had alluded to Langhammer's unsatisfactory provings, and he could say, that, if any one took the trouble to examine them, he would find that, with strange perversity, he recorded dilatation or contraction of the pupil as the effect of all the medicines he proved, which we should have thought least likely to cause those symptoms; while all the medicines which we should have expected to produce this phenomenon, in his provings did nothing of the sort. Thus, among the medicines which produced in him dilatation, or contraction, or both, we find *angustura*, *arnica*, *aurum*, *calcarea acetica*, *cina*, *drosera*, *cyclus*, *arsenicum*, *cocculus*, *ledum*, *menyanthes*, *ipsecacuanha*, *mercurius*, *manganese*, *muratic acid*, *oleander*, *phosphoric acid*, *sambucus*, *stannum*, *staphisagria*, *taraxacum*, *ruta*, *thuja*, and *verbascum*; whereas neither contraction nor dilatation was observed from *digitalis*, *helleborus*, or *hyoscyamus*. Such anomalies destroy our confidence in this person's provings, and probably there were others among Hahnemann's fellow-provers who were equally untrustworthy.

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### A LONDON LETTER.

BY GILES F. GOLDSBROUGH, M.D.

In attempting a survey of the position and progress of homœopathy in Great Britain for the year just closing, there are but few features which strikingly arrest the attention, or call for lengthened remark. The number of avowed adherents of the system remains much the same as it has done for some years past. Death has removed eight of our colleagues, all highly esteemed in their own country, but, with the exception, perhaps, of Nevelle Wood, no name was very familiarly known beyond its shores. Two of them may be specially mentioned here as exhibiting well-marked traits of typical English character. The elder, George Dunn, M.D., I.P., died on the 8th of May, at the ripe age of eighty-two. His life was one of remarkable strife



and vicissitude; but he always manifested indomitable energy, both of body and mind, and was ever to the fore in the initiation and maintenance of works of public usefulness. In the words of a recent obituary notice, "he was a fine example of the success which attends industry, self-reliance, and true courage," at the same time "as genial a man as ever one meets with, full of joke and anecdote, ever ready to do a good turn for a friend, honest, straightforward, true." The other name referred to is that of Edward Christopher Holland, L.R.C.P., M.R.C.S., who died on the 5th of January, aged seventy-four years. Dr. Holland was remarkable for the earnestness, enthusiasm, and generosity of his character. He was ever ready to lend help to the cause of the weak; and, in doing battle for the side he supported, he brought to bear upon it a wealth of amiability and humor which were well-nigh irresistible. These were qualities which came from the very depths of his nature, "the outward and visible signs of the truly benevolent and unselfish spirit within. May humanity be blessed by thousands following in the path he trod."

Concerning a possible increase in the professional knowledge of homœopathy, it is encouraging to note that twelve new members were added to the roll of the British Homœopathic Society during the session which closed in July. Two or three publicly unexplained resignations were recorded; but it is not known that any one, having put his hand to the therapeutic gospel plough, has failed in courage and turned back. The total membership of the society is now one hundred and ten. In the profession at large, the pseudo-homœopathic text-books of Ringer and Lauder Brunton are working their silent way, with the result, oftentimes before repeated, that there is apparently no increased desire to openly acknowledge the truth, or honestly to put it in practice.

If we take a glance "at ourselves," and see what real adherents of homœopathy have been doing to advance its principles, there is evidence of good solid effort expended, and still being put forth. This evidence is afforded by reference to the state of hospitals and dispensaries, to an organization known as "The Homœopathic League," and to homœopathic literature. We observe the seed to have been sown beside all waters; and although it may be after many days when the fruit becomes visible, the germs of vitality are certainly there, and the soil is rich to nourish and develop them.

In comparison with the population of the towns in which they are situated, and even with the lay public on whom they rely for support, the homœopathic hospitals and dispensaries are insignificant enough. On the other hand, in comparison with

the support such institutions usually receive, both from the medical profession and from the public, those devoted to homœopathic treatment speak well for the faith and industry which in the first place originated them, and now succeed in carrying them on. An editorial note in the December number of the *GAZETTE* refers to the London Homœopathic Hospital. To it may be added that the hospital now contains eighty beds, and that it has a staff of five physicians in charge of in-patients, and four additional ones in charge of out-patients. The number of out-patients for the year ending with the last report was 8,844. The Board of Management, commenting on the prosperity of the institution, state that "at no period of its history has the hospital been in a more efficient condition, nor the funds in so hopeful a state, while in no single year have so many patients been admitted to the wards, or treated among the out-patients, as during the year just closing." This is encouraging, as far as it goes, but some discouraging facts have still to be faced. One hospital with eighty beds, and a proportionate out-patient department, is all that London can boast of with its enormous population of over four millions. Still more is it discouraging that on account of the distance it is situated from the eastern and southern parts of the town, the out-patient department of the existing hospital is practically inaccessible to quite half this population. A dispensary at least is sadly needed on the south side of the Thames; and it is the hope of some of us, that at no greatly distant date, the vast multitudes of suffering humanity around us may have free and unrestrained access to the benefit of the real cure of their countless ills.

The Liverpool homœopathic dispensaries are a monument to the public spirit of our colleagues and their friends in the northern town. They are two in number, situated in different localities, but managed by one governing body. Their benefits are open to the poorest of the population, without letters of recommendation; and last year the number of attendances was no less than 78,881, which included 18,235 visits to patients at their homes. But Liverpool is on the point of being more highly favored than this. A munificent townsman, and supporter of homœopathy, recently purchased a free-hold site, on which is being built, at his entire cost, a homœopathic hospital. It will be constructed at first to contain fifty beds, space being left for a wing to hold thirty more. The whole gift to the town, by this generous friend, amounts to £21,000. It is not unsafe to prophesy that here will be a new, important centre for the diffusion of medical truth, both in the education of the profession and of the public in the cure of disease.

Of other dispensaries, space will not afford an account: suffice

it to say, that new beginnings have been made in Bradford and Glasgow, while those at Brighton, Bristol, Croydon, Oxford, St. Leonard's, and Torquay, sustain their former usefulness.

The organization known as "The Homœopathic League" is a new birth of the year 1886. Its objects are distinctively stated in the motto of the league, — "For truth and justice." Only the appeal for "truth and justice" in the case of this new association, as distinguished from other efforts put forth for the advance of our system, is that it is made by the people, to the people. The constitution of the league is embodied in all persons, lay or medical, ladies or gentlemen, who are willing to pay a small annual subscription as a help towards the furtherance of a knowledge of homœopathy; and out of these persons, a central executive committee is elected, to whom the carrying-out of the work is intrusted. The means to be adopted are truly popular, such as the production and distribution of literature, lectures, public meetings, or any other means which may be thought advisable. Of course, in so few as seven or eight months, no estimate can be formed of results; but hopes are running high. Several hundred names have been received as members. One tract per month has been issued, and circulated as widely as funds would permit; and altogether, it is believed, much quiet influence has been brought into play. The originators of the movement express much confidence, that by a wider diffusion of knowledge of homœopathy among the people at large, a greater pressure may be brought to bear on the profession, to compel its members to impartially examine the doctrines of homœopathy with the necessary consequence, that, if the pressure be still kept a-going, many will be led to adopt it in practice. At present, field after field is open throughout the country, where a homœopathic practitioner of ordinary skill and social position would be sure to succeed; yet none are forthcoming to take up the work. But if public pressure demands that medical men shall *know* something of homœopathy, and in being able to test that knowledge by its own, not be content by their passing it by with a sneer, then, it has been thought, there will be much less likelihood of attention being paid to the risks of professional ostracism, or the supposed loss of valuable appointments or lucrative practice, which risks have hitherto seemed to bar the way to even a cursory examination of the system. However events may or may not justify these reflections, in conservative England, where the repugnance to any thing new is so great that it first must be belied, and then tolerated, before it can be embraced, especially as in matters medical, whim and fashion rule the day, we do not look for the rapid progress of this new movement; the more so, as its purpose is to destroy the fancy of the time, and replace it with solid, impregnable truth.



Under the head of homœopathic literature, Great Britain this year records a signal triumph, in the completion of the first volume of the Cyclopædia of Drug Pathogenesis. As each part of the volume has been reviewed in the columns of the GAZETTE, to discuss its merits in this letter is unnecessary. It may be stated, however, that British homœopathists feel proud of their colleague, Dr. Hughes, who has been the moving spirit in the production of the work ; who, indeed, has collected and arranged all the material of which it is composed. They feel that the work is of more than ordinary lasting merit. Here once and forever are placed on record, in the true physiological order of their occurrence, the *pure effects* of drug action on the human economy. However doctrines regarding the *modus operandi* may change, or whatever new theory of their application in the treatment of disease may be evolved, it will be always on these *pure effects* (doubtless with others added), that both doctrine and practice must be based. But more than this, these effects are at present available in practice, according to the light of our existing knowledge ; they are the actual every-day stuff a homœopathist cannot live without ; and the more he digs into this exhaustless mine of wealth, the more secure does he feel himself in his ceaseless struggle with disease and death. To possess this cyclopædia, then, will be the natural desire of every homœopathist of to-day, and of countless years to come.

An essay has just been published which calls for some notice in conclusion, especially as it is likely to have a somewhat checkered history. Some time ago, the excellent treasurer of the London Homœopathic Hospital, a man whose time and resources are much consumed in efforts for the good of our cause, offered a prize of twenty-five guineas for the best essay on medical treatment, having special reference to homœopathy ; his desire being to obtain a succinct account of the subject, which might readily find its way into the hands of the profession at large.

The result has issued in the prize being awarded to Dr. John D. Hayward of Liverpool (son of Dr. Hayward of *Crotalus* fame) ; and his production has called forth the high commendation of the adjudicators, both for the manner and the matter of it. The title reveals well the contents of the essay. It is this : "*The Medical Treatment of Our Time, or Medicine Orthodox and Heterodox ; by one of the excommunicated.*" Fortunately, excommunication from the sacred precincts of orthodox physic is no bar to the acquisition of any knowledge of physic, whether orthodox, heterodox, or any other. It is stated that the giver of the prize intends sending a copy of the essay to every registered practitioner in the kingdom. It would be exceedingly interesting to know how it will be received, how many recipients

will read the titlepage, and consign the contents to oblivion, or how many, having read the contents, will mark, learn, and inwardly digest them. Dr. Hughes says, "This may be a last appeal to the profession of this country for justice to homœopathy." If this fails, so much the worse for the profession; for homœopathy lives and must spread, and those who are convinced of its truth are determined that if persuasion is useless, nothing remains but coercion. Our future sphere of activity is in the education and production of an intelligent and well-expressed public request, that a fair field (and we do not ask for favor) shall be given to the only rational and scientific system of medical treatment worthy the name.

LONDON, ENG., Dec. 24, 1886.

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### *RETENTION OF THE PLACENTA.*

BY F. G. OEHME, M.D., ROSEBURG, OREGON.

SOME time since an animated controversy was reported in one of our journals regarding the management of retention of the placenta, whether the removal should be at once by operation, or left to medication and patient watching. As such questions can only be decided by results in practice, physicians should report their experience regardless of success or fatal results.

I was called to a miscarriage in the beginning of the fifth month. The lady was consumptive and quite weak, the pulse very feeble. On my arrival the body of the foetus was already born, but not the head, the husband informing me "that it would not come out." Moderate traction did not deliver it; and an examination proved that it was still within the womb, and that the mouth of the womb had closed around the neck of the foetus. Probably in consequence of the pulling by the husband, the womb was pretty well down, its mouth being just back of the entrance of the vagina. Shortly after two doses of pulsat., the head of the foetus was released. On trying to remove the placenta, I found it within the womb. I gave another dose of pulsat., and waited perhaps fifteen or twenty minutes, but without avail. The womb had risen to its right place, and the mouth was open enough to admit two fingers. The placenta seemed to adhere in part to the uppermost part of the womb. With much difficulty I succeeded in removing only portions. The patient finally begged me to desist, as it caused too much pain. I tried to introduce my whole hand into the vagina, but had to abandon it on account of the suffering. Perhaps the larger portion of the placenta was removed, but the smaller still remained. I gave china, and awaited results. The next morn-

ing she felt much better, having had a good night. She continued taking china, and kept improving. No fever, no chills, no abnormal loss of blood. At last, on the fourth day, about eighty-four hours after the birth of the foetus, she experienced some after-pains which expelled the balance of the placenta. She continued improving, and made a quick and complete recovery. Had I trusted entirely to medicine, the placenta would have been expelled perhaps sooner, as the larger bulk might have caused earlier contractions, besides saving the patient unnecessary pain, and myself unnecessary work.

We are too often influenced by the teachings of the old school. We should always bear in mind that their indications for operating in midwifery and surgery differ as much from ours as their prognosis. Each school has its own rules.

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### RECENT EXPERIENCE IN OBSTETRICS.<sup>1</sup>

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

THREE CASES OF NEPHRITIS DURING PREGNANCY. — A CASE OF PLACENTA PRÆVIA. — A FORCEPS DELIVERY OF AN OCCIPITO-POSTERIOR PRESENTATION ARRESTED AT THE BRIM OF THE PELVIS. — A CASE OF CRANIOTOMY. — A TRANSVERSE PRESENTATION, WITH ARM PROLAPSED, IN THE VAGINA.

As the following cases were under the care of their respective physicians, the writer is unable to give an account of their medical treatment. They are described, not on account of great rarity, nor to advocate a new mode of treatment, but rather as comparatively common cases, which may terminate fatally, or at least give rise to grave complications of labor. Such notes are appended as might have a practical bearing in similar instances. They are the most important obstetrical cases I have operated on in the last few months, and at the suggestion of others I have ventured to relate them here.

Dr. Amesbury asked me to see the following case with him: Mrs. B., age about twenty-four, primipara, eight months pregnant. Has always been well and strong. In the last few weeks her eyesight has gradually failed. She can distinguish light from darkness, but cannot see objects across the room. There are no other subjective symptoms. On physical examination, the limbs are very œdematous; the lower eyelids also. The face has a pale, doughy appearance, and there is much general bloating of the body. Dr. Amesbury had examined the urine,

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<sup>1</sup> Read before the Boston Homœopathic Medical Society.



and said the test-tube was more than half full of albumen, and there were renal tube-casts in abundance. The symptoms had been rapidly growing worse in the last few days, without relief from any remedy. The induction of premature labor appeared the only way of saving the life of either mother or child. The patient was given a hot carbolized douche, and placed on her left side. A small bougie was then softened in hot water, smeared with vaseline, and carefully passed nearly six inches within the uterine cavity, between the membranes and the uterine wall. The end outside the cervix was coiled up in the vagina, and a cotton tampon inserted to retain it in place. In twenty hours normal labor-pains were excited, and in four hours more a living child was born. The placenta came away without any trouble. The convulsions so much dreaded and expected did not appear, except in one or two convulsive twitches of the facial muscles as the head escaped from the vulva.

The various symptoms of nephritis subsided, and in about three weeks the albumen had disappeared from the urine. The sight was restored slowly, but completely. The child died on the tenth day, in convulsions, having repeatedly had suppression of urine. Unfortunately, an autopsy could not be had in order to ascertain the possible existence of renal disease. This would have proved quite interesting, in connection with the transmission of disease from mother to fœtus, such as erysipelas, scarlet-fever, etc., which has received considerable notice of late in the German journals. In addition to the bougie, dilatation of the cervix with a tent, followed by the use of hydrostatic pressure through Barnes's rubber-bags, has been warmly recommended in order to save the child's head from pressure; but this is hardly necessary after the eighth month.

The writer saw a similar case, soon after, with Dr. William Woods. The parent was a young primipara, seven months pregnant. Œdema of the extremities was present, together with marked disturbance of vision. The upper halves of objects were blurred, so that only an imperfect view could be obtained by rolling the eyes upward till the pupils had nearly disappeared, and drawing the head back. She suffered somewhat from headache, but had no epigastric pain. The symptoms had developed very gradually. The urine contained about one-fifth albumen, in wet bulk, and was not examined microscopically.

Under the circumstances, it was thought best to delay interference, and try the effect of medicine, in order to gain time, and materially increase the chances of the child's living.

In a few days, the membranes ruptured spontaneously, labor came on naturally, and the child, though very small and feeble, lived. The patient made a slow recovery. Just as all traces

of albumen had nearly disappeared from the urine, she caught cold ; and albumen re-appeared in large quantities, but eventually disappeared very slowly. Her eyesight improved, after a number of weeks, but not nearly so soon as in the former case, which was more severe, and also developed more rapidly. Can it be said, in these cases, that, the more rapidly the symptoms develop, the sooner they will disappear after delivery, and *vice versa*? The writer would like to know what has been the experience of other physicians. The prognosis for sight, after delivery, is usually good, more especially in those cases where the albuminuric retinitis appears late in pregnancy.<sup>1</sup> The loss of sight is chiefly due to serous infiltration of the nerve and retina with subsequent local fatty degeneration,<sup>2</sup> but may also follow local hemorrhages in the retina.<sup>3</sup>

Mrs. —, aged eighteen, primipara, in the sixth month of pregnancy. It may be interesting to note that the mother of this young woman suffered from severe albuminuria and œdema during her pregnancies, but is apparently a strong, healthy woman at the present time. The present case had been a healthy young woman up to the time that albuminuria and œdema developed in the third month of her pregnancy. Appetite and digestion have been fairly good ; there have been no headaches, cerebral disturbances, impairment of vision, or epigastric pain. Knowing the mother's history, and as symptoms of immediate danger did not arise, the attending physician hesitated to interfere before the seventh month, at least, so as to have a chance of saving the the child. I understood that a consulting physician agreed with him in this opinion a few days before I saw her with Dr. Sawtelle. I found a young woman of rather slight build, with enormous œdema of the extremities and body. The limbs were at least two-thirds larger than their natural size ; the skin was cracked in several places, from which serum freely flowed ; the labia were very much distended, particularly the right, so as to almost close the entrance to the vagina, which was sore and very sensitive ; the abdomen was distended with ascitic fluid, and the walls infiltrated with serum ; the lungs were crowded up, with loss of respiratory murmurs in their most dependent portions ; respiration was rapid, superficial, and frequently interrupted by a short hacking cough, which I attribute to a slightly œdematous condition of the bronchial mucous membrane. Within a few hours, there had been slight pains at regular intervals, showing a disposition on the part of nature to terminate pregnancy. The mucous membrane of the vulva was painted with a four-per-cent solution of cocaine to partially allay its sensitiveness, and the

<sup>1</sup> Nettleship, Diseases of the Eye, p. 180.

<sup>2</sup> Angell, Diseases of the Eye, p. 185.

<sup>3</sup> Galabin's Midwifery, p. 273, 1886.

cervix examined. It was somewhat thinned, soft, and the canal barely admitted the end of the finger so as to feel the membranes above, and, by some crowding upwards, what seemed to be the margin of the placenta. The latter accounted for a rather profuse show of blood which had been observed at intervals. It seemed best to terminate pregnancy at once if the pains did not soon increase, and expel the child. Dr. Sawtelle had arrived at the same conclusion. As the pains did not make much progress after waiting a couple of hours, I punctured the membranes, and intended to use Barnes's hydrostatic dilaters if the cervix did not dilate and the foetus come down within a couple of hours more. The latter did not become necessary, as the pains rapidly increased; and the doctor succeeded in delivering a living foetus in a breech position. It was too small to live more than a few minutes. The placenta came away with the child, and there was no further trouble. The left labium was pricked with a bistoury to allow some of the serum to escape, diminish its size, and lessen the danger of inflammation and possible sloughing. The urine showed an abundance of albumen, but I was unable to obtain a suitable specimen, and do not know the per cent of albumen or its microscopical appearance. Not having heard from the patient since, I infer she is doing well.

Early one evening an urgent message came for me to see a case with Dr. E. J. Cummings, with the news that the patient was flowing terribly. Meantime, Dr. Packard, who lived in the vicinity, had been summoned, and succeeded in arresting the hemorrhage by hastily plugging the vagina with the end of a towel. He kindly remained, and rendered valuable aid in the subsequent management of the case. The towel was cautiously removed, and on examination the placenta found covering very nearly the internal os, with barely room to push one and afterwards two fingers by the left anterior margin. The child was living, and lay in an oblique position, with the breech in the left side of the false pelvis; membranes unruptured; no pains; patient weak and faint from loss of blood. She was placed in the dorsal position on a table, and two fingers of the left hand introduced by the unattached margin of the placenta into the uterine cavity. At the same time the right hand forced the breech and feet of the child down on the fingers; the membranes were then ruptured, and a foot seized. As the foot was brought down with the left hand, the right pushed the head up externally. In this way the placenta and bleeding sinuses were effectually compressed, and for the time being hemorrhage could not take place; but there were no uterine contractions, so essential for the safety of the patient. Forty minims of Wyeth's fluid extract of ergot were then given hypodermically, which



produced only moderate and uncertain action of the uterus. The child was extracted very slowly, and only as the uterus followed down upon it. Unfortunately it was dead. Had extraction been performed more rapidly, it might have lived; but the increased risk of hemorrhage would have been very great, and the patient could not lose much more blood and live. There was no further trouble in any way.

This method of treatment is essentially the same as that of Dr. Braxton Hicks, which has been practised so successfully at the Berlin clinic by Hofmeyer and others. Under the excitement of the moment, the obstetrician is liable to use the utmost haste to complete delivery. This is a mistake, as it increases the danger from shock and uterine hemorrhage in consequence of insufficient contraction of the uterus.

The next case belongs to a class which often prove exceedingly troublesome. The patient was a strong, healthy v-para. She had been in labor twelve hours when the attending physician sent for me. It was a case of l. o. p. (fourth cranial) position, which would neither descend in the brim nor rotate into the first cranial, though the pains were good, the cervix relaxed, and the pelvis unusually large. The membranes had ruptured some hours previously. As the circumstances were exceptionally favorable, anæsthesia was induced, the patient placed on her left side, and the forceps applied according to the English method. By taking plenty of time and following closely the mechanism of labor in this position, a living twelve-pound baby was delivered; *the occiput passing over the perineum*, which was not ruptured.

In the majority of these cases, it is better practice to turn than to apply the forceps. Any physician who has had experience with the high forceps operation knows full well the great amount of strength which is often required, and the danger of traumatism both to mother and child. It is in these cases that Tarnier's axis-traction forceps are very useful. Occipito-posterior positions almost invariably delay labor to quite an extent; so much so, that many a physician has believed his patient had a contracted pelvis, and in a subsequent labor been surprised at its normal course. The fact is, that in the former the occiput was posterior; in the latter, anterior. Contracted pelvises are rare in this section of the country, and the physician should be very careful to ascertain the exact position of the head before making his decision. A very plausible way of treating occipito-posterior positions at the brim is to rotate the occiput forward by the hand or instruments. Too much cannot be said against such a procedure, especially as the occiput will spontaneously perform this rotation during labor in nearly every case. Be-

sides this, there is a serious danger of injuring both mother and child. Only recently the writer had to operate on a severely lacerated cervix, caused in this way by a physician unknown to him.

The following case was under the care of Dr. Cahill. The patient was a strong, healthy primipara. The first stage of labor commenced in the usual way; the pains gradually increased to considerable severity once in ten minutes, and finally the membranes ruptured. The cervix was moderately soft and relaxed, but the head made no progress. After this had continued for several hours, and the pains were beginning to flag, the writer was sent for. The child was found in the l. o. a. position (first cranial), the vagina and cervix somewhat relaxed, and moistened with mucus. On crowding the examining finger well up to the brim, there was found marked contraction of the antero-posterior and left oblique diameters from the projection of the sacral promontory and left sacro-iliac synchondrosis into the pelvic brim. This pushed the child's head forward so that it lodged in front above the pubes. As nearly as could be ascertained, the measurement of the antero-posterior diameter was not more than three inches, and the left oblique three and one-half. The diameter of the os, when distended by the fingers, was about two inches. The child was evidently of quite unusual size. In the forlorn hope of rescuing the child alive, a pair of powerful forceps was carefully applied with a view of compressing and moulding the head by persistent traction with short intervals of rest. After more than an hour spent in this way, it was evident that craniotomy must be resorted to. The head was accordingly perforated with a trephine,—a much safer instrument than the ordinary perforator,—and the brain thoroughly broken up. Braun's cranioclast was applied, and the head crushed. Usually once is enough, but in this case several crushings were necessary. The cranial vault and some other portions of the skull were removed, leaving the scalp to overlap the sharp edges of bone and thus in part protect the uterus from injury. Not till this was done could the head be brought down into the pelvic cavity to the vulva. Another complication now presented itself. The shoulders would not enter the brim in spite of the most vigorous traction. It was impossible to obtain a hold in the axilla by either finger or blunt hook, and repeated attempts to apply the cranioclast over the shoulders and crush the thorax failed, chiefly for want of room, as the remains of the head and neck nearly filled the vagina. Under these circumstances, I made an incision in the neck with a pair of scissors, and dissected up under the skin to the clavicle in order to guard against injuring the mother. The clavicle and one or two ribs were divided, and the thorax penetrated. This

allowed the shoulders to collapse somewhat, and sufficient space was gained to fix the decapitating hook — blunt hook — in the axilla. The diameter of the shoulders was still further diminished by rotating the shoulder on the chest with the hook. After this there was little difficulty in delivering the child, which weighed eleven pounds in its mutilated condition. Had it been born without injury, it would have weighed more. The mother made a good recovery, and was walking about her room in three weeks.

Owing to the great progress of abdominal surgery, some surgeons are disposed to rank Cæsarean section as a rival of craniotomy, believing it offers a hope (?) of saving both lives. While the mortality has been very much diminished by the modern modifications of Säger and Leopold,<sup>1</sup> it must still be considered the last resource of our art, and the forlorn hope of the patient. I have seen this operation performed in Vienna, under favorable circumstances, by very skilful and experienced surgeons, but death followed in a few days from secondary hemorrhage. The eminent Parisian, Dr. Pajot, wrote in 1875, "This operation has cost the lives of *all* the unhappy women who have undergone it in Paris since the beginning of this century." This sentence, however, gives a false impression of the mortality. As fatal cases are not so likely to be recorded as successful ones, it is fair to assume that the statistics of those known represent a lower mortality than the actual truth. The mortality of the mothers, taken from published cases, is 62 per cent, and of the children, 30 per cent. The above applies, of course, only to those cases where the choice lies between craniotomy and Cæsarean section. When it is evident that either of these operations must be performed if pregnancy is allowed to go on to full term, either abortion or premature labor should be induced, as may be required by the circumstances of the case.

The following case was under the care of Dr. A. E. Shaw. Mrs. —, age about thirty-five, iv-para. On abdominal palpation, the child's head was found on the right side of the false pelvis, the breech to the left, back anterior, and foetal heart sounds near the median line. The abdomen was very much distended, so much so as to give rise to a suspicion of twins, though a second child could not be distinguished. The os was partially dilated by the crowding of the left shoulder down in the pelvis; the left arm protruded in the vagina, the hand extending down to the vulva. The membranes were ruptured, and the pains moderate.

Complete anæsthesia was at once induced, and the patient placed on her left side, near left edge of the bed, with the knees

<sup>1</sup> Arch. f. Gynäk., vol. xxiv. p. 427, 1884.



drawn up, to relax the abdominal muscles, and give more room to the operator. Standing behind the patient, the writer introduced his right hand into the vagina, and, with the assistance of the left externally, pushed the presenting shoulder up towards the right of the mother. The left hand held the shoulder in this position, and thus space was gained to introduce the right hand through the cervical canal, with less danger of rupturing the uterus. As the fingers were swept along the body, and down over the thigh of the child, the external hand crowded down the breech and feet within easy reach. A foot was readily seized, and, as traction was made on this, the external hand pushed up the head, so that both ends of the foetal ovoid were acted on at the same time. In this way, the presenting arm became gradually withdrawn into the uterus, and gave no further trouble.

The breech, however, would not descend into the true pelvis, and on examination the other foot was found bracing against the pelvic brim. On bringing this down, it was so much smaller than the corresponding member, that the possibility of its belonging to a second child, and thus creating a troublesome complication of labor, was at once suggested. Their connection with the body could not be ascertained, for lack of room; but as the feet were right and left, any complication seemed improbable, especially as the breech came down with moderate traction. The patient meantime was placed on her back. There was no further trouble till the head engaged in the brim. The child was very large, and only extricated with the greatest difficulty, by keeping the head well flexed, and the supra-pubic pressure of an assistant, combined with severe manual traction. The infant was asphyxiated, but, after prolonged artificial respiration, revived. The child weighed fourteen and three-quarters pounds, which was ascertained by different scales.

The method of operating was that of the <sup>1</sup>Vienna school, which is more easy to perform, in most cases, than in the dorsal position generally used in America.<sup>2</sup> No particular attention is paid to the rule laid down by Barnes,<sup>3</sup> to always seize the upper foot; this rule is not generally indorsed on the Continent.<sup>4</sup> The large size of the first foot brought down was due to congestion of the limb from the pressure on it at the brim. <sup>5</sup>Manual extraction is always preferable to the application of the forceps to the after-coming head, as too much valuable time is lost while introducing the instrument, and, with rare exceptions, sufficient force can be used with the former method.

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<sup>1</sup> Zweifel, Operative Geburtshülfe, p. 103.

<sup>2</sup> Leavitt, Science and Art of Obstetrics, p. 521. Lusk, Science and Art of Midwifery, 1885, p. 396.

<sup>3</sup> Lectures on Obstetric Operations, 1886.

<sup>4</sup> Playfair, System of Midwifery, p. 468, 1985. Schroeder, Geburtshülfe, p. 331, 1882.

<sup>5</sup> Schroeder, Geburtshülfe, p. 307.

DR. DAKE'S 'VIEWS ON SECTIONAL MEETINGS OF THE  
INSTITUTE.

THE following communication to Dr. Pemberton Dudley, chairman of the Committee on Sectional Meetings, will give the opinion of one of the most experienced and capable members of the Institute on this subject, and cannot fail to interest the readers of the GAZETTE:—

NASHVILLE, TENN., Dec. 28, 1886.

DEAR DOCTOR,— In view of what has been written by yourself, Dr. Talbot, and Dr. Strong, on the conduct of bureau work in the American Institute, and as a result of my own observations in Institute meetings, I desire to lay before you, as chairman of the special committee having the subject in hand, my views as to required changes.

I fully concur in what has been said by the NEW-ENGLAND GAZETTE, as well as by yourself and others, in regard to the evils resulting from our old methods.

With my friend Dr. Talbot, I have endeavored to encourage the concentration of our workers, so as to have more thorough elaboration of the subjects taken up by the several bureaus. It was my move to have each bureau confined to one special subject each year, in order that the papers upon it should be exhaustive, and furnish a text-book showing all that might be new and important down to the time of writing. But the various chairmen have strangely misconstrued the term "special," as mentioned by yourself and Dr. Talbot. Glaring examples are apparent in the display of subjects announced by the different bureaus this very year.

It may be remembered, that repeatedly, during the reports of bureaus, I have raised objections to the reading of papers not upon the special subjects. Members, bringing in papers on all manner of topics, have been greatly offended with me for trying to have the rules of the Institute enforced. So many come to our meetings only when they have some wonderful case to report, expected to bring fame, if not fortune, by a display of its details; it is not easy for those who love order and systematic work, to prevent their trampling upon all good rules and regulations.

I am glad, therefore, that this matter of bureau-work is in hand by a committee so well composed and able as yours is known to be.

Allow me to suggest the great objects in view by an organization like the American Institute. Following my favorite method, let us advance by exclusion:—

1. A medical society is not intended to furnish elementary instruction.
2. A medical society is not intended for the presentation of treatises that should appear as monographs in book form.
3. A medical society is not intended for the reading of essays and articles that should reach the profession through its periodical literature.

Leaving out elementary instruction which should be had at our schools, dissertations that are better considered in book form, and communications that require only a quiet reading at the fireside, what have we left?

Simply this: *reports and brief essays of general interest, calculated to call out the observations and experiences of busy, thoughtful practitioners who never write books, and seldom contribute to the pages of a journal.*

The scientific-social idea should dominate in society proceedings; and the reading of papers should be merely to open discussion, to draw out fresh, living thought, where it may at once be met with concurrent or counter thought, to the end that truth and improved methods may appear.

It is my deliberate conviction, after a long and close observation of Insti-



tute work, that the members gathered from all parts of America at our annual sessions are more pleased and profited by the sharp, quick exchange of views, brought out by brief and well-considered papers, than by any other work done. In the American Association for the Advancement of Science, and in the American Public Health Association, the executive committees determine which papers contributed by members shall be read and discussed in the several departments. The reading of all the papers is not thought of, nor is the publication of them all considered best.

In the Institute, as organized, it may be best for the chairman of each bureau to determine which paper, coming into his hands, bearing upon the special subject announced, shall be read in general session for the purpose of leading the discussion. After the next annual session it should be provided that only one paper be written and read from each bureau, the members not writing being designated as speakers to lead the discussion.

Some of the bureaus may desire a separate session, a sectional meeting; but I am quite sure all of them would not. Those desiring it could have the entire afternoon, as suggested by the GAZETTE, and seconded by Dr. Talbot. The morning and night sessions of the general body would be sufficient for business, and the reading and discussion of single papers, as I propose.

One important part of the duties of a bureau chairman, however, should not be lost sight of, — the presentation of a *résumé* of important discoveries and improvements in the field presided over by his bureau. This should precede the reading of the paper intended to bring on discussion. And furthermore, the paper should be of a character interesting and instructive to general practitioners. Subjects more technical or special, calculated to interest specialists more than general practitioners, should be read at sectional meetings. It seems to me, that by a conference with the several bureau chairmen, you could ascertain how many and which of them would desire separate afternoon sessions for the reading of papers, report of cases, and transaction of other business.

I am sure it will never do, to have all the scientific work of the Institute done in sectional meetings. The experience at Brighton Beach plainly demonstrated the futility of such a plan. Sectional work must be only an extension and specializing of the work in hand by the whole Institute.

In common with yourself, and others who have written, I am sorry to see so many chairmen of bureaus who have no proper conception of the duties incumbent on them, who are not able to plan or execute what is clearly necessary; and so many men accepting place on bureaus, who fail to realize the importance of promptness, concentration, and brevity in what they write.

Let us have less reading, and more discussion; less printing of elementary and well-worn matter, and more that is fresh and instructive.

For the increased efficiency of the Institute,

I am yours fraternally,

J. P. DAKE.

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### THE CLIMATE OF FLORIDA.

EDITOR NEW-ENGLAND MEDICAL GAZETTE.

The readers of the GAZETTE may be interested in my studies of the climate of Florida. I therefore send you the following excerpt from one of our city papers.

Northern physicians are not careful enough to inquire into the peculiarities of Florida climate before sending patients there.



In no work on climatology have I ever seen any observations similar to my own. I append the report of the temperature for Jan. 10.

STATIONS.	Barometer.	Thermometer.	Wind.	Weather.	Rain.
Jacksonville, 7 A.M. . . .	30.20	28	N.W.	Clear.	-
Key West, 7 A.M. . . . .	30.10	55	N.E.	Clear.	-
Sanford, 7 A.M. . . . .	30.17	36	N.	Clear.	-

The enterprise of "The Inter-Ocean" has enabled people to see the relative temperature of various portions of Florida this winter. It has been an interesting study, especially to physicians, who, before they send patients to that State, ought to know that no State in the South has such a varied temperature. It is not safe to send rheumatic, neuralgic, or patients suffering from pulmonary troubles, to Florida. No such patients should be sent to that State without telling them that they should not stay north of latitude 30°, which lies about midway between Jacksonville and Palatka. A reference to "The Inter-Ocean" temperature report will show why.

1. The temperature at Sanford, which includes Enterprise, Deland, Orlando, Winter Park, and that region, averages 5° higher all winter than at Jacksonville and St. Augustine; e.g., the coldest day in Florida this winter, the mercury stood at 22° at Jacksonville, and 28° at Sanford. Yesterday it was 39° above at Jacksonville, and 49° at Sanford. There has been no exception, and this difference this winter is a great boom to orange-growers, for oranges freeze at 22°.

2. At Sanford the clear days are five to two at Jacksonville. This is of great importance to invalids and tourists. Patients will improve much more in clear than cloudy weather; and invalids should remain in that portion of the State where there is a preponderance of cloudless days, for sunshine is the greatest physician in this world.

3. The air is much dryer in the middle portions of Florida than in the northern or southern. Sanford lies in the middle, or "Orange Belt." Patients with asthma, bronchitis, neuralgia, rheumatism, or incipient phthisis, are comfortable, and improve in this region, but they do not do well in the other region above or below this belt. This is the result of my observation for several years.

E. M. HALE, M.D.

CHICAGO, Jan. 12.

## SOCIETIES.

### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

THE December meeting of the Society was held at the Parker House, Thursday evening, Dec. 16, 1886; the President, Alonzo Boothby, M.D., in the chair.

After approval of the records, the following were elected to membership: Mary H. Baynum, M.D.; M. Florence Taft, M.D.; Mary E. Nutter, M.D.; George Hipkiss, M.D.

Dr. F. L. MacIntosh of Melrose was then proposed for membership.

After the transaction of business in relation to the annual meeting and supper, the members gave their attention to the

*Scientific Session.* — The wide-spread interest in the subject of the October meeting, viz., the use by homœopathists of extraneous therapeutic methods, had led to a request that the discussion be re-opened ; and accordingly a paper was read by William P. Wesselhoeft, M.D., in which he presented in a very thorough and scholarly manner his views upon the questions under consideration.

The subject was also discussed at length by Drs. Bell, Tompkins, C. Wesselhoeft, Hastings, Cobb, Talbot, and Packard.

The attendance was large, and the discussion held the close interest of the members until adjournment, which took place about 10.30.

F. C. RICHARDSON, *Secretary.*

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

THE annual meeting of the Society was held at the Parker House, and was an occasion of great satisfaction to all present.

The business meeting was called to order about half-past six o'clock by the President, Alonzo Boothby, M.D. ; and after the records of the preceding meeting had been read and approved, Dr. F. L. MacIntosh of Melrose was elected to membership. The following propositions for membership were then received, and referred to the censors : Frank Irwin, M.D., of Winthrop ; G. E. Hetherington, M.D., of West Somerville ; W. W. Gleason, M.D., of Malden.

Under the head of "new business," Dr. J. W. Clapp presented in writing a motion to amend the By-Law so as to read, "that the regular meetings of the Society be held on the first Thursday of each month, with the exception of the months of June, July, and August ;" and Dr. Horace Packard offered an amendment to Art. VI. of the Constitution : "The President and Vice-President shall hold office for one year." Action upon these motions was deferred until the next meeting, as provided by the Constitution.

The Society then proceeded to the election of officers for the ensuing year. On motion of Dr. Fred Percy, it was voted that the nominations be made from the floor, which was done ; and the following list of officers having been put in nomination, they were elected unanimously : President, Charles H. Walker, M.D. ; Vice-President, L. A. Phillips, M.D. ; Secretary, F. C. Richard-

son, M.D. ; Treasurer, A. L. Kennedy, M.D. ; Censors, C. Wesselhoeft, M.D., C. E. Hastings, M.D., C. H. Farnsworth, M.D.

The Secretary then read his report as follows :

ANNUAL REPORT OF THE SECRETARY, JAN. 20, 1887.

It gives me great pleasure to report the Society in a most flourishing condition. The year just passed has been to us one of great prosperity and interest. We have during the year acquired eighteen new members, while we have lost two by resignation, and one by death, making our total membership at the present time a hundred and fifty-seven.

There have been held nine regular meetings, and one special meeting.

In addition to the routine business transacted, the Society has taken active interest in all that pertains to the welfare of homœopathy in the city and the commonwealth. The proposed division of the State Board of Health, Lunacy, and Charity, and the establishment of a separate State Board of Health, the members of which were to be appointed by the Governor and Council, was discussed in a special meeting called for that purpose, and a committee appointed to present to the Legislature resolutions asking for recognition, and representation upon such board, should it be established.

A memorial from the Society has been presented to the Board of Trustees of the City Hospital, asking for our physicians and students a fair share of the advantages to be derived from clinical study in the wards of said hospital ; and petitions in support of this memorial were circulated, and obtained numerous signatures. To such effort on our part are, we think, largely due the increased privileges allowed us in that institution.

There has also been appointed an advisory committee of eight members of the Society, having in charge the interests of homœopathy in Boston.

At the "Scientific Sessions" which have been held at each regular meeting, the effort has been made to present such papers and topics for discussion, as would prove of interest and benefit to the general practitioner. The papers read have been scholarly and instructive ; the discussions have been spirited, and conducted with a spirit of liberality and good feeling which is very gratifying.

The large average attendance through the year has been an indication that the meetings of the Society have been of use to its members, and we have every reason to look forward to 1877 as a year of continued harmony and prosperity.

Respectfully submitted.

F. C. RICHARDSON, *Secretary.*



The Treasurer's report was read and accepted.

The intervening time before supper was enjoyed by the members and their friends in social converse.

Supper was served at eight o'clock ; and after an hour spent in discussing the viands so bountifully provided, President Boothby rapped to order, and in an interesting address spoke of the astonishing progress made by homœopathy, of the large amount of money given during the past year to hospitals under the management of homœopathic physicians exclusively, and urged the Society to put forth renewed efforts to accomplish the vast amount of work to be done. "On every hand we can have a chance to do good to ourselves, to homœopathy, and, better still, to our fellow-beings, not only for the present moment, but for all time."

President Boothby spoke of the excellent condition of the new homœopathic hospital for the insane at Westborough, and introduced the chairman of the building committee, Mr. F. A. Dewson ; who expressed the pleasure he felt at being there, and went on to say that his knowledge of homœopathy reached back to his childhood, so that when Gov. Robinson asked him to take a position on the board of the hospital, he felt that he could do so. Two years of hard work had now been put into that work ; and the result was that now the best insane-hospital in Massachusetts was in the hands of homœopathic physicians.

"You may like to know," said he, "something about our experiences. Yesterday Mrs. Talbot and I stood in a dining-room not matched by that of any insane-hospital in the State. Seated at the table were a hundred and fifty men and women, quiet and well-behaved. No stranger would have thought they were insane. We have found this experiment, with several others of a similar nature, a perfect success. I think this is a great deal to do for the insane. I think the State did a good thing in establishing such a hospital under the sole charge of homœopathists. They gave us a building about as little adapted for an insane-hospital as possible, all cut up into prison-cells with low-studded rooms. From this we have made a building well supplied with light and air, which seems to have been built for the purpose ; a better building than the Danvers or Worcester asylums have. We have spent \$50,000 for steam-fittings and water-works. Our ventilation is perfect ; besides the ordinary appliances, we have fans in the basement to force heated air through the building. For water we bored thirty-two two-inch wells, and have an inexhaustible supply. The efficient work we are doing in our asylum is chiefly due to the faithful service of the superintendent, Dr. Paine."

After reading a letter of regret from Mayor O'Brien, Dr.

Boothby introduced Dr. I. T. Talbot, Dean of the Boston University School of Medicine, who said that homœopathy was an element of the schools to-day, and it was surprising that all physicians were not converted to it. "It is now over a century since Hahnemann discovered the great truths which are at the bottom of our school. It took the truth thirty years to cross the ocean, over which we go in a week; forty years were necessary to bring it to the little town of Boston. We now have reached the semi-centennial of homœopathy in America, and the advances it has made during the last fifteen years are remarkable. Fifteen years ago there was not an institution in America in which it had a footing. During these last few years it has made more progress than in the thirty years before. In Germany, its birthplace, in France and other European countries, it has not made much progress; but in America it has rapidly advanced, until to-day there are over fifty hospitals and fifty dispensaries controlled entirely by homœopaths. The School of Medicine of Boston University was founded in 1873, and since then between four and five hundred students have been graduated from it. The cause of the efficiency of our school has been the great faithfulness of our teachers. We are greatly benefited, too, by the help of women as well as men."

Dr. Walter Wesselhoef, President of the Massachusetts Homœopathic Society, was then introduced. He said that the local societies were really more efficacious, as they were nearer the root of the matter. State organizations were very good, but local organizations were better.

Dr. Paine, superintendent of the Westborough Asylum, spoke of the work there, showing the excellent beginning which has been made; quoting the remark of a workman in reference to the masons who made the old building, "They must have skun awful."

After a short report from the Homœopathic Hospital by Dr. Horace Packard, Rev. Dr. Meredith was introduced. He spoke of the close relation existing between the medical and clerical professions. "Often," said he, "you are called in to see people who have no bodily ailment, but who are suffering from a more serious sickness of soul; while I am frequently called and see persons who are very blue, and are sure that they are in great danger spiritually, when all in the world ails them, is dyspepsia. I have often thought that when David wrote some of his mournful psalms, he was suffering from a disordered liver. We should work together; when you find a patient suffering in the way I have alluded to, you should be prepared to go to the bottom of things. Medicine owes a great deal to the gospel I preach. In the ruins found in Greece and Rome, there is not a ruin of a

hospital. The advent of the gospel of Christ brought with it the art of medicine."

The pleasant exercises of the evening closed with remarks from Dr. D. G. Woodvine of the Training School for Nurses, and Dr. Jackson of the new Roxbury Dispensary.

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*RHODE-ISLAND HOMŒOPATHIC SOCIETY.*

THE thirty-seventh annual meeting of this Society was held in the parlors of the Narragansett Hotel, Providence, on Friday, Jan. 14, 1887. The President, George B. Peck, jun., M.D., occupied the chair, and called the members to order at five o'clock P.M.

The minutes of last meeting were read and approved, and the Treasurer's report presented and accepted.

The President then read his annual address, having selected for his subject "*Symptomatology versus Pathology*," and held the close attention of the members for more than half an hour.

The Committee on Revision and Printing of Constitution and By-Laws reported the work completed, and the committee was discharged.

Dr. Budlong, chairman of the Committee on Legislation, reported that no matters necessary for the consideration of the committee had come up during the year. Drs. Budlong, Hasbrouck, and Kingsbury, of the Committee on Nominations, reported the names of the following gentlemen to serve as officers for the ensuing year: President, E. B. Knight, M.D.; Vice-President, Charles A. Barnard, M.D.; Secretary, Charles Hayes, M.D.; Treasurer, H. A. Whitmarsh, M.D.; Censors, Charles L. Green, M.D., Robert Hall, M.D., George B. Peck, jun., M.D.; and the nominations were unanimously confirmed by the Society.

A letter of resignation was received from Dr. William von Gottschalk, jun., of Central Falls, and accepted.

The name of Richard H. Eddy, M.D., class '85 Boston University School of Medicine, of Attleborough, Mass., was proposed for membership, and referred to the Board of Censors.

The President, Dr. Knight, now introduced Professor Augustus Korndoerfer of Philadelphia, who gave a most interesting lecture on Homœopathy.

Dr. Joseph T. Hayward of Taunton was next introduced, and presented a report of a case of dislocation of the elbow with fracture of the coronoid process. Dr. Sayer Hasbrouck read one of his entertaining papers on the eye. Dr. William von Gottschalk exhibited a urinary calculus passed by one of his patients. Dr. Charles Hayes reported a case of fracture of skull in a boy of



eleven, in which the operation of trephining was performed, resulting in recovery. Adjourned.

The Society and guests now proceeded to the supper-room, and partook of the annual supper. There were present as guests, Rev. N. T. Whitaker; Professor T. Whiting Bancroft, Brown University; Rev. N. H. Harriman; Rev. William Lisle of this city; Professor Augustus Korndorfer, of Philadelphia; J. T. Hayward, M.D., of Taunton, Mass.: each of whom addressed the members, in response to introductions by Dr. Peck.

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

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### REVIEWS AND NOTICES OF BOOKS.

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KEY-NOTES TO THE MATERIA MEDICA, as taught by Henry N. Guernsey, M.D. Edited by Joseph C. Guernsey, A.M., M.D. Philadelphia: F. E. Boericke, 1887. 267 pp.

These "key-notes," already so familiar to the great majority of homœopathists, are the substance of lectures on the homœopathic materia medica, delivered by the late Professor Guernsey at the Hahnemann Medical College. They bear the marks of his enthusiastic research, and intuitive perception, almost amounting to instinct, of the more characteristic and individual powers of given drugs; and so savor distinctly of his personality, though lacking the charm of connectedness and of apt illustration which marked their personal delivery. The work is a mixture of pathogenetic and clinical symptoms fashioned after the Hahnemannian schema, though in the form of paragraphs for each anatomical division. It is admirably qualified to impress characteristic symptoms — though, unfortunately, without any relation to the order of their evolution in provings — upon the mind of the student. This object is its *raison d'être*, and this object it exquisitely fulfils. The book also contains what many will hail as a treasure, a repertory, originally compiled by Bönninghausen, augmented by Carroll Dunham, and still further added to by Dr. Guernsey himself. A copious index greatly facilitates reference. The work, apart from its high intrinsic merits, will be especially treasured by the profession as a memorial of one who stood pre-eminent in its ranks as a beloved teacher, an indefatigable worker, and a conscientious adherent to the law of similars.

AMERICAN MEDICINAL PLANTS. By Charles F. Millspaugh, M.D. Fascicle V. New York and Philadelphia: Boericke & Tafel: 1887.

The fifth fascicle of this fine and beautiful work shows no

departure from the high standard of its predecessors. Its drawings are exquisitely true to life, both in form and coloring, and testify that Dr. Millspaugh's enthusiasm for his congenial task has suffered no chill. Among the more familiar plants pictured in the present issue are, *Collinsonia*, *Helonias*, *Hypericum*, *Lacnanthes*, *Leptandra*, *Ptelea*, *Salix purp.*, and *Solanum nigrum*.

TRANSACTIONS OF THE THIRTY-NINTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, 43d anniversary. Edited by J. C. Burgher, M.D., Gen. Sec., Pittsburg, 1886. 938 pp.

Once more the Transactions of the American Institute make their annual appearance, generous in bulk as usual, and as usual bound in "neat and cheerful black." The distant respect with which "Transactions" of all sorts are usually treated is only equal to that inspired by Congressional Records; but it is to be hoped that in the present instance, at least, respect will soon give place to familiarity, and the homœopathic profession "read, mark, and inwardly digest" the excellent and most useful papers contained in the present volume, and the interesting discussions reported and incorporated: it being quite as true in the medical world, as in the world at large, that "everybody is wiser than anybody." No one can read, however superficially or partially, what lies between the substantial covers of the present volume, without a fixed and comfortable certainty that the Institute is thoroughly alive, and able and willing to do work commensurate with its vitality.

It is to be greatly deprecated, that the value of the book is seriously impaired by the most amazing variety of wholly gratuitous typographical errors; the simplest words appearing in quite as distorted a shape as do the more technical ones which might reasonably be supposed to present difficulties to the unaccustomed compositor. "Williams" for "Winterburn;" "Pain" for "Brain;" "New-York Medical Gazette" for "New-England Medical Gazette;" "sawllowing" for "swallowing," — a delicious misprint this, suggestive of Mr. Veneering's friends, "raouly-rouling" round him! — are a few specimens chosen at hazard from deplorably many examples.

A SYSTEM OF SURGERY. By William Tod Helmuth, M.D. Fifth edition. Philadelphia: F. E. Boericke, 1887. 1111 pp.

The natural and just pride which our esteemed colleague must feel in the realization that a fifth edition of his excellent work has been called for and supplied, is shared, to a great extent, by the entire homœopathic fraternity. For, among other valuable teaching that the book contains, is the welcome lesson, 1st,

that surgery, although rightly looked upon as a specialty, is not independent of medicine; and, 2d, that surgery being somewhat dependent on medicine, its triumphs can be more certainly assured by appeal to homœopathy when medicine is needed. But the indications for homœopathic remedies here given offer but a single reason for the deserved popularity of the work. Its literary and scientific merits entitle it to an honorable position among the standard surgical authorities of the day. In its present form it has been brought thoroughly up to date, and may be looked upon as a trustworthy exponent, both of all that is newest and soundest in surgical theory and practice. From its arrangement of subject-matter, its pains-takingly minute and exact descriptions of operative measures, its very numerous illustrations, and its inclusion of "certain elementary knowledge," the work is peculiarly adapted to serve as a college text-book. The work contains xlix. chapters, and is divided into three parts. Part I. deals with minor and preliminary surgery; Part II., with general surgery; and Part III., with the surgery of special regions and tissues. A critical and just review of the antiseptic surgery of the present day is found in chapter xvi. In reference to Mr. Lister it is said that "the practical value of his teaching, in saving human life, and preventing an immense amount of human suffering, is a fact which cannot be gainsaid." Due acknowledgment is made of "the wide difference of opinion," in regard to this entire subject; but in saying that "the most sceptical as to the theory are compelled to acknowledge the beneficial results of the practice; and I think I may say that in private or in hospital routine work, at the present day, any surgeon would appear derelict in his duty, did he not employ some variety of the antiseptic method," — Dr. Helmuth may be sure of the support of all intelligent and unprejudiced thinkers.

To fully appreciate the work, one should possess it; and it is to be hoped that the homœopaths are few, on whose library shelves it has not conspicuous place. The book is substantially bound. We regret that the press-work falls somewhat below the high standard usually met by the publications of this well-known house.

THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS.  
By John H. Clarke, M.D. Second edition: London, Keene & Ashwell; New York, Boericke & Tafel, 1887. 207 pp.

The rapid exhaustion of the first edition of this little work, and the prompt appearance of the second, give pleasant testimony to the appreciation, by the profession, of its practical usefulness. The present edition shows an enlargement of twenty



pages. A glossary of medical terms is an addition that will be a convenience to the less learned in medical lore; and the book bears other evidences of a careful revision. The arrangement of the work is somewhat unique. Medicines mentioned for a given disorder are not, as in old custom, arranged alphabetically, but given in the order of their specific usefulness in that disorder, as ascertained by clinical experience. The potency most widely in favor, and the frequency of repetition of the dose, will prove welcome suggestions to the young practitioner, for whom it is especially intended; though it is, as well, a most useful aid to accurate prescribing, for the general practitioner. The GAZETTE can heartily echo for this newer edition, its remarks on the former one: that it needs only examination, to be its own best recommendation.

THE REVOLUTION IN MEDICINE. By John H. Clarke, M.D.  
London: Keene & Ashwell. New York: Boericke & Tafel.  
88 pp.

This little brochure contains the Hahnemannian oration — the seventh — delivered in October, 1886, at the London Homœopathic Hospital, by Dr. Clarke. It is a brief *résumé*, in the author's crisp and brilliant style, of the medical world of the last hundred years. He treats his subject under four heads: Darkness and Dawn; The Threefold Work; The Revolution and the Man; Our Inheritance. Dr. Clarke brings to his work equal ability and enthusiasm. Youth itself speaks in the freshness, the optimism, and the fiery energy of his utterances. His hopefulness is contagious, his energy inspiring. Such teaching is tonic, and cannot be too widely disseminated and assimilated.

OTIS CLAPP & SON'S VISITING LIST AND PRESCRIPTION RECORD. Boston and Providence: Otis Clapp & Son, 1887.

This new edition of a deservedly popular physicians' Visiting List and Prescription Record exhibits all the admirable features of its predecessors. We note the "perpetual" form, the double columns for simultaneous record of daily engagements and prescriptions, the list of remedies numbered and abbreviated for convenience in recording prescriptions, which so especially adapts the book to the needs of homœopaths, and the many other features we have so often taken occasion to commend. The present edition also contains a special clinical record for noting the temperature, pulse, respirations, frequency of urination and stool, with characteristics of each, the prescription, and the general remarks about a case. A death register has been added, and facilities for keeping various memoranda are furnished. In all particulars, utility, durability, quality and elegance of paper,

binding and finish, this List commends itself to homœopathic physicians as ideally meeting their demands. It is furnished in two sizes: for thirty and for sixty patients per week. Price, \$1.00 and \$1.25.

A TREATISE ON THE PRACTICE OF MEDICINE. By Roberts Bartholow, M.A., M.D., LL.D. Sixth edition. New York: D. Appleton & Co., 1886. 990 pp.

Neither Professor Bartholow, nor his famous work on the Practice of Medicine, needs introduction to the American medical profession. A book whose first edition of three thousand copies was exhausted in a single month, and whose sixth edition is printed within six years from the appearance of the first, certainly may claim as great a popularity as author or publisher could desire. The reasons of its popularity are not far to seek. It offers to the allopathic profession the ripest fruit of the "rational" medicine of to-day. It is of commanding literary style, and is, above all things, practical: enough of etiology, pathology, and symptomatology are given, to prevent errors of diagnosis, and give a clear-cut picture of the disease under consideration; but all this is but introductory to the central purpose of the work, — instruction in treatment. In this particular, as an exponent of the treatment founded on the latest theories of "rationalism," the latest so-claimed clinical successes of the old school, this work stands without peer, almost without rival. If the style is somewhat dogmatic, this is natural enough in one who knows himself to be the most influential authority on medical practice in the allopathic school of America; one, also, who, as a teacher, has had occasion to realize how far confidence of statement goes toward securing confidence in the thing stated. Though it may not be especially profitable to homœopaths, it certainly must be interesting to them, in so far as they are large-minded and intelligent physicians, to know what is the accepted practice of that great body of practitioners whom they must regard as their not too fraternally-minded step-brothers. No better exponent of this practice can be found than Dr. Bartholow's representative work.

Messrs. Appleton & Co. offer it in a form which makes it an ornament to professional shelves.

PARALYSES: CEREBRAL, BULBAR, AND SPINAL. By H. Charlton Bastian, M.A., M.D., F.R.S. New York: D. Appleton & Co., 1886. 671 pp.

This exhaustive and scholarly work is essentially a guide to diagnosis, its main object being "to explain and gather up the essential points to be borne in mind by the student or practi-

tioner, when he is called upon to decide as to the nature of, and give a prognosis concerning, any case of paralysis that may come before him." Such phrases as "softening of the brain," "cerebral hemorrhage," etc., are no longer considered scientifically sufficient as a diagnosis. Is the hemorrhage meningeal, intracerebral, or cerebellar? Is it into the lateral ventricles, or in the pons varolii? These questions and like ones are suggested, and the ways of arriving at their answers in any given case are, as far as possible, pointed out. The author recognizes and emphasizes the fact that diagnosis of diseases of the nervous system is a twofold problem, in that the locality as well as the nature of the lesion is to be determined; and while, from the point of view of symptomatology, the region affected is of greater significance than the nature of the lesion, yet from the standpoint of prognosis and treatment the nature of the lesion is of greater importance than its localization. The pathological and physiological knowledge so pains-takingly gained in the last twenty-five years now proves itself of immense utility; enabling physicians to arrive at what Dr. Bastian designates as a "regional diagnosis" as well as a "pathological diagnosis."

The work commends itself to all exact and scientific thinkers in the medical world. The publishers offer it in irreproachable form.

**DISEASES OF THE LUNGS AND PLEURÆ, INCLUDING CONSUMPTION.** By R. Douglas Powell, M.D., Lond., F.R.C.P., Physician to the Middlesex Hospital, and to the Hospital for Consumption and Diseases of the Chest at Brompton, etc. Third edition, re-written and enlarged, with illustrations, including two lithographic plates; being Vol. XI. of Wood's Library for 1886. New York: William Wood & Co. 347 pp.

Subscribers to Wood's Library for 1886 are fortunate in finding themselves possessors of this excellent treatise on lung-diseases. The present is an amplified edition of the work, by Dr. Powell, on "Consumption and Certain Diseases of the Lungs and Pleuræ," which was published in 1878, and its amplifications bring it down to the latest possible date; such subjects as the etiology of phthisis, and the surgical treatment of pulmonary cavities, being fully dealt with. The chapters on the anatomy and functions of the lungs, and the physical examination of the chest, are exceedingly good. Pleurisy, bronchitis, pneumonia, asthma, and their complications, are severally and ably treated; but phthisis, being the subject of most importance, receives the largest share of attention, and in the exhaustive and interesting chapters devoted to it are facts and suggestions for which the reader cannot fail to be the wiser.



DISEASES OF THE BLOOD AND NUTRITION, AND INFECTIOUS DISEASES ; being Vol. IV. of "A Handbook of Practical Medicine," by Dr. Hermann Eichhorst, and Vol. XII. of Wood's Library for 1886 (completing the set ; price of set, \$15). Illustrated. New York : William Wood & Co. 407 pp.

The range of diseases treated of in the present volume is so extensive that brevity in discussing each is a necessity. Literary style is thus somewhat sacrificed to condensation, but the essential points in the etiology, pathology, diagnosis, and treatment are not neglected. Treatment, indeed, as is not unusual in the school to which he belongs, is the weak point of the author. The relative importance of diseases, as indicated by the space devoted to their treatment, is bewildering in the extreme ; yellow-fever being disposed of in five lines, and 'gonorrhœa receiving four pages.

This volume closes the issue of Wood's Library for the year just ended. The publishers and the owners of the twelve volumes which it comprises are alike to be congratulated upon its substantial worth.

HOW TO STRENGTHEN THE MEMORY. By M. L. Holbrook, M.D. New York : M. L. Holbrook & Co. 152 pp.

No class of men can more strenuously desire a firm and facile memory than do the members of the medical profession. How to acquire such a memory is, therefore, for them, a subject of very practical interest ; and it is a subject which they will find most helpfully discussed in this modest little volume. The chapters are terse, direct, scholarly ; the rules given are so few, simple, and sensible, that they can be easily mastered, and should be faithfully practised. We cordially commend Dr. Holbrook's treatise to all those who count self-culture as among the possibilities and the duties of mature life.

ROLAND BLAKE. By S. Weir Mitchell, M.D. Boston and New York : Houghton, Mifflin, & Co., 1886. 379 pp.

Dr. Mitchell's standing in the foremost rank of American *litterateurs* is freshly assured by every fresh novel from his pen. His mastery of literary technique grows with practice ; and if one misses from his later works something of the graceful tenderness of sentiment, the tonic hopefulness, which so endeared his earlier ones to the public heart, one admits with a sigh, that neither of these qualities is greatly fostered by observation of those sorrowing and perplexing aspects of life to which a physician's attention is so constantly directed. "Roland Blake" though not perhaps a more powerful novel than its predecessor, "In War Time," is certainly a pleasanter one, since its central

figure is a man faithful and successful, while the central figure of "In War Time" was false and a failure. And for even a gleam of cheer in a modern work of fiction, the reader is as pathetically grateful as is a New-Englander for a glint of sunshine on a March day; too many of our modern novelists working in the morbid idea that the real is only synonymous with the sordid and the sorrowful.

The character of Octopia Darnell is, to the apprehension of every physician who has ever been called to the treatment of nervous diseases, most evidently and skilfully studied from life; the life not only of an individual, but of a class. It is a character study, by which the medical practitioner may benefit as a lesson in pathology, and the neurasthenic woman as a lesson in morals.

THE POPULAR SCIENCE MONTHLY for January opens the year most worthily. A paper on "The Intermingling of Races," by John Reade, goes far to suggest that the nations of the earth will eventually become of one blood, as we are theologically told they were originally made. "Science in Religious Education" is something of a plea for the abolition of all forms of worship in the public schools. Dettey Von Geyer has an interesting study of the "Voices of Animals." The editorial department is, as always, able and suggestive. New York: D. Appleton & Co.

THE January number of the CENTURY gives promise that the new year shall be as fruitful in the good things of literature as was the old. The present chapters in the history of Lincoln deal with his career in Springfield, his marriage, the Shields duel, and the campaign of 1844. The "War Papers" still picture Gettysburg; there is a vivid sketch of an Indian horse-race, by Lieut. Wood; a most thoughtful essay on the "Strength of Nations," in the delightfully crisp and nervous English of Edward Atkinson; and other tempting reading, beyond our space to enumerate in detail. New York: the Century Company.

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#### BOOKS AND PAMPHLETS RECEIVED.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, 1886.

A TEXT-BOOK OF MEDICINE FOR STUDENTS AND PRACTITIONERS. By Dr. Adolf Strümpell. New York: D. Appleton & Co., 1887.

MANUAL OF OPERATIVE SURGERY. By Joseph D. Bryant, M.D. New York: D. Appleton & Co., 1887.

PRACTICAL URINALYSIS, WITH CLINICAL HINTS. By J. B. S. King, M.D. Chicago: Boericke & Tafel.

THE CAUSES OF THE DECAY OF TEETH. By C. S. Weeks, Dentist. New York: Fowler & Wells Co., 1886. Price, 10 cents.

ON CERTAIN MOOTED POINTS IN GYNECOLOGY. By Thomas Addis Emmet, M.D. Reprinted from *The British Medical Journal*, Nov. 13, 1886.

CERTAIN HEREDITARY AND PSYCHICAL PHENOMENA IN INEBRIETY. By T. D. Crothers, M.D. Reprint from *The Alienist and Neurologist*, October, 1886.

REST FOR PAINFUL EYES: IS THIS ADVICE ALWAYS GOOD? By Julian J. Chisolm, M.D. Reprint from *The Maryland Medical Journal*, January, 1887.

THE RELATIVE INFLUENCES OF MATERNAL AND WET-NURSING ON MOTHER AND CHILD. By Joseph Edcil Winters, M.D. Reprint from *The Medical Record*, Nov. 6, 1886.

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### MISCELLANY.

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ABOUT TO CHANGE HIS PROFESSION. — “Trampin’s played out,” said a sad-looking specimen of hts tribe, as he hugged the red-hot stove in the station; “trampin’s no good any more, an’ I’m goin’ to change my perfeshun.”

“What are you going into?”

“I’m goin’ to be a mind-cure doctor.” — *Chicago Herald*.

FATAL EFFECT ASCRIBED TO COLLODION IN SMALL-POX. — Comby recently described before the Société de Chirurgie of Paris the case of a woman suffering from small-pox, whose face was covered with collodion to avoid cicatrization. The eruption was at first retarded, but soon diffuse suppuration took place under the collodion, and after a few days of great suffering and high fever the patient died. The fatal ending of the case was attributed to the application of the collodion. — *Medical Times*.

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### PERSONAL AND NEWS ITEMS.

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DR. W. H. STONE has removed from 97 to No. 133 Orms Street in Providence.

DR. F. W. MANN has removed from Burrillville, R.I., to Milford, Mass.

DR. W. F. FRYER has located at Middleborough, Mass.

DR. E. I. HALL, B. U. S. of M., class ’81, has located at Attleborough, Mass.

DR. H. E. SMALL has removed from No. 3 Marble Street to Hotel Parthia, suite I, No. 690 Shawmut Avenue, between Madison and Sterling Streets.

DR. EDW. B. HOLT has removed his office to Room 7, Wyman’s Exchange, corner of Merrimack and Central Streets, Lowell.

A RECENT issue of “The Canadian American” contained an interesting biographical sketch of one of our Boston homœopathic physicians, Dr. Prosper Bender. Among the pleasant facts to be learned from this sketch, is that of Dr. Bender’s service as surgeon in the late civil war, where he was attached to the branch of the army in Virginia, under command of Gen. Grant; and also that the doctor is *littérateur* no less than physician, certain of his books on Canadian history and literature being among the prize volumes for distribution in the public schools of that province.

THE inhabitants of the beautiful town of Bristol, Vt., desire to secure a homœopathic physician. It is a growing place five and a half miles from the New Haven depot on the Rutland and Burlington Railroad. The town has good schools and many well-to-do families. The nearest homœopathic physician is located at Vergennes, a distance of ten miles. For further information address Otis Clapp & Son, Boston.

At a meeting of the Washington Homœopathic Medical Society, held in that city on the 7th ult., Dr. E. B. Rankin was formally expelled from the society, for unprofessional conduct in advertising to sell certain medicines prepared by him, and claimed to be specifics; Dr. Rankin at the same time advertising himself as



an attending physician at the National Homœopathic Hospital and the Homœopathic Dispensary, though his connection with both these institutions had been definitely severed.

A FATHER can give his young son no better present than a year's reading of "The Scientific American." Its contents will lead the young mind in the path of thought, and if he treads there a while, he'll forget frivolities and be of some account; and if he has an inventive or mechanical turn of mind, this paper will afford him more entertainment, as well as useful information, than he can obtain elsewhere. Copies of this paper may be seen at this office, and subscriptions received. Price, \$3 a year, weekly.

MEDICAL LITERATURE.—Under the general title of Medical Literature, Mr. Stewart Challeu of New York is preparing classified lists of medical publishers, in uniform octavo form, with an alphabetical index in which all books will be under author, subject, and title, with the price and publisher. Also a list of all medical periodicals, with their subscription price, etc. Authors as well as publishers of medical books will consult their interest by furnishing data, and buyers of medical books can obtain valuable information by addressing the publisher.

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## OBITUARY.

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IN the death of ALVAN EDMOND SMALL, M.D., the homœopathic profession loses one of its oldest adherents and its most honored exponents and practitioners. Not only the West, which has been the scene of his labors and successes for the past thirty years, but the entire country, will mourn the loss of one who was to homœopathy as a father in Israel. Dr. Small died of apoplexy, at his residence in Chicago, on the last day of the year lately ended.

DR. A. LINDSAY of Laconia, N.H., died on the 13th of December, 1886. He was one of the pioneers of homœopathy in New England. We copy the following sketch from the columns of the Laconia paper:—

"Dr. Lindsay was born in July, 1822, in the town of Wakefield, N.H., where his grandfather, Dr. Thomas Lindsay, was the first and for many years the only resident physician. At two years of age his parents removed to Lincoln, Me. He was studiously inclined, and being detained on account of ill health from attending school at regular terms, he spared no moment when his health and duties would permit from the perusal and study of such books as could be obtained at that time.

"At the age of fifteen he was thrown upon his own resources, and learned cabinet-making at Bangor, Me. A few years afterwards he moved to Newburyport, Mass., and married Miss Elizabeth F. Somerly.

"In 1846 an acquaintance with Dr. C. B. Matthews of Philadelphia, Penn., resulted in his study of the homœopathic system of medicine, beginning his reading with Dr. F. A. Gordon, who had for some time been interested in the young man. He afterwards moved to Springfield, and entered the office of Dr. G. W. Swazey (an uncle of his wife), and remained with him up to the time of attending lectures at Brunswick, Me. He finally graduated in 1851 from the Homœopathic Medical College of Philadelphia. Upon receiving his diploma he returned to Massachusetts, and commenced a more than ordinarily successful practice in Roxbury (now Boston Highlands).

"The east winds of the Massachusetts coast were too severe for a person in his feeble health, and five years later he was compelled by illness to remove to a more genial climate. After some search he settled in Laconia; and save for a few months when business called him to a short residence in Nashua, N.H., his figure has been a familiar presence upon our streets. He was of a benevolent and kindly nature, open-hearted and charitable, with a heart filled with good-will and kindness towards all. He loved his profession for its opportunities of doing good; and it may be truly said, 'None knew him but to love him, none named him but to praise.'"

MR. EDWARD PAGE SPALDING, father of Dr. H. E. Spalding of Hingham, died on Thursday, Jan. 20, aged eighty-three.

THE  
New-England Medical Gazette.

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

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CONCERNING *LAC CANINUM*.

THERE are certain substances which at the present day serve as a somewhat boggy battle-ground, on which mild civil war is waged between the two factions of the homœopathic school, which, in moments of good humor, refer to each other as "high-potentists" and "low-potentists," and in moments of wrathful candor as "Hahnemaniacs" and "mongrels." One small spot in this battle-ground is that known as *lac caninum*; the one faction claiming it as an entirely safe and solid bit of ground on which to pitch the tent of clinical reliance; the other, that it is far too swampy a spot to sustain the substantial tread of even a single scientific thinker. Metaphor aside, *lac caninum* may, without danger of hasty generalization, be taken as a type of the many so-called "remedies" over whose efficacy the factions of our school most ardently disagree. It is significant of the fruitlessness of such discussion, that it is oftenest a mere matter of *tu quoque* retort, rather than an impartial presentation on the one hand, and examination on the other, of the claims of the substance to be classed and trusted in as a remedy. Such a presentation, however, of the claims of *lac caninum*, — a presentation which one may safely look upon as reasonably complete, occupying as it does sixty-four pages of type, — appears in the January issue of "The Medical Advance."

A serious, if brief, examination of these records was fraught with such interesting results, that we are tempted to make certain of these results public.

First, it is to be noted, that out of the formidable total of more than 955 symptoms chronicled, no less than 300 are confessedly "clinical symptoms," and as such, by conservative and scientific homœopathists, must be refused entrance to any thing claiming to be a pathogenesis of the substance on its trial as a remedial agent. We refer now to the clinical symptom *per se*; and not to that vastly valuable thing, the clinical *verification* of a symptom obtained from controlled and reliable proving. To those who claim homœopathy to be a unique and divine revelation, it surely should not need to be explained that homœopathy means simply and only the administration, for the relief of certain symptoms manifested in the sick, of a drug which has proved itself capable of producing similar symptoms in the healthy organism. What, then, have "clinical symptoms" to do in the pathogenetic history of a drug, and what is their introduction there, but a form of that "empiricism" which is by no one so ridiculed and berated as by the physicians with whom the introduction of "clinical symptoms" is habitual?

Of the 655 or more symptoms, then, which present themselves on behalf of *lac caninum* with the slightest claim to be pathogenetic, 404 symptoms are chronicled from a single prover. The "potencies" "proved" varied from the thirty-first to the cm. In several cases, *all* symptoms observed for a period of years after the taking of the last dose of the cm. of *lac caninum*, are chronicled as originating from that substance. One prover takes the substance for "proving" purposes while menstruating; another, while nursing. In no case is allowance made for any natural or pathological cause which might be operative in producing the symptoms attributed to *lac caninum*. In no case is there any evidence of the employment of control-test or counter-test. To secure the complete bewilderment of the impartial, investigating mind, the symptoms are given, not in the order of their occurrence in the single prover, but arbitrarily pieced together into the Hahnemannian schema; numbers being added by which one may laboriously piece together disjointed symptoms into what proves a scarcely less disjointed whole. No



bridle is put on the imagination on the one hand, or credulity on the other. In all this madness there is no trace of method.

So much for generalities. To give in any detail the inconsistencies, the impossibilities, the absurdities, to be found in the several provings, would require well-nigh the sixty-four pages of the original record. We must content ourselves with calling attention to a few, not more flagrant than the rest. They are chosen from the records of the few provers who contribute the immense majority of the symptoms given.

One prover for Dr. Lippe is thus introduced: "———, aged twenty-two. Three years ago prover had hard chancre on glans, removed by external application, and mercury internally. Since this *suppression*, has suffered from excessive mental depression, and has at no time since the chancre felt any of the buoyancy of youth. . . . He has an indolent and painless enlargement of the lymphatics, principally of the neck and submaxillary region." Not to dwell on the medical phenomenon of *suppressing* a hard chancre, how far does the above description suggest the "healthy organism" on which alone, under our rules, a substance can be reliably proved?

Another prover, to whom the record is indebted for sixty-one symptoms, is described as being "subject to slight catarrh of head; occasional sick-headache;" and yet — oh, shades of sweet reason! — we find symptoms of catarrh occurring *twenty-five* days after taking *lac caninum*, and symptoms of sick-headache occurring *forty-six* days afterward, credited to the power of that substance, administered in the two-hundredth and thousandth attenuations! It must also be added that this proving was made during the menstrual period. Nothing in all the amazing records under consideration is more amazing than the willingness shown to seriously consider and accept symptoms reported as experienced while in that condition, when, in even the healthiest women of to-day, morbid sensitiveness of mind and body wages perpetual war against common-sense, and in the neurasthenic the wildest fancies run unchecked riot, and fact is trampled into insensibility, if not unto death.

No better illustration of the quickening of the imagination, during the period alluded to, could be furnished than the last proving to which space permits our alluding. A single prover,

as was said above, furnishes four hundred and four symptoms. These provings were made during menstruation; and not only so, but drug effects from the cm. potency are mentioned as noticeable at the menstrual period, occurring *two hundred and twenty-six days* after taking the dose! While struggling with this statement, we are confronted with the fact that certain symptoms from *lac caninum* manifested themselves in this prover, as per dates given, a year *before* the first dose was taken. In any other connection one might suspect typographical error; but in this pathogenetic wonderland, as in that explored by the immortal Alice, one grows hardened to marvels and to topsy-turviness generally, and an "unmitigated staggerer" more or less, ceases to count.

"A large boil," and an attack of malignant diphtheria, are among the soberly-recorded effects of *lac caninum*. Also, a "first movement of the bowels for four days." Also, a "feeling as if she had taken cold, but was confident she 'had not.'" Also, a "dream of seeing the Devil;" in connection with which symptom, attention should be called to the similar effects of convivial suppers, perusal of Poe's Tales, and nocturnal consumption of mince-pie.

"But oh, Iago, the pity of it, Iago!" that sixty-four pages of an able magazine should be given up to the detailed citation of such wildly droll nonsense, if viewed simply as humorous reading; of such exasperating and mischievous nonsense, if viewed from the standpoint of those engaged in a manly struggle to win over an enlightened public opinion to a belief in the scientific dignity of homœopathy! What thoughtful mind can fancy Samuel Hahnemann, the patient truth-seeker, receiving approvingly the abundant incense burned on his shrine by physicians who gravely ascribe the insignificant symptoms of a menstruating woman, to a dose taken nearly a year before, and in the cm. potency, of a substance which the wise and vigorous "Doctor," who all too rarely "talks" through the pages of our much-esteemed contemporary "The Medical Era," characterizes as "puppy-milk"! or by physicians who wilfully blind themselves to the fact that in all this weary list of nearly a thousand symptoms, there is scarcely one that may not be readily explicable by the natural surroundings, if, indeed, their origin is not

clearly traceable to the avowed tendencies and condition of the prover?

Borne on the wind of ancient controversies, comes an echo breathing "clinical verification!" But oh, dearly beloved brethren of the I. H. A., are you prepared to admit the efficacy of Smith's Salutary Specific, and Robinson's Remarkable Regenerator, because acres of "clinical verification" can be brought to its support? And if not, why, WHY, ask modern science to listen with respectful credulity to your "clinical verifications" of *lac caninum*? And oh, dearly beloved brethren of the wide world of homœopathic practitioners and students, can we, while our sight remains clear and our hearts remain honest, dream of accepting, so far as to put to the test, in our bitter warfare with disease and death, a weapon forged in such a furnace!

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#### EDITORIAL NOTES AND COMMENTS.

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THE PAPER BY DR. HUGHES, ON THE PRESENTATION OF THE MATERIA MEDICA, read before the International Homœopathic Congress at Bâle, cannot fail to give the keenest pleasure to the many earnest thinkers who are wholly in accord with the sentiments expressed, but who have been denied, by nature, that fine and facile gift of expression with which she has so pre-eminently dowered our honored English colleague. So deep and fervent is our own assent to Dr. Hughes's utterances, and especially to those paragraphs in which he sets forth the threefold mischievousness of the Hahnemannian schema, — I. As prevailing "to rob Hahnemann of the honor which must otherwise, perforce, have accrued to him as an experimenter with drugs;" II. As acting as "a potent agent in hindering conversion to homœopathy;" and, III. As tending to bring the homœopathy of the present day to the level of mere empiricism, — that we shall feel tempted to refer to these paragraphs forever, hereafter, as the deacon of country-newspaper fame did to his manuscript prayer. The legend goes, that a sore struggle between spirit and flesh in the deacon aforesaid — between his belief in the necessity of lengthy petitions, and his natural repugnance to remaining too



long out of bed when the thermometer stood at twenty degrees below zero — ultimated in his writing out an elaborate schedule of his physical and spiritual needs, tying the same to his bed-post, and on particularly cold nights merely pointing to the same, casting his eyes heavenward with the solemn remark, "Them's my sentiments!" and seeking blameless and well-blanketed repose. So, in our "cold days" of controversy, when assailed with shivering doubts as to our ability to express ourselves with dignity and clearness, we shall rejoicingly point to Dr. Hughes's masterly little paper, fervently remark, "Them's our sentiments!" and retire, like the deacon, in the consciousness of having been equal to the occasion.

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CLINICAL NOTES FROM THE PEN OF DR. OZANAM OF PARIS, which appear in a recent issue of the "Revue Homœopathique de Belge," make very interesting and suggestive reading. Speaking of rectal and laryngeal polypi, Dr. Ozanam thinks operative measures called for in the fibroid and cancerous varieties, but believes the mucous and papillomatous ones to be quite within the control of medicine. Two cases of papillomatous polypus of the rectum in children under his care were completely cured by the use of *Kali bromatum*, ix trit., three to five grammes a day; and he also cites five cases of laryngeal polypus successfully treated with *berberis*. Dr. Ozanam expresses much confidence in the serviceableness of *guaiacum* in acute tonsillary angina, pointing out that the pathogenesis of this drug presents the burning pain in the throat, so characteristic of this difficulty. He employs it in from the ix to the 3x trit.

A case of chronic dysentery appearing during pregnancy, re-appearing with exacerbation of all the symptoms after delivery, subsequently complicated with purpura, and resisting all remedies during a month of treatment, was subdued with marvellous quickness by the use of *ergotine* ix, one drop every two hours. A slight proctalgia, which retarded recovery, yielded without difficulty to *æsculine*, the alkaloid of *æsculus hippocastanum*.

THE NUMEROUS AND FLAGRANT TYPOGRAPHICAL ERRORS IN THE RECENT VOLUME OF THE TRANSACTIONS OF THE NORTH AMERICAN INSTITUTE was made the subject of comment in a review of the volume in the last issue of the GAZETTE. But the grievance is one that grows with time, and with more extended perusal of the work. It would seem that in a volume of such importance, accuracy rather than promptness of publication should, if both cannot be obtained, be the supreme object. And when accuracy is slaughtered with as many wounds as was imperial Cæsar, surely a reiterated as well as fervent protest cannot be out of place. The homœopathic profession surely has a right to demand that the best thoughts of its best minds shall be clearly presented; and that is so obviously not the case in the present instance, that wisdom is turned into gibberish, and the modest list of errata presented in the fore-front of the volume takes on the character of a mild pleasantry. We would suggest the publication and extensive circulation of a supplementary list, to which the few errata hereto appended are offered as a very partial contribution.

Page 33, line 13 from top, read "Clinical" instead of "Chemical."

Page 33, line 8 from bottom, read "Prescriber" instead of "Prescreber."

Page 33, line 5 from bottom, read "Winterburn" instead of "Williams."

Page 34, line 17 from bottom, read "Brain" instead of "Pain."

Page 34, line 20 from bottom, read "N.W." instead of "W.W."

Page 35, line 1 from top, read "Onosmodium Virginianum" instead of "Onasmodium Virgincenum."

Page 35, line 1 from top, read "Hahnemannian" instead of "Hahne-mann."

Page 35, line 13 from bottom, read "Leçons" instead of "Secons."

Page 37, line 6 from bottom, read "Belge" instead of "Belze."

Page 176, line 19 from top, read "Reine" instead of "Neine."

Page 177, line 2 from bottom, read "Matière" instead of "Matcére."

Page 177, line 6 from bottom, read "pruritus" instead of "puritus."

Page 177, line 18 from top, read "at" instead of "to."

Page 178, line 5 from top, read "Bonplandia" instead of "Zonplandia."

Page 178, line 6 from top, read "Lembke" instead of "Lambke."

Page 179, line 1 from top, read "antiseptics" instead of "antisepses."

Page 180, line 3 from top, read "Asarum" instead of "Asareum."

Page 185, line 12 from top, read "Colocythin" instead of "Colocythin."

Page 185, line 14 from bottom, read "mysterious" instead of "mythical."

Page 190, line 3 from bottom, read "Nigrum" instead of "Niguum."

Page 197, line 18 from bottom, read "mania" instead of "maniac."

Page 197, line 10 from bottom, read "Müller" instead of "Müeller."

Page 198, line 14 from bottom, read "*ignis*" instead of "*ignus*."

Page 691, line 1 from bottom, read "Aerzte" instead of "Arnzte."

Page 692, line 8 from top, read "sixteen" instead of "sixty."

Page 693, line 7 from top, read "are" instead of "is."

Page 693, line 8 from top, read "is" instead of "are."

Page 693, line 18 from bottom, read "Balsam-mounts" instead of "Balsam-mounted."

Page 693, line 9 from bottom, read "manipulation" instead of "manifestation."

Page 714, line 2 from top, read "Wiesbaden" instead of "Weisbaden."

Page 714, line 3 from top, read "Bedeutung" instead of "Bedeutung."

Page 714, line 4 from top, read "Entstehen" instead of "Entstchung."

Page 714, line 4 from top, read "bei" instead of "bie."

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## COMMUNICATIONS.

### *A LETTER OF HAHNEMANN.*

TRANSLATED BY DR. C. WESSELHOEFT.

MY DEAR MR. X.,—It is true that I am about to remove to Hamburg, but it need not trouble you. If you do not object to a few groschen of postage, I shall be at your service there with my advice. By simply addressing me at Hamburg, the postman will know how to find me.

But now I must tell you that you are pursuing the best course for the recovery of your health, and that most obstacles to that end have been removed. But one obstacle still remains, and this has caused your last relapse. Man (that is, the very destructible mechanism of man) in this world is not intended to overwork himself, nor to go beyond the measure of his strength by exaggerating the rate of his activity. If he does so, either from ambition or avarice, or from other good or evil motives, he acts in opposition to nature, and his body declines and deteriorates; especially in the case of a body already weakened. Finish in two weeks whatever you cannot finish in one. Those who will not wait cannot be so unfair as to expect you miserably to drag yourself to the brink of the grave by toil, and to make a widow of your wife and orphans of your children. You are injured not alone by working more rapidly and by greater bodily exertion, but far more by the greater mental strain; for a worried mind destroys the body. If you do not provide yourself with a goodly store of equanimity (a motto: first live for yourself, and then for others), your recovery will not amount to much. When



you are buried, people will still wear clothes ; though, perhaps, not so tastefully made, yet they will make themselves comfortable.

But if you are a philosopher, you may become healthy, and live to be old. Do not listen to vexatious talk. If any thing is too hard for you, do not attempt it. If they hurry you, go slowly, and laugh at foolish people who seek your misfortune. Finish only what you can do with ease. Do not trouble yourself about what you cannot accomplish.

Our temporal circumstances are not improved by rushing work ; for, if you use up all you gain in that way, you will have nothing left after all. Economy in cutting down every thing superfluous (of which the hardest worker often enjoys the least) places us in a position to live in greater comfort, that is, more rationally, carefully, naturally, cheerfully, calmly, and healthfully. This would certainly be more to our credit, and a much wiser course, than the breathless hurry and tension of our nerves far beyond their natural endurance, destroying the most valuable treasure of our lives, — a cheerful disposition and good health.

Be wiser, my dear sir, and be sure to think first of yourself, and let all other considerations be of secondary importance. Even if people should, by attacking your sense of honor, endeavor to compel you to go beyond your strength of mind and body, do not, for God's sake, allow yourself to be cajoled to act against your own interest. Turn a deaf ear to all attempts to bribe you by praise, and keep cool as you go along leisurely and calmly, like a wise and sensible man. Enjoyment, peaceful mental and bodily enjoyment, — that is what man is created for upon earth ; and only to toil hard enough to procure this enjoyment, but not to make a slave of himself.

The covetous hurry and strife of blind humanity in pursuit of wealth and position, and its eagerness to win favors, are the ordinary causes of ruin of our true welfare ; and these are the common causes of the early decline and premature death of many young people.

One who can keep calm and cool, and can take things easily, will better accomplish his object ; he will live more quietly and healthfully, and grow old. At the same time, a calm person of this kind may sometimes succeed in giving a much more favorable turn to his worldly affairs by a single lucky hit, or a serious original thought, than would be likely to occur to a busybody who never allows himself to collect his wits.

Mere swiftness is not endurance. You will not be a man until you have first acquired a certain degree of equanimity, coolness, and careless indifference. Possessing these, you will be astonished to see how your health improves while obeying

the other directions. For then your blood will flow gently through your arteries, without pressure or heat; no frightful dreams will disturb your nerves when you have gone to sleep without nervous excitement. Free from cares, you will awake in the morning without anxiety concerning the manifold duties of the day. What do you care, as long as the joy of living takes precedence in your mind? Refreshed, you will begin your moderate task, and at meal-times nothing (neither rush of blood, nor cares, nor deep thought) will prevent you from enjoying to your heart's content whatever the good Giver of life has provided for you. Thus one day follows another with measured pace, until the last day of great old age puts an end to your well-spent life, and you are permitted to awake as calmly in the other world as you lived calmly in this.

Now, my dear Mr. X., is not this wiser and more reasonable? Do not trouble yourself about those restless people who in their self-destructiveness are ruthlessly and murderously waging war against themselves. Let them be fools if they want to; but take a wiser course yourself, and do not suffer me to preach worldly wisdom to you in vain. I have your welfare at heart.

Farewell. Follow my precepts, and even in the midst of happiness, think of

DR. S. HAHNEMANN.

P.S. — Even if you had your last two groschen in your pocket, you should be happy and cheerful. Providence guides our steps, and permits us to find compensation for losses. How much do we mortals need in order to live, to replenish our strength with food and drink, and to protect our bodies against cold and heat? We need scarcely more than good courage; the rest of less necessary comforts are then obtained without much trouble. A wise man needs but little. *Strength which is saved needs not to be replaced by medicines.*

REMARKS BY THE TRANSLATOR.

The preceding is one of a series of "Letters of Hahnemann, written to a patient between 1793 and 1805 (and hitherto unpublished), with Introduction and Notes; published by Bernhard Schuchardt. Tübingen, 1886. Laupp."

As it is taken out of its connection with the rest, it may interest the reader to know that the patient was a well-to-do tailor, evidently suffering from depression of spirits in connection with some other ailment not especially mentioned, which, however, lasted no less than twelve years. During this time the patient appears to have been loyal to his physician; but in the management of a case complicated with obviously inveterate hypochon-

dria, the physician displayed a degree of patience, persistency, and gentleness, as well as consummate skill and tact, rarely attained or recorded.

The published letter is one of the last of a series written to the patient. Let not the reader forget with whom the writer was dealing when he seems to appeal to selfishness; in this and many similar cases, the only way of arousing the patient to an appreciation of his duty to himself.

Although Hahnemann gave medicines throughout, — as we infer from his frequent allusions to pills and drops, — the case should stand on record as an example of the great power of a great mind over the weaker one of a patient, an influence which we as physicians can not only justify, but always strive to imitate.

The patient, who was treated by Hahnemann before and just after the beginning of this century, died at the age of ninety-two years, in 1851. Was not this a triumph of a physician whose advice to a patient was to live calmly in order to attain old age?

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#### ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

ARSENICUM IODIDUM, though proved entirely by American physicians, is little mentioned by American writers of our school, and is, apparently, but little used by American practitioners. Almost the only complete account of this remedy is to be found in the fourth edition of Dr. E. M. Hale's "Materia Medica and Special Therapeutics of the New Remedies" (1875); and, though that meritorious writer commences by stating that "this preparation of arsenic has been a favorite remedy in my practice for many years," he merely alludes to its power to cure a chronic dry cough, omitting all mention of its place in the treatment of phthisis pulmonalis. *Yet this is precisely the field in which this remedy has secured its most brilliant triumphs.* So far as I can ascertain, arsenicum iodidum is mentioned but seven times in Arndt's three huge volumes; and the very able writer on phthisis pulmonalis, after giving the indications for arsenicum album, merely adds, "Ars. iod. is often substituted." In reality, the iodide has a wider sphere of action, is more certain in its effects, and — so far as my experience extends — is more generally indicated in phthisis pulmonalis, than its better-known analogue; and I think that I can support these statements with a great array of cases, in nearly all of which the diagnosis was quite certain.

Yet I would not be understood to say that the American homœopathic literature of this remedy is either scanty in quan-



tity or poor in quality, but rather that a full presentation of its virtues has not yet been made and, especially, that its chief spheres of action have been strangely overlooked. Some very valuable cases are hidden away in obscure journals, while much of its literature is only to be found in English homœopathic journals, not accessible to the majority of the physicians of this continent.

In March, 1866, Dr. W. James Blakely made a proving with the second decimal trituration, which appeared in the "Hahnemannian Monthly," vol. iii. p. 265. The symptoms occupy but two pages, and pulmonary symptoms are noticeably absent; and yet the proving is so good that one regrets that Dr. Blakely did not push on with the proving, for no complete pathogenesis can possibly be evolved in three days.

In July, 1866, Dr. Eugene W. Beebe of Edgerton, Wis., published in the "United States Medical and Surgical Journal," vol. i. p. 335, another excellent proving, including an accidental one furnished by Dr. James E. Morrison of McHenry, Wis., which elicited some most characteristic symptoms.

In 1874 Dr. Timothy F. Allen threw these three provings into the form of Hahnemann's well-known schema, convenient for reference, but misleading for one who wants to know the all-important sequence of the symptoms.

The "Cyclopædia of Drug Pathogenesis" omits all mention of this remedy, — surely the result of an oversight, for certainly the "materia medica of the future" should contain a drug which is destined to play a more and more important part as the years pass on. This omission is the more to be regretted, as the provings, though far from being exhausted, are thoroughly reliable.

In the "Guiding Symptoms of our Materia Medica," vol. ii. (1880), the lamented Constantine Hering gives six pages to this remedy. A careful study shows that this article is really a collection of cases cured with *ars. iod.* given not with each case separate and distinct, but with the symptoms cut up and arranged according to the Hahnemannian schema! To such an arrangement of valuable cases, one may apply the striking comparison of Dr. Robert Ellis Dudgeon: "The Hahnemannian schema is as unnatural and artificial an arrangement of the features of many allied morbid portraits, as though an artist should paint a family group, arranging all the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the mouths all together, and so on." This error, for it is nothing less, is the more to be regretted, as in Hering's article are many practical observations, marked by all the keenness and brightness so characteristic of

the author. Take, for example, the following, under the rubric of "Relationship:" —

"*Bryonia* relieved pain and pyrosis. Useful after *sulphur* in phthisis pulmonalis. Useful after conium in sensitive lump in mamma."

Charles Julius Hempel does not mention the iodide of arsenic in the first edition of "A New and Comprehensive System of Materia Medica and Therapeutics" (1859), and he is equally silent in the second edition (1865); but in the third edition (1870), where the distinguished author had the assistance of Dr. H. R. Arndt, a fairly good account of this remedy is found, though no mention is made of its power in pulmonary diseases.

Dr. J. C. Peters, in his "Elements of a New Materia Medica and Therapeutics," devotes about half a page to this remedy, chiefly drawn from allopathic sources, and these not by any means the best.

Richard Hughes does not mention *ars. iod.* in the first edition of his "Manual of Pharmaco-dynamics" (1867), nor in the second (1870); the third edition (1875) is also silent; the fourth edition (1880) devotes just *nine lines* to it. The provings of Drs. Blakely and Beebe are lightly spoken of, — "no special effects were obtained," — and no mention is made of its use in pulmonary diseases. The fifth edition (1886) makes no change.

Many of our writers on materia medica do not even mention the name of this remedy; among them Teste, Lippe, Dunham, and many others.

Drs. Sydney Ringer and Charles D. F. Phillips, the chief practitioners in the ignoble art of conveying — "convey the wise it call" — the lore of the homœopath to the text-books of the allopath, have not yet hit upon this great remedy, but doubtless its turn will come. And Dr. Lauder Brunton, who has lately joined Ringer and Phillips in their favorite pursuit, does not mention it in his recent work. Indeed, the best of the allopathic authorities is still Dr. Robley Dunglison, who, in the seventh edition of his once famous "New Remedies," gives us two pages of really readable matter.

Our writers on practice emulate their brethren who discourse on materia medica, in making little or no mention of the iodide of arsenic; and perhaps, after all, Dr. Arndt's great work gives a better presentation of its place and power than any other.

[To be continued.]

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"WHO is that gentleman?"

"Dr. X., — a charming person, I assure you. If you only knew how he takes life" —

"Yes, the life of others!" — *Tid-Bits*.

*UNUSUAL SUSCEPTIBILITY TO QUININE.*

BY EDWARD B. HOOKER, M.D., HARTFORD, CONN.

ONE evening in June, 1885, I was summoned in haste to attend a woman, a few doors from my house, who, it was supposed, had been poisoned by some drug which had been accidentally substituted for quinine. The facts in the case are as follows: The patient was a woman, twenty-seven years old, who had been confined five days previously. Her physician, believing he detected evidence of malarial poisoning, prescribed quinine, which he furnished himself, leaving several powders, the first of which had been administered about two hours before my arrival. About half an hour after it was taken, the patient began to feel a creeping sensation, something like a chill, which was followed by a progressive numbness, and loss of power of motion, which finally reached such a degree, that, becoming greatly alarmed, her husband sought the nearest medical aid. On reaching the patient, I found her apparently unconscious and perfectly motionless, with a natural color upon her face, and a warm skin, which was not unduly moist. My first thought was, that she had been poisoned by morphine; but an examination of the pulse and respiration showed both to be normal in frequency and regularity, nor was the pupil markedly affected, which evidence conclusively excluded the idea of that drug. The patient, however, gave no sign of consciousness in response to efforts made to arouse her, and was evidently profoundly affected by the medicine she had taken, whatever it might be. The eyes were open, but motionless, and the limbs were relaxed; but, conscious or unconscious, she was unable to move so much as a finger.

The heart and lungs doing their work well and easily, I assured the family there was no immediate danger at least, and that they had better send for their usual physician, who lived at some distance. I then examined the remaining powders, and estimated that they weighed eight or ten grains each, their appearance and taste being those of quinine.

Turning again to the patient, I noticed a slight motion of the lips, as if she were trying to speak. Asking her very distinctly if she heard me, and putting my ear close to her lips, I heard a faint "Yes" in reply. Asking again if she knew all that was going on about her, she once more replied in the affirmative. The situation was, then, a state of entire consciousness coupled with complete (up to this time) paralysis of the voluntary muscles. I thereupon made up my mind that the drug administered was quinine; that the patient was peculiarly susceptible to its



action, and had been profoundly affected by a dose which ordinarily would have produced no such symptoms. She was shortly after able to take a few swallows of water, and to speak with less difficulty. Gradually the ability to control other muscles returned, and in the course of an hour she was able to move her limbs quite freely, and converse with ease. She described her sensations as follows: A creeping sensation was first felt, as stated, which was followed by a loss of the sense of touch, and the power of voluntary motion. Her hearing, however, was unimpaired; nor was her sight affected for objects within her field of vision, but being unable to move the eyes, the field was limited. The only actual pain experienced was a sensation of heavy pressure or weight upon the whole left side. She was acutely conscious of all that was going on, and said she felt as one must in a trance. She made repeated efforts to speak and move, but was unable to do either until the effect of the medicine began to wear off. She stated that she was very susceptible to the action of medicines, and knew that quinine affected her powerfully, but had never before experienced such an effect, or taken so large a dose. Nor had she ever been hysterical, or subject to trances or kindred phenomena.

The only treatment employed was to re-assure her that there was no danger, that no poison had been given by mistake, and that she would gradually recover; all of which duly occurred, though she did not fully recover for four or five days, but was troubled by ringing in the ears and an unpleasant feeling in the head. Subsequent investigation conclusively showed that the drug was quinine, and the dose nine grains.

That quinine, in so small a dose as nine grains, can produce upon an adult so profound an effect, is an interesting and important fact. There must of course be, on the part of the patient, a peculiar susceptibility to the action of the drug; but such idiosyncrasy, though rare, may be encountered at any time, and, unless recognized, is liable to lead to unpleasant and possibly dangerous consequences. Various observers have noticed this susceptibility, and commented upon it. Thus Gélinau reported a case of "a delicate and nervous lady, who, after taking ten grains of sulphate of quinia on an empty stomach, was attacked in about two hours with violent abdominal pains, rigors, and general prostration, with cold sweats. The face was pale, the eyes sunken, the pupils dilated, the teeth clinched, and the limbs stiff; confused answers were given to questions; the respiration was calm, the pulse sixty. In about an hour the pulse rose to eighty; there were ringing and buzzing in the ears, and the catamenia, which were not then due, made their appearance. The next day the patient was as well as usual, except that she

suffered from dulness in the head and heaviness of the limbs." (Stillé). Such symptoms, however, are usually the effect of very large doses only. Thus Giacomini reports the case of a man who took one hundred and eighty grains at a single dose. "He gradually became giddy and feeble, and then insensible. Nine hours after taking the medicine, he lay motionless and pallid; the fingers were bluish and cold, the whole surface cool, the respiration slow, the pulse regular but slow and hardly perceptible, the pupils widely dilated, the sight and hearing almost extinct, and the voice extremely feeble; the thirst was great, and the breath cold." (Stillé). Other cases have been reported with similar symptoms produced by excessive doses, in one instance the patient becoming permanently hemiplegic. (Note that my patient complained of heaviness, confined solely to the left side.) Cases of amaurosis, transient and permanent, are accumulating, which have been caused by repeated doses not always excessively large (fifteen to forty grains); and oculists are sounding a note of warning against the repetition of such doses. Instances of fatal poisoning are not wanting, in which the symptoms were mainly those of Giacomini's case, but the doses were very large. In one instance death was preceded by delirium and coma. In some instances, however, death has resulted from a comparatively small dose. Thus Dr. Baldwin reported the case of a child, six years old, who died after taking two doses of four grains each, three hours apart. (*Am. Jour. Med. Sci.*, April, 1847.) On the other hand, it is interesting to note that enormous doses (seventy to six hundred grains) have been taken with comparatively little effect; but the possibility of the adulteration of the drug must always be borne in mind, and the probability that a large part of it was not absorbed, but passed off with the fæces.

There can be little danger of failing to recognize the nature of the drug in the cases in which very large doses are taken, for the effect is then only what would be naturally anticipated. It is when a moderate dose (eight or ten grains) produces an unexpected effect, that the danger of error occurs; and the drug for the effects of which those of quinine are most liable to be mistaken is morphine, since that drug is the one not infrequently accidentally substituted for quinine, with serious and sometimes fatal results. The salts of morphine and quinine resemble each other very closely, both consisting of white, shining, fluffy crystals, bitter in taste and without odor, and it is impossible to distinguish between them by the eye alone.<sup>1</sup> It is therefore not

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<sup>1</sup> Since the salts of quinine are quite insoluble in small quantities of water, requiring 740 parts to dissolve one of quinine, while those of morphine are easily soluble, a ready way of distinguishing the one from the other would be to shake the suspected powder in an ounce of cold water, which would dissolve the morphine, but leave the quinine undissolved.

difficult to understand how a careless or hurried druggist could mistake the one for the other. The physician who, having the possibility of this mistake in mind, encounters a case in which quinine has produced an unexpected effect upon a specially susceptible subject, is liable to fall into the error of believing his patient to be poisoned by morphine; and should he act upon that belief, he may possibly destroy life with atropine, while believing he is combating its antagonist. I do not know that this has ever actually occurred, but in a recent celebrated case the claim has been made that just this error was committed. I allude to the case of the two young ladies in Hoboken, who were believed to have died from morphine-poisoning in consequence of the error of the druggist, Am Ende. It is not the purpose of this paper to express any opinion upon the merits of that case, and it should be distinctly understood that in alluding to it no opinion is expressed. Mr. Am Ende has been tried for gross criminal carelessness in causing the death of the elder sister, and has been acquitted; though the possibility of her not being poisoned by morphine at all, was not, I believe, dwelt upon, or at least not made prominent. He has not been tried for causing the death of the younger sister.

Briefly stated, the facts are as follows: Two sisters, members of a Hoboken family, were suffering from a malarial trouble, for which the muriate of quinine was prescribed. Both had been sick for several days; but Margaret, the elder, was the sicker of the two, having a temperature of 104°. The prescription called for four powders of the drug, of ten grains each, and was put up by Mr. C. G. Am Ende. At 10 P.M., Sunday, Aug. 30, 1885, a powder was given to each patient; Margaret receiving hers moistened in a paper wafer, while Ella, the younger sister, seems to have taken hers without a wafer, dry on the tongue. About an hour afterwards Ella was found to be suffering considerable pain, and to be strangely affected, soon becoming unconscious, and later, comatose. The physician who was first called testified that he found her (between twelve and one o'clock) unconscious and delirious, with eyes tightly closed, intermittent respiration, and intermittent slow pulse. Another, who saw her later (4.30 A.M.), after atropine had been used hypodermically, testified that he found her entirely insensible, with rapid irregular pulse, irregular short respiration, livid face, and dilated pupils.

In the mean time, how was Margaret faring, who was the weaker of the two from the effects of the existing disease, and who had taken the powder a little earlier than Ella? At 3 A.M., five hours after the medicine was taken, she was perfectly conscious, and was "feeling splendidly," better than before she took the powder. There was no drowsiness, — on the contrary, a sense



of exaltation ; no difficulty in breathing, no pain ; and in fact the only suspicious symptom of any kind was a moderate contraction of the pupil. She had experienced no nausea, and, when asked if she felt sleepy, replied, " Who can sleep when there is such a noise about the house ? " — " Well, don't you feel sick at all ? " was asked. " No ! " she impatiently replied. She inquired about the fate of her sister, and was observed to be excited and trembling. Shortly afterward atropine was injected hypodermically, and emetics and the stomach-pump were used. In a short time her tongue became heavy, the pulse rose from about normal to one hundred and eight and one hundred and twenty ; the respiration became rapid, about thirty ; and by 4.30 A.M. she was unconscious, with pupils moderately dilated and face pale, with marked lividity about the lips. At seven o'clock she was taken with convulsions ; the pupils became widely dilated, and the pulse very feeble ; the coma grew deeper ; and at half-past seven she died, without having regained consciousness. About this time (7.30 A.M.), Ella was hardly alive, but was kept breathing by artificial respiration. It was then decided to try hypodermic injections of caffeine, and under their influence she improved a little, so that she breathed without assistance. By this means, and the use of brandy, musk, and other things, she was kept alive till night, and at 10 P.M. was semi-conscious ; but at 3 A.M., Tuesday, she died, nineteen and a half hours after Margaret, and twenty-nine hours after taking the medicine.

There are several hypotheses by which we can account for the death of both sisters. The younger sister, Ella, may have taken morphine, and died from its effects ; or she may have taken quinine, and been peculiarly susceptible to its action, and, while profoundly affected by it, been killed by the atropine given to antagonize the morphine which it was supposed she had taken. Margaret too may have taken morphine, and died from its effects, though she showed no signs of poisoning more than five hours after the powder had been swallowed ; or she may have been killed by atropine, under the impression that she also had taken morphine, because it was believed her sister had done so. It is clear, that if the powder Margaret took was quinine, she showed no special susceptibility to its action, and only experienced the usual tonic effects of such a dose. Under the hypothesis that Margaret took morphine, its long-delayed action can be accounted for only on the supposition that the high temperature of the patient, and the protection afforded by the wafer which enveloped the powder, prevented its absorption for several hours.

So far as the facts are in my possession, these hypotheses cover the ground completely. It only remains to add that one of the two remaining powders has disappeared, and that the other

has been analyzed and found to be the muriate of morphine. Now, because one of four powders is discovered to be morphine, it does not prove conclusively that the other three are morphine also. Nor would the discovery that two are morphine prove the other two to be the same, nor three of them prove the fourth to be of the same nature. It is easily conceivable that a druggist, who has carelessly allowed a quinine and a morphine jar to stand together upon his prescription counter, might, if interrupted or distracted in any way, make a mistake between the two, especially if both were open, in putting up several powders: but because it is discovered that he has done so with one powder, it is no proof that he has made the same mistake with them all, or even with any of the others. It may create a presumption that he has done so, but it is not proof. Each case must be judged upon its own merits; and, if it be impossible to recover a portion of the medicine actually swallowed, the nature of the drug can only be determined by the effect produced.

Since the possibility of mistaking quinine poisoning for that of morphine may sometimes be encountered, it is important to be able to discriminate between them; and it is to the state of the respiration and pulse, and that of the pupil, that we must mainly look for guidance. A dose of morphine large enough to produce deep insensibility could not fail to markedly reduce the frequency of both pulse and respiration, and (in the vast majority of cases) to greatly contract the pupil; while a dose of quinine large enough to profoundly affect a susceptible person, even to apparent insensibility, would not materially affect either pulse or respiration. Moreover, the duration of the quinine intoxication in such cases is not long, and signs of improvement occur in a comparatively short time.

While on the subject of morphine poisoning, it will not be amiss to emphasize the fact that the state of the respiration and pulse (especially the former) is a safer guide on which to rely than that of the pupil, which is exceptionally dilated by morphine, while the respiration and pulse are invariably slowed, their frequency being, therefore, a safe guide by which to regulate the administration of the antagonist. Atropine very exceptionally contracts the pupil, but it always accelerates the respiration and pulse. In a case of morphine poisoning, when the cautious administration of atropine has brought the respiration up to about the normal standard, it is time to stop, for a while at least, even though the pupil be still contracted, and the patient still unconscious.

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A LITTLE boy said he would rather have the earache than the toothache, because he wasn't compelled to have his ear pulled out. — *Hearth and Home.*

*THE HOMŒOPATHIC USES OF LOBELIA INFLATA.*<sup>1</sup>

BY PROFESSOR EDWIN M. HALE, M.D.

I BELIEVE that the sphere of action of this species lies midway between tobacco and veratrum album, or their active principles, nicotine and veratrine. It acts upon the motor-nervous system and upon the respiratory centre in the medulla.

The nauseant effects of this drug are far more intense than tobacco, and this is the principal reason why it is not used for the same purpose as tobacco. Another reason is that the system does not tolerate the drug, as it does tobacco. I have, however, known *habitués* of lobelia, who, from taking it for asthma and dyspepsia, came to tolerate it to a degree which seemed surprising.

*Lobelia inflata* was first introduced into our school in this country at the same time and in the same manner as the *lobelia siphilitica*, by Drs. Jeanes and Hering (1838). In 1841 it was introduced into homœopathic practice in Europe by Dr. A. Arac of Leipsic, in the fifteenth volume of "Hygeia." Since that time it has been used to a considerable extent in our practice; but although a powerful drug, its curative sphere is limited.

We find it useful principally in asthmatic affections. It is useful in two varieties; namely, the nervous, which arises from paresis of the respiratory centre, and the catarrhal or "humid asthma." To the first, it is strictly homœopathic, and has been found curative in very minute doses. In the latter, when the mucous râles are loud, and the sense of suffocation is due to a mechanical obstruction by the mucus, and the coincident spasm of the bronchi, larger doses must be used; for this condition is similar to the secondary effects of the drug. I have seen almost magical relief follow doses of  $\mathfrak{z}\text{i}$ . repeated every hour, without nausea or vomiting following its use.

Permanent cures of asthma of many years' standing have been made by larger doses. Sometimes these large doses (half an ounce) have not caused vomiting. At other times smaller doses vomit violently, leaving the patient much prostrated, but with disappearance of the asthma. I have cured asthmatic attacks with small doses of veratrum, when lobelia seemed indicated but had failed.

In some cases of asthma, the patient complains of a "dreadful sinking sensation" in the epigastrium, with violent distressing efforts at inspiration. This is a clear indication for the use of

<sup>1</sup> Advance proof from *Drugs and Medicines of North America*, by J. U. and C. G. Lloyd, Cincinnati, O.



lobelia, and it will promptly relieve such cases in doses of 1-10 or 1-100 of a drop frequently repeated.

In cough, lobelia is very useful. The cough may be caused by accumulation of mucus in the pharynx or bronchi, or a tickling in the larynx, or it may be "croupy," or attended by dyspnoea. In purely nervous coughs, like whooping-cough, or from irritation of the laryngeal nerves, motor and sensory, and in spasmodic croup, it is a prompt and excellent specific, and I have found it useful in carpo-pedal spasms attended by laryngismus.

In some gastric disorders, lobelia does excellent service. In the so-called nervous dyspepsia, when the patient complains that nausea, oppression of the stomach, and dyspnoea follow each meal; where there is constant "faintness" at the stomach, as bad after meals as before eating,—lobelia in doses of a drop of the tincture, or of the one-tenth dilution, before and after eating, has a very happy effect.

This "faintness" at the pit of the stomach is an unfailing guide to its use. It is caused by a paresis of the sympathetic nerve. Other drugs cause this symptom. Ignatia, cimicifuga, digitalis, and veratrum all cause it by their depressing action on the same system of nerves. The primary effect of lobelia on the heart is to paralyze its motor nerves, like tobacco or aconite: hence it is a prominent remedy in primary cardiac weakness and irritation. The "sinking faintness" at the epigastrium is here the symptom most complained of. Small doses must be used to combat this condition. Some patients will bear doses of one or two drops of the tincture: others are made worse by it, and only find relief from the second or third dilution.

The secondary or re-actionary effect of lobelia is to cause violent spasmodic palpitations, or symptoms closely resembling angina pectoris. In such cases I have found quick and good results from five to ten drops of the tincture.

Primarily, lobelia paralyzes the various sphincter muscles, and can be used, in physiological doses, for spasmodic retention of urine or fæces, or rigidity of the os and perineum. Its use in labor in facilitating the expulsion of the foetus is as old as the aborigines. It has been adopted by midwives and many physicians. I have seen a rigid and undilatable os rapidly give way after a single dose of twenty drops. It will allay and regulate those violent pains in the loins during labor, which seem to arise from the rigidity of the genital passages. In dysmenorrhœa, due to this same cause, small doses give prompt relief. In this respect it resembles gelsemium and belladonna.

In hysteria, lobelia is frequently indicated. The case of spasm of the larynx reported by Dr. Knowles of Avoca, Io., in my "Therapeutics of New Remedies," is an apt example of a mani-

festation of hysteria, rapidly cured by this remedy. I have controlled the most violent hysterical convulsions by injecting into the rectum a teaspoonful of the tincture.

In gall-stone or renal colic, in incarcerated hernia and in spasmodic gastralgia, lobelia often relieves promptly. This may be said to be antipathic, but I do not believe it. The secondary effect of all paralyzants is spasm and convulsions. Lobelia is as homœopathic to spasm as to paralysis.

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*ON TRITURATION OF GLASS AND COPPER ACCORDING TO A NEW METHOD OF DEMONSTRATING THE MINUTEST ATTAINABLE PARTICLES.<sup>1</sup>*

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

THE subject of this paper, though alluded to and discussed in various places,<sup>2</sup> is based upon a new series of experiments. The author, therefore, offers it to the Institute as a perhaps not unwelcome contribution to the subject of triturations now, and presumably for some time to come, to be under discussion.

A question often asked in regard to triturations is: Have the metals and other substances triturated in sugar of milk actually reached the limits of minuteness and divisibility attainable by this method? furthermore, has this limit been correctly determined by means of the microscope, and are there not particles gradually diminished in size so far as to become invisible? According to all carefully made observations hitherto, it is not justifiable to assume an infinite divisibility by means of trituration. Every substance has its limit of divisibility easily to be determined by means of trituration with sugar of milk in a mortar, beyond which limit it is impossible to carry subdivision by any degree of time and exertion. In order to obtain certainty regarding this subject, and to discover if the limit attainable in triturations of sugar of milk would remain the same under a much severer test, also in order to see if a certain metal could, notwithstanding previous tests, be made to reach a still finer degree of subdivision into particles exceeding in minuteness any hitherto found, I resolved to subject the problem to the following tedious and difficult test:—

In the fall of 1883 I triturated, with my own hand, a number of carefully cleaned medicine-phials, made of hard glass, in a *glass* mortar, until I had obtained a moderately fine powder. To fifty grains of this rather gritty powder, I added five grains of precipitated copper, and triturated the same with the glass. Al-

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<sup>1</sup> Reprinted from the Transactions of the American Institute of Homœopathy, 1886.

<sup>2</sup> See also Zeitschrift des Berliner Vereins, Homœop. Aerzte, 1884.

ready after sixteen minutes, the soft, velvety feeling indicated how little effect the triturating process exerted, because the powder undergoing the process had become so fine and soft that it seemed moist, although the air was perfectly dry and warm. Nevertheless the whole was triturated carefully for forty-five minutes, while the remaining fifteen minutes were expended in scraping the substance together according to Hahnemann's directions.

Thereupon ten grains were reserved as a sample, and in their place ten grains of the coarser powder were added to the quantity in the mortar, and the whole again triturated as above stated. The gritty sound caused by the newly added glass disappeared after about fifteen minutes, and gave way to the velvety feeling. This process was repeated three times, and thus three copper-glass triturations were obtained. These triturations contained copper-precipitate which, though originally extremely fine, had been triturated three hours, with the addition of new glass at the end of each hour. It is to be considered, and to be concluded, that, in consideration of the much greater hardness and cutting quality of glass, the copper must have been subjected to a far greater subdividing power than would have been the case if triturated only with much softer sugar of milk, and that in this way much more minute particles must be expected to result, if there is any possibility of obtaining such results.

For the purpose of insuring a further control of the observation, I prepared a trituration of pure glass, ground for two hours in the glass mortar, with which no copper had ever come in contact; and, to secure a more perfect comminution of glass, only a small quantity was triturated in this way. Of these triturations the following mounted preparations were made, a description of which is necessary for an understanding of the experimental test, by means of the microscope. *First*, Upon a thin glass cover there is placed a minute particle of the two-hour trituration of pure glass; after shaking the particle back and forth, it is to be blown off by a vigorous puff of breath; the cover, upon which are held fast almost invisible particles of glass, is then fastened face down upon a slide forming a cell. *Second*, A particle of precipitated copper is prepared in the same manner upon a thin glass cover, so as to form a cell. *Third*, Of the three-hour copper-glass trituration, a cell mount is prepared in the same way, and also of the one and two hour triturations of copper and glass. *Fourth*, For the better observation of the precipitated copper, a very minute particle (one-fourth the size of a pin-head, or less) is rubbed together with Canada balsam; a very minute particle of this mixture is spread out upon a thin glass cover, and



mounted in balsam. *Fifth*, After the manner described in the first instance, a bit of the pure glass trituration is spread upon a cover and mounted in balsam. *Sixth*, Balsam-mounts are made of copper-glass triturations first, second, and third.

*The entire investigation now rests in the first place upon a careful microscopical examination of the dry mounted preparations ; and secondly, upon a comparison of these with the balsam-mounted slides, by which peculiarities become prominently visible, which would otherwise escape the observer. The examination should be made with the best objectives, with day as well as lamp light, also by direct as well as transmitted light ; in short, no manipulation, however irksome, should be neglected in order to become familiar with the nature of the minutest particles obtained in the manner above described, and in order to arrive at unquestionable certainty with regard to their presence or absence.*

In this way it will be seen that in slide No. 1, glass has been comminuted to the finest degree, beyond which no effort of grinding, even if prolonged for days, would produce any further comminution. Even mere traces of glass scarcely perceptible to the naked eye upon the slide are resolved, by proper objectives, into the minutest, but nevertheless distinctly visible, points, which, though faintly translucent with transmitted light, are plainly defined by their greater darkness. There will also be seen numerous larger plates, and conglomerations to which special attention should be directed. Any means of exhibiting these preparations on a dark ground is commendable, but none will do so more perfectly than Abbé's apparatus.

No. 2 will beautifully illustrate the minutest particles of copper, and serve to impress their shape and color upon the observer. The balsam-mount, No. 4, will serve the same purpose, which is only a repetition or control test of No. 2. Here careful measurements should be made in order to compare this preparation finally with the measurements of the copper-glass mounted in balsam.

No. 3 is a dry mounted copper-glass preparation, and will be remarkable to the observer, inasmuch as the minutest particles of glass are scarcely, if at all, to be distinguished from the minutest particles of copper ; a difference the importance of which will now be made apparent by the examination and comparison with the balsam-mounted preparations.

Aside from the less essential slide No. 4, the great importance of No. 5 is here to be emphasized. This contains the finest glass-powder mounted in balsam, and differs essentially from the dry mount of pure glass, *for there are scarcely any of the minutest particles of glass to be seen in the balsam mount.* It is

to all intents and purposes impossible to see them in the balsam, and that is just the point upon which the examination turns. The observer should also direct especial attention to the larger plates of glass to be found in the balsam mount, where they appear *homogeneous and transparent*, without any signs of *adherent darker granules* of glass, which are also rendered invisible by the balsam having equal refractive index with glass. Hereupon the examination of the last preparation follows advantageously.

It is that of No. 6, which contains copper and glass ground together for three hours, mounted in balsam. After carefully observing all the numbers in the manner above described, No. 6 will be found upon comparison to contain apparently only large, clearly transparent plates and splinters of glass; between these there are to be seen, with transmitted light, numerous sharply defined dark points, of which many are situated upon and directly beneath the flat plates and splinters of glass. If the observer has become convinced that balsam is capable of making the minutest particles of glass invisible to such a degree that they are indistinguishable, he will now be satisfied that *the dark points scattered between and upon the plates of glass are particles of copper*. Under direct light these particles of copper appear as distinct, round white dots; while with transmitted light, they appear like sharply defined round dots. With good reflected daylight falling directly upon the object, the color of the particles of copper can be distinctly seen. Such appearances never occur in finest glass mounted in balsam.

Furthermore, the observer will arrive at the conviction that the particles of copper which have been ground together with glass for three hours, still are of *the same size (minuteness) as before they were ground*, and hence that copper (as well as all metals and other hard substances) subjected to mortar trituration reaches the limit of minuteness beyond which it cannot be reduced any further by that method.

It is a matter of gratification to an observer to find that his statements are corroborated by others of unquestioned authority. Dr. J. Edwards Smith's opinions regarding my observations are well known, and require no repetition here. Dr. W. A. Haupt of Chemnitz, to whom I sent a set of slides of my preparation, assures me that after careful examination he is able to agree fully with my statements, and considers the idea of triturating copper with glass as well adapted to the illustration of the subject.

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DR. FOLLANSBEE tells of a little Los Angeles girl, who, on being asked how her mother was, said: "Oh, mamma's better; her temper is only 112."—*South California Practitioner*.

*CAUSES AND EFFECTS, PREVENTION AND TREATMENT,  
OF PROLAPSUS UTERI.*

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

[*Read before the Massachusetts Homœopathic Medical Society, Oct. 13, 1886.*]

WE all need reminding now and then of matters which we may know very well, but which we have not duly considered or applied in our practice. The reminder may serve to stimulate to new thought, and hence to a better use of our knowledge and more satisfactory results. It is to this end and with this object, and not because I expect to offer any thing new or remarkable, that I present this subject to-day.

Until a comparatively recent date, the chief cause of prolapsus uteri has been supposed to be the absence of the natural support from below, consequent upon rupture of the perineum. But this is now, by most careful observers, considered hardly worthy to be counted as a cause at all; and we all know, if we think of it, that many of the worst cases of laceration of the perineum are not attended by any considerable prolapse of the womb, while, on the other hand, many cases of prolapsus occur in women who have suffered no apparent injury to the perineum, and not a few in nulliparous women and even virgins.

Like other viscera, the uterus is suspended by ligaments, not propped up by a pillar; and the causes of its unnatural descent must be such as either weaken or overtax these ligaments. General debility or ill health, want of proper physical exercise, unhealthful attitudes and postures, violent exercise or strains, and injurious methods of dress, are among the chief causes of the former; while congestion, sub-involution, abnormal growths, etc., by which the weight of the organ is rendered unnaturally great, are to blame for such cases as belong to the latter class. None of these need here be considered in detail, as their simple mention will suggest all the various conditions and abuses to which I refer, though I shall later propose means of avoiding or removing some of these causes of unnecessary suffering.

Before considering the effects of prolapsus uteri, let me caution you not to think of all cases in which the womb is found low in the pelvis or even near the os vaginae, as coming under this head: for we must recognize the fact that the uterus is not a fixed body, occupying, normally, always the same absolute or relative position; but that it moves with every movement of the diaphragm, and may even descend during excitation to the os vaginae. The term prolapsus, as a displacement, is only applicable, properly, to a condition of constant and unvarying prolapse, or where the womb lies like a foreign body upon the



floor of the pelvis, with no power in the ligaments to lift it from this position.

The effects of prolapsus are various in kind, as well as in degree. In some instances there is little or no apparent disturbance beyond the mechanical pressure: but generally, after a time if not immediately, pain and congestion of the womb itself, vesical irritation, constipation, hemorrhoids manifest themselves; and oftentimes, as the result of the dragging down upon them, the ovaries and tubes, as well as the ligaments and peri-uterine tissues generally, become congested and painful, especially during the menstrual periods. And the effects are not confined altogether to the pelvic organs; through both the cerebro-spinal and the sympathetic nervous systems, the disturbance is reflected to other and various parts of the body, and many and sometimes serious derangements of a hysterical character are the result.

I would not be understood to imply that these difficulties are always or generally to be charged to prolapsus uteri; but I do maintain that neglected or ignored displacement of this sort may and does sometimes prove to be the beginning and source of all these succeeding ills. Nor are these yet all of the effects which are likely to follow. As the womb descends lower and lower, the walls of the vagina, and with them the bladder and rectum, are dragged down, until often these succeeding difficulties become so distressing that relief by operation is demanded, even though it may do little for the original trouble. But this part of the question does not come within my province to-day, and I will not trespass upon our chairman's territory.

Without spending more time upon this portion of our subject, it must be agreed, I think, not only that relief must or should be afforded to those who suffer from this affliction, but also that many of the enumerated causes might and should be removed and the consequent effects prevented. First of all, we should, as guardians of the health of the families under our care, see to it that physical development and healthful exercise are given due consideration by the parents and teachers of the girls who are just entering the realm of womanhood; and I must insist that this is no trivial and easy task, but one which demands our most earnest attention, inasmuch as through neglect of it a large proportion of our well-educated girls come out of school to be weak, sickly, suffering women,—well educated to be sure, and this is most desirable, but they are without health to enable them to make their education of any use or satisfaction to themselves or benefit to others. Health without education is far preferable to education without health; but both may be secured if each receive due attention. To do this, however, under the prevailing cramming system of our public schools, active and vigorous

effort is necessary ; and we as physicians are reprehensible if we do not urgently insist upon the protection of the young girls against this reckless destruction of health. With a due regard for each, not only a good education, but properly poised and well-developed bodies with sufficient muscle and vigor to maintain a healthful position and relation of all the organs, might be secured, and also a natural and necessary development of the reproductive organs and of the sustaining ligaments ; and if this were done the number of cases of prolapsus uteri would be very materially lessened.

Not only physical exercise, but such forms or methods of dress as shall favor, and not hinder, natural development, and free action of all parts of the body, must be advised and insisted upon. Constriction of the waist, and the weight and pressure of clothing hung from a belt or girdle, not only crowd down the abdominal viscera into the pelvis, but destroy the action and tonicity of all the muscles of the back and abdomen, and render the natural movement of the diaphragm impossible. The womb is thus forcibly displaced, and the force which the upward movement of the diaphragm would apply to the arch of the pelvic cavity with sufficient strength to lift it free from the floor of the pelvis,— this power is destroyed, and the uterus lies crushed down upon the perineum. Certainly this should not be allowed, and while it is, it is perfectly absurd to expect to secure a proper position and relief of the attendant symptoms by propping up from below. Trusting you will duly consider this matter of prevention, and so enlarge and extend the measures herein suggested, as to apply effectively to the many and various requirements of the different conditions and circumstances surrounding your families, I will proceed to consider the treatment of cases which have not been prevented.

And first a word as to examination and diagnosis. The patient's own diagnosis cannot be depended upon, in any case less in degree than procidentia ; and manual examination should be made with the patient standing erect and with all weight and compression of clothing removed from the waist. These conditions are essential, as we have no right to consider as prolapsus uteri that condition which many women inflict upon themselves by constriction of the body to such an extent as to force the pelvic organs down upon the perineum. If, then, we find the womb so low that it rests upon the perineum, and the os presents at or very near the os vaginae, prolapsus is unquestionable ; but before the question of treatment is in order we must seek further for the cause of the displacement, as it is this which must be removed rather than its effects.

If the organ itself is of about normal size, and no abnormal

growth can be found to have weighted or pressed it down from its proper position, we must conclude that the ligaments are so weakened or stretched as to have no power to perform their function. The measures of first importance in such cases are those by which a natural action or exercise of these relaxed tissues may be secured. Posture, especially the knee-chest position, by which gravity aids to a reposition of the uterus ; the prone or semi-prone posture in lying down ; the erect posture in sitting or standing, which gives to the pelvis the proper angle so as to remove the weight and pressure of the abdominal viscera from the pelvic organs ; entire freedom of the waist, so that full, free breathing may be practised, both for the purpose of expanding the lungs and thereby providing an increased supply of vitalizing air, and also that, with the upward movement of the diaphragm, the pelvic arch may be lifted, and by action bring a more plentiful and rapid supply of blood to strengthen and repair the existing weakness ; moderate but frequent exercise on the horizontal bar, which by lifting the thorax makes tense the abdominal muscles, and draws all the viscera up higher even than the action of the diaphragm alone can do,— all these constitute such measures. Support of the uterus by pessaries or any other means cannot be substituted for these, but may be made to aid them by removing the weight which the ligaments have not power to raise, and allowing them an opportunity to contract and be strengthened by the exercise until they are capable of doing without the crutch which in their crippled condition is almost a necessity. Besides or together with these mechanical and rational means, I believe we may aid materially in the cure by a wise selection of the proper therapeutic agents from among such remedies as sepia, sulphur, helonias, aletris far., podophyllum and calc. carb., as may be variously indicated in different cases. Dr. W. M. Polk of New York has, by a considerable number of cases of this class, demonstrated, to his own satisfaction at least, the success of the operation for shortening the round ligaments, known as Alexander's operation. I do not propose to offer now any opinion of my own regarding the operation itself, or the principles upon which it is based, as I might again trench upon forbidden ground.

Turning, then, from this to the other class of cases, in which the cause of displacement is increase of weight in the uterus itself, or direct pressure from abnormal conditions in related tissues or organs, we are required to adopt other and different methods, looking to the removal of the direct cause of displacement, though not to the exclusion of those which apply to the other class of cases. But if a fibroid tumor or sub-involution (which is almost always associated with and dependent upon a laceration of the cervix) be the evident cause of trouble, treat-



ment must of course be directed to the cure of these conditions, and the prolapse, which is a mere mechanical effect, will disappear with its cause, while to apply artificial support from below would serve very little purpose, and could be in no sense curative.

When the womb is enlarged and heavy from congestion or hyperplasia, much good may, I believe, be accomplished with pledgets of antiseptic wool saturated with glyceroles of belladonna, hamamelis, sang. can., hydrastis can., pinus can., or iodine ; or, when glycerine is not well borne, smeared with the cerates of the same nature, introduced into the vagina and so placed as to form a medicated cushion between the congested cervix and the perineum upon which it rests ; and these tampons serve the double purpose of relieving the congestion, and at the same time lifting the uterus and thus relieving the weakened ligaments as effectively at least as any form of pessary could do. I suppose many will be surprised that I have so little to say in favor of pessaries for this condition ; but I have learned to look upon them as of very little service except as before indicated, as a temporary support, like a crutch to a disabled limb, while other means must effect the cure if it is ever to be accomplished. The pessary itself cures nothing. Above all, a pessary having a fixed point external to the vagina, so that the womb and the pelvic roof is pushed up and held inflexibly at a given point, is the worst and most objectionable. Mobility and freedom of action, as well as unobstructed and free circulation of blood, are necessary to a cure ; and these are as completely and surely destroyed by this sort of props as by the pressure in the opposite direction from constriction and superincumbent weight.

Finally, I will venture the opinion that if the measures I have here advocated for the prevention and cure of displacements were generally substituted for the common routine use of pessaries, we should hear less frequently of the incurability of prolapsus uteri.

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#### MULLEIN OIL : A QUERY.

EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE.

MULLEIN oil seems suddenly to have come to the front as a remedy to be applied in some forms of deafness and otorrhœa. It seems to me the credit of its discovery may be claimed by an old lady "way down in Maine," who advised me, fourteen years ago, to try it on a case of deafness in a child whom I was treating at that time. Who was the discoverer in Massachusetts?

The method of procuring the oil, advanced to me by the old

lady, was to fill a quart bottle with the fresh leaves, tightly pressed in; cork tightly, and set the bottle in the sun. The oil is extracted; then pour out, and refill, etc.

Respectfully yours,

W. B. WHITING, M.D.

MALDEN, MASS.

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*CENANTHE CROCATATA IN EPILEPSY.*

BY FREDK. B. PERCY, M.D., BROOKLINE, MASS.

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

*CENANTHE CROCATATA*, or water-hemlock, is a plant perennial in European countries, of the natural order of Umbelliferæ, the botanical family of *Cicuta Virosa* and *Æthusa Cynapium*. By a strange coincidence, the medicinal virtues of the two latter are well known to homœopathic physicians; and the singular success which has followed the use of *cicuta* in cerebro-spinal meningitis, and *æthusa* in convulsions of children when dependent upon cerebral anæmia, was only possible through interpretation of poisoning cases by the law of similars. Of *œnanthe crocata*, however, we know but little; Hale's article in his "New Remedies," Hughes's brief mention of it in his "Pharmacodynamics," and the article in Allen's Encyclopædia, constituting the chief and, I might say, the only sources of information readily accessible. This neglect is entirely unwarranted by a drug, the poisoning cases of which point so clearly and unerringly to its value in epilepsy and epileptiform convulsions. Allen and all other authorities draw largely, for the facts which they set forth, from an article by Dr. Bloc, a translation of which appeared in vol. xxxii. of the "British Journal of Homœopathy." Herein are narrated forty-nine observations of human poisonings by *œnanthe*, which showed, under all circumstances, symptoms analogous to those of epilepsy. Allen has also collected other poisoning cases to the number of one hundred and twelve, all of which tend to confirm the conclusions drawn from Dr. Bloc's collection of cases.

A chemical analysis of the plant and root showed the presence of a fixed oil, a volatile oil, a resin, and yellow coloring matter. Stillé and Maisch in their dispensatory, affirm that the resin is the active principle in all cases of poisoning, a statement which experiments upon animals would seem to confirm. The root from which the tincture is made contains the poisonous or active principle in larger proportion than the rest of the plant.

Of provings we have none, unless it be some cursory ones which followed the administration of the drug in a case of epilepsy hereafter mentioned. I will cite only one of the many

instances of poisoning, and the following case is typical of the whole :—

“Obs. 12. March 30, 1758, seventeen soldiers of the citadel of Ajaccio poisoned themselves. One of them having a mind to treat his comrades with good soup, had gathered a plant of which he had cut the leaves and roots. They ate it with avidity, but in one hour some fell into syncope and convulsions. One died before the doctor arrived, two hours after supper; a second was expiring; a third showed no signs of life, but trembling and convulsions. The activity of the poison was so sudden, that I saw two fall into a swoon whilst, at perfect ease about themselves, they were busy lavishing attentions upon their sick comrades. One, a man of strong and robust constitution, who was the author of this deadly feast, seemed the most hopeless. The upturning of his eyes, the contraction of his lower jaw, the feebleness of pulse, the inability to move, feel, or know any thing, with a universal chill spread over his whole body, seemed to be so many signs of death. After vain attempts to give an emetic, I had him rolled and well shaken in a blanket by eight men for two hours. He recovered warmth, and then, insensibly, movement and life. The first signs were efforts to vomit, which, aided by the emetic, were effectual. The vomiting went on for days, take what he would. He fell asleep for fifteen hours. On April 1, his tongue was extremely sore and swollen from *biting* during the convulsions. He went away perfectly cured April 21, the twenty-third day after the accident, *remembering nothing that had befallen him from the first to the third day of his illness*, nor of the circumstances that had accompanied nor those which had caused it. Let us only remark *the sudden convulsion, trismus, with biting of the tongue, followed by slumber, and oblivion of the circumstances.*”

The symptoms are generally in the following order: “Some minutes after swallowing, the subject *utters a cry, and falls a prey to convulsions.*”

“General symptoms. — 1. Regarding the nervous system: Shivering at the outset, and horripilation; loss of consciousness and of memory; acute cries; delirium more or less prolonged; stupor, vertigo; convulsive movements of the face, jaws, and limbs. Well-marked trismus, proceeding from mere cramp to impossibility of opening jaws, or having them opened by force. *Dilated pupils*, contraction of the muscles of the eyelids, spasm of the muscles of inspiration, fainting fits, sometimes general convulsions, followed by general insensibility and death.”

2. Among symptoms referable to alimentary tract: “Bloody froth at the nose and mouth; tongue projected, and almost always bitten.”



3. "As to the circulatory and respiratory symptoms: Irregular beating of the heart; small pulse, and thread-like; respiration short, with long intervals, and sometimes appearing to cease entirely. Brisk expirations are made from time to time, to expel masses of bloody mucus."

4. "As to secretions: At first cold, clammy sweats, then dryness of skin. Generally retention of urine, or else very little is passed."

Numerous experiments upon animals corroborate its power to occasion convulsions and death.

Post-mortem examinations both upon human beings and animals showed the following conditions of brain and spinal cord:—

"Effusion of bloody serum, and sometimes of blood at occipital foramen. On cutting the meninges, the veins of the pia mater distended, and highly arborescent at the edges of the convolutions; apoplectic foci in the cerebral mass, which is strongly injected. The annular protuberance, medulla oblongata, and peduncles of the cerebrum and cerebellum inflamed, and present, especially the latter, a certain degree of softening; severe effusion in the cellular tissue beneath the arachnoid, the ventricles, and base of the brain. *Spinal Cord.*—The integuments strongly injected, the vertebral sinuses filled with blood, soft and fluid, medullary substance red and congested."

You will readily see from the above symptoms and post-mortem conditions, that they are almost identical with those of epilepsy; and the only inference to be drawn is, that *œnanthe crocata* should prove a most valuable remedy in this disease. In the admirable lectures on epilepsy, by the late Dr. Rutherford Russell of England, we find the following: "Any medicine which is to effect a change in the condition of an epileptic nervous system, and not merely arrest the propagation of the exciting cause, must be one endowed with powers of long duration; medicines which have the power of reducing to their natural calibre the capillaries of the spinal cord and brain, and thus of removing that preternatural excitability on which it now seems pretty certain that epilepsy depends." Among the invariable symptoms of epilepsy in the order of their occurrence, he mentions, —

1. Dilatation of the pupils of both eyes.
2. Paleness of the face.
3. Twitches of the muscles of the eyes and face.
4. Loss of consciousness.
5. Tonic contraction of the laryngeal and expiratory muscles.
6. Cry.
7. Tonic contraction of the muscles of the trunk and limbs.

8. Fall.
9. Dark, purple hue of the face.
10. Asphyxia.
11. Clonic convulsions everywhere.
12. Coma.
13. Sleep.

Dr. Russell shows most conclusively that belladonna, upon which he most depended in the treatment of this disease, was singularly homœopathic to all the above-mentioned conditions; and it would be equally easy to prove that the drug we are now considering just as well fulfils these conditions.

And now as to the post-mortem conditions: Prof. Schröder van der Kolk, whom Dr. Russell quotes as authority, says, "But if the disease has already lasted a long time, organic vascular dilatation takes place in the medulla oblongata; the consequence being that too great a supply of blood is detained there, and the ganglionic groups are too strongly irritated, too quickly overcharged. Every attack then becomes a renewed cause of a subsequent attack, as the vascular dilatation is promoted afresh by every fit. Lastly, increased exudation of albumen ensues from the now constantly distended vessels, whose walls at the same time become thickened, producing increased hardness of the medulla, subsequently passing into fatty degeneration and softening." From this it would seem, that in those cases of epilepsy, in which belladonna, cuprum, zincum, and silica are of no avail, *œnanthe* may prove curative.

It is urged against the claims herein set forth for this drug, that the trismus in epilepsy is transient, while from poisonous doses of *œnanthe* it is more permanent; and, again, that the epileptic seizure lasts but a few moments, while the effects of *œnanthe* last for days. Is it irrational to suppose that the toxic doses of the drug, which overwhelm the nervous system, may explain away these minor discrepancies?

Dr. Drysdale, and also Dr. Hughes, think the drug promises more in "epileptiform seizures," than in true epilepsy, and place greater dependence upon drugs of "firmer grip and longer action." Dr. Oehme published, several years ago, two cases treated by *œnanthe*, one of epileptiform convulsions in a parturient woman, suffering from albuminuria, in which this drug checked these seizures, and prevented their recurrence; and another case of convulsions in a child, where, after belladonna and zincum had failed, *œnanthe* proved curative. Up to 1884, these are the only two cases which have come within my observation of cures of any kind of convulsions by *œnanthe*; and Dr. Hughes thinks the application of the drug, as exemplified in these cases, is more fully warranted than in the convulsions of epilepsy. In the

“Medical Times” for November, 1884, Dr. H. S. Stiles publishes a case of epilepsy cured by *œnanthe*; and within a year past, from eclectic sources, we have a more signal corroboration of its utility. Dr. Waterhouse in the December, 1885, issue of the “Eclectic Medical Journal” (Cincinnati), and Dr. Henderson in the February, 1886, issue of the same journal, bear testimony to its worth. From Dr. Henderson’s article I quote somewhat at length: “Like most physicians of this locality, with whom I have spoken on the subject of epilepsy, I find but poor encouragement in the treatment of this most obstinate disease, by using bromides, which, I find, only give temporary relief. About March, 1885, I received a letter from Dr. Waterhouse, in which he mentioned the use of *œnanthe crocata*, or water-hemlock, in the treatment of epilepsy. . . . I at once began, through my druggist, trying to procure the medicine, which, after several failures, we succeeded in getting from the homœopathic pharmacy of Humphrey & Co., New York, in the form of a mother tincture. I medicated pellets No. 35, and directed my worst case to take two pills every four hours. The spasms which seemed to involve every flexor of the body, and which were in rapid succession, ceased immediately with the beginning of administration of the remedy; and from that time (June 1) to this (eight months), there has not been the least sign of an epileptic seizure. . . . I have used the drug in two other instances, with like results. One of the cases has been a confirmed epileptic for nine years, and has become almost an idiot; the spasms have ceased, and he seems to be in a fair way to recover. I am now using it on a pauper at our county farm, who has been an epileptic for thirty years, and has been in the insane-asylum on two different occasions, and each time has been sent back to the county as incurable.”

The purpose of this paper will have been thwarted, if it has conveyed to you the idea that in *œnanthe crocata* we have a specific for epilepsy. An obstinate case of epilepsy in my own practice first led me to the study of the drug; and my own ignorance of the marked homœopathicity of the drug to epilepsy, which some of you may have shared, must be my excuse for presenting it in so crude a form, for your consideration. Let us hope that the coming year may through your help establish for this drug its proper place among the “anti-epileptic drugs.”

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—“’Pears to me,” said old Uncle Pete, as he leaned his hoe against the corn-crib and abstracted a pebble from his shoe, “’pears to me like dar war some kin’ o’ mis-decomposishum in all dis talk about babies cuttin’ teef. De way I’s e cum to look at it, hit’s de teef cuttin’ de baby. Leas’wise dat’s de way hit looks in de case ob culled chillen.” — *Archives of Pediatrics.*



## GLEANINGS AND TRANSLATIONS.

WORSTED TRUSS FOR INFANTILE INGUINAL HERNIA. — “The Southern Clinic” quotes the following: “Mr. Edward Lund refers (‘British Medical Journal’) to the worsted truss described by Mr. Coates in 1849, and strongly advises its use. A skein of Berlin wool is looped across the abdomen: one end of the loop is placed directly over the outer abdominal ring, the hernia being reduced previously. The folded worsted is passed horizontally across the abdomen, above the line of the crest of the os pubis, to the opposite side, round the hip, behind the pelvis, and over the hip of the side of the hernia. The folded end is then passed through the loop of the skein, and will here form a knot or bulged portion, which must be carefully adjusted so as to lie against the hernial opening, and being carried down the upper part of the thigh, between it and the scrotum (if a male), it is brought round the external side of the thigh near to the top of the great trochanter, and there tied or fixed with a safety-pin to the band of worsted already round the pelvis. There is an advantage in the fact that the child can be bathed with the truss on, and a fresh one then be applied, the first being dried and cleaned for future use.” — *London Medical Record.*

SUPPOSITORIES OF ICE IN RETENTION OF URINE. — In a communication to the “*Jour. de Med. et de Chir.*,” Dr. Chenee says, that, during an experience of upwards of twenty years, he has never failed in giving relief in retention of urine by the introduction of ice into the rectum. He introduces a piece of ice the form of an elongated oval, and about the size of a chestnut, which he pushes up beyond the sphincters, and renews every two hours. Almost always, in an hour and a half, or two hours at longest, he says, urethral spasm ceases, a certain quantity of urine is passed, and the bladder is emptied without effort by the patient. If, in rare and exceptional cases, this does not take place, he introduces again pieces of ice into the rectum, and places broken ice from the anus up to the end of the penis, until the urine flows, which it infallibly does. When there is difficulty in making water, occasioned by prostatic hypertrophy, the good effects of the ice are said to be rather longer coming on, but are always produced. In short, in these circumstances (strictures and prostatic hypertrophies) the sedative effects are so well marked, — thanks to the effects of the ice, — that the introduction of bougies and sounds into the bladder and urethra is always rendered easy to practised surgeons, and hardly any pain is felt.

Not long since, we tried this expedient in a case of urinary retention, with results which, so far as they go, confirm his statement, though a single case can neither prove nor disprove any thing. The patient was a painter, and had recently been engaged upon some work which it was necessary to do in a very close and warm room. When called to him, he was suffering intensely. He stated that he had known for some time — a year or more — that he had a stricture, and that for several weeks the urine had been voided in a stream not larger than a small knitting-needle, while, for the last forty-eight hours, he had only been able to expel it in drops. Being quite intelligent, and having had similar experience before, he had produced free purgation, and had sat in a hot bath until he was on the verge of fainting, but to no purpose. Attempts to introduce a catheter of any sort or size having proved futile, and having recently seen the above-mentioned article by Dr. Chenee, we introduced ice into the rectum, with the result, that, in a very short time, the bladder was evacuated. — *Mass. Med. Journal.*

SCALDED OATMEAL IN THE AFTER-TREATMENT OF SCARLET FEVER. — Dr. George Smith thus writes in the "Bristol Medico-Chirurgical Journal:" —

As the heading of this note implies, it is intended here to treat of the subject of the desquamation which follows every case of scarlet fever, however slight, both in regard to its bearings on the patient himself, and also those with whom many cast-off particles may come into contact.

Take first the process of desquamation. This, as we all know, varies very much in different individuals, and sometimes it is done by particles so fine as to be hardly perceptible; and these are, I think, a very frequent and most certain source of contagion, by means of clothes and otherwise, much more so, indeed, than the scales as ordinarily thrown off; and I may here state that it is within my own knowledge that the contagion has been thus carried from one house to another, more than a hundred miles apart, at the end of at least a year from the attack.

Now, to obviate this danger, I have for several years been in the habit of having my patients sponged over the whole surface of their bodies twice a day — commencing, as a rule, about a week from the appearance of the eruption, and continuing the process until the desquamation is complete — with a mixture of one ounce of oatmeal to one pint of boiling water; the solution is to be made fresh every day and used tepid, or at such a temperature as may be comfortably borne by the back of a finger.

My reason for using this particular combination is, that the gluten in it sticks the scales to each other and to the surface of

the body, thus allowing of their being removed from one sponging to another, without the ordinary risk of infecting either atmosphere or clothes, and greatly lessening the risk of spreading the disease.

Secondly, this same gluten fills up the cracks of the new skin, and protects it from cold, as, patch after patch, it becomes bare, and thus, to say the least, greatly lessens the risk of the dropsy which so often follows upon this disease. — *New York Medical Times.*

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### SOCIETIES.

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#### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY. — STATED MEETING, FEB. 17, 1887.*

C. H. WALKER, M.D., President, in the chair.

After approval of the records of the preceding meeting, the censors having reported favorably upon the following candidates, they were elected to membership: Frank Irwin, M.D., G. E. Hetherington, M.D., W. W. Gleason, M.D.

Propositions for membership were then received from the following: James Hedenberg, M.D., of Medford; F. W. Halsey, M.D., of Boston; C. F. Osman, M.D., of Allston; J. F. Hadley, M.D., of Waltham; L. F. Potter, M.D., of Malden. Referred to censors.

Action was then taken upon the motions presented in writing at the last meeting, and it was voted to so amend the By-law relating to the time of meeting, that it shall read: "The regular sessions of the society shall be held on the first Thursday of each month, with the exception of the months of July, August, and September; and adjourned or special sessions at such time as the President or Society may deem necessary." It was also voted to amend Art. VI. of the Constitution, to the effect that the President and Vice-President shall hold office for one year.

Under "New Business," Dr. I. T. Talbot reminded the Society that this year is the fiftieth anniversary of the introduction of homœopathy into New England, and said that it seems desirable that we should mark the time by some fitting celebration, and that such celebration should be made to serve some practical purpose. The hospital, which has required so much care in the past, is now on a firm footing; but our medical school is in need of, and should receive, financial aid from the public, which is most directly interested in the higher and better education of physicians. Harvard Medical School has recently raised three hundred thousand dollars by public subscription; and it seems that if the matter were placed before the public in the proper



light, the giving portion of the community would be willing to aid us in a similar manner.

In furtherance of this object, a committee has been appointed by the State Society, and has under consideration plans for a celebration to take place in April, at the time of the State Society meeting.

Dr. Boothby moved, "That it is the sense of this Society to co-operate with the State Society in this celebration, and in raising money for the college." This motion was seconded and carried.

Dr. Boothby then made a motion that a committee of five, including the President and Secretary, be appointed to co-operate with the State Society committee. Carried. The remaining members of the committee were appointed by the Chair as follows: J. W. Clapp, M.D., Walter Wesselhoeft, M.D., and C. H. Farnsworth, M.D.

*Scientific Session.* — The subject for consideration was "Urinalysis." Dr. James Hedenberg called to the attention of the Society "Reliable and Practicable Tests," together with a description and exhibition of the various appliances and re-agents of especial use in urinary analysis.

The speaker dwelt upon the importance of accuracy in observation, and the necessity for cleanliness of apparatus.

In mentioning uric acid, urea, and the urates, he referred to the error sometimes made of mistaking, under the microscope, urate of soda for tyrosin, and exhibited micro-photographs of the two, so that they might be compared.

Especial attention was called to the lax manner of estimating albumen by the amount of coagulum after boiling, cases having been reported as showing fifty per cent or even seventy-five per cent of albumen, when in reality the percentage (by weight) of albumen in urine rarely exceeds one-half per cent; and the author insisted that writers when reporting the rough estimate spoken of above, should say, "coagulum by heat one-fourth, etc., the volume of urine." A letter from Professor Wood of Harvard Medical College was read, in which he says that this coagulum by heat will vary with the same percentage by weight of albumen, and that in the vast majority of Bright's disease the amount of albumen is from one-eighth to one-half per cent; the maximum amount in acute nephritis being one and a half per cent, and in chronic parenchymatous nephritis five per cent.

Tests for albumen were given, and "Esbach's tube" for the estimation of the percentage, by weight, was exhibited and explained. A facsimile of this tube is now sold by Otis Clapp & Son, and will be found extremely desirable in arriving at a correct conclusion in this important matter.

The subject of casts was next taken up ; and the author spoke of his success in preserving casts, for a year or more, by the use of a solution of chloral hydrate gr. xx. to aq. ℥i.

Tests for sugar were then given, and the fermentation test was recommended as the best practical qualitative and quantitative test for sugar in the urine.

Consideration of epithelial cells, organized deposits, etc., brought to a conclusion a most interesting and instructive paper.

Dr. E. P. Colby was next introduced, and read a paper on the "Significance of some Abnormal Urinary Constituents." Among the more important abnormal constituents, were mentioned: Glucose, albumen, and the rarer compounds tyrosin and leucin. After referring to glucose as an ephemeral or accidental occurrence in the urine, and as an occasional result of some temporary irritation of the nervous system, particularly the fourth ventricle, the author spoke of its presence as an indication of diabetes, and said, that, to diagnose a case of true diabetes, there should be present a large excretion of urine, of high specific gravity, containing decided amounts of glucose, an increased quantity of urea, and, at the same time, there should be wasting in flesh and strength, — the increased thirst being a result of, and depending upon, the quantity of urine passed : and all these indications should be present, not temporarily, but permanently ; otherwise, we should be led to diagnose some nervous disease or error in assimilation, as a more grave condition than really exists.

In speaking of albumen, mention was made of the many conditions, other than Bright's disease, which might cause its appearance in the urine, and the many errors we should commit if we based our opinion upon this symptom alone. After reviewing the symptomatology of Bright's disease, the author summed up as follows : " It is safe to say, that no case should be diagnosed as chronic nephritis, unless there are permanently present the constitutional symptoms, together with a diminished average excretion of urea, and the presence, continuously, of albumen and casts of the tubuli. By continuously, I do not mean that albumen or casts should be discovered in every specimen examined, but that neither are, as a rule, absent for so long a period as forty eight hours."

Reference was next made to the significance of the presence of coloring matter of the bile, in urine ; and the paper concluded with a brief consideration of the variation of urea, uric acid, the chlorides and sulphates, in rheumatic and arthritic diseases.

*Discussion.* — Dr. Tompkins asked what is the chief source of the dark color obtained in some specimens of urine upon the addition of nitric acid. Dr. Colby said that much had been writ-

ten upon the subject; that probably it was chiefly due to the coloring matter from the blood, and that ether would extract this.

Dr. Tompkins mentioned a case of diabetes in an elderly woman who in twenty-four hours passes ten quarts of urine of a specific gravity of 1040, and still goes out to a day's labor, and is in fair flesh.

Dr. H. E. Spaulding called attention to the presence of indican in the urine, as an indication of cancer of the liver. This indication had helped clear up a few cases remarkably. In one case where, owing to the thickness of the abdominal walls, it was impossible to detect any tumor, the presence of indican in the urine led to a diagnosis of probable cancer of the liver three months before the tumor could be discovered, and the autopsy six months later proved the diagnosis correct. He also quoted two other similar cases. Also one case of suspected cancer of the liver where indican was not present, and the autopsy proved absence of the disease.

Dr. W. L. Jackson spoke of a test for sugar by finding spores in the urine upon microscopical examination. He also spoke of observing, in a number of cases of vertigo in neurasthenic patients, large quantities of oxalate of lime, and in reply to a question by Dr. Hedenberg said that most of these patients were dyspeptics.

Under the head of "Clinical Reports," Dr. B. T. Church reported the following case: "A girl twenty-two years old, full, robust, healthy, complained of nausea and vomiting. Previous health excellent, with the exception of amenorrhœa for the past three months. Examination proved that she was not pregnant. In three days was called again, and found the patient in bed, still vomiting, but always in the morning when she first awoke. Prescribed for her, and ordered a milk diet. This was Tuesday. Friday the patient was seen again, and the condition remained about the same with the exception of increasing weakness. Saturday the vomiting had ceased. Found excoriation between the nates, covered with foul-smelling pus. Monday, no vomiting, but complained of extreme weakness; pulse seventy-two, temperature normal. Tuesday morning at four o'clock her friends telephoned me that the girl was dead. Post-mortem: Excoriation between nates had entirely disappeared. Lungs and heart normal; abdominal organs normal, with the exception of the kidneys, which were both literally filled with calculi, some of which were nearly an inch in diameter." Dr. Church exhibited the left kidney thickly studded with stone.

Before adjournment the President announced the subject for the next meeting, March 3, to be "Milk," and stated that the



milk inspector of Boston, Professor Babcock, was expected to present a paper.

Adjournment took place shortly after ten o'clock, a most profitable evening having been spent. Attendance, fifty-six.

F. C. RICHARDSON, *Secretary.*

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*THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE  
OF NEW YORK.*

THE thirty sixth annual session of this Society was held in the County Court-Room at Albany, on Tuesday and Wednesday, Feb. 8 and 9, 1887. Among the reports submitted by committees, was the following from the Committee on Legislation: —

“*Resolved,* That in the opinion of this Society it is desirable that the provisions of the law of 1872, whereby the different schools of medicine in this State are provided with separate examining boards, should be preserved and perpetuated.

“*Resolved.* That, whenever the provisions of this law are changed, they should be so amended as to confer upon the boards appointed thereunder both examining and licensing powers.

“*Resolved,* That we approve the enactment of the present bill known as the Senate Bill 45, the purposes of which are the codification of the present laws relating to medical practice, and the better regulation thereof.

“*Resolved,* That the committee on medical legislation be instructed to endeavor to carry out and render effective the purposes and recommendations herein set forth.

“All of which is respectfully submitted.

“H. M. PAINE.”

An interesting paper, on drinking-water as a vehicle for conveying the germs of disease, was read by Dr. H. L. Waldo; the question of the water-supply of large communities receiving a full and practical discussion. The prevention of scarlet-fever was considered by the Society, and Dr. Houghton of New York cited successful attempts to prevent the spread of the disease in the Five-Points House of Industry. A noteworthy paper by Dr. Talcott treated of the care of the insane. Dr. Talcott reviewed the history of the care of the insane, and paid high tribute to Christian teaching and its influence in that work. He reviewed the work at Middletown, and claimed excellent results at that institution.

No medical treatment was used there except homœopathic remedies. He claimed results better than those obtained by allopathic practitioners, and assured the brethren that he had no desire to return to “the flesh-pots of Egypt.”

Dr. Paine, so prominently identified with the Society from his fruitful labors for its welfare, was elected president for the ensuing year; and the city of New York was named as the place of meeting for September next.

## REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA. Twenty-second annual session. 1886. 368 pp.

This substantial little volume, uniform with its predecessors in appearance, is uniform with them also in the practical records of well-directed and scientific work. Studies of *materia medica* predominate over studies physiological and pathological, which is wholly as it should be in a volume of the sort. It is to be noted with pleasure, that several of the local societies of Pennsylvania have presented to the State Society a symposium on some subject of interest. Witness the Alleghany-county Society's symposium on "Puerperal Fever." We have before taken occasion to commend this excellent custom to the imitation of like societies elsewhere.

The volume is excellently printed, with but few typographical errors; though the appalling statement on p. 280, that the patient's morning temperature was one hundred and sixty degrees, doubtless is to be credited to the compositor.

TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONVENTION. Held in Bâle, August, 1886. London: E. Gould & Son. 1886. 276 pp.

It is to be sincerely regretted that this representative volume will be seen and read by a minority, only, of homœopathic practitioners. Though the convention at Bâle was but small in one sense, in another and more vital sense it was great, since, at its session, there found utterance so many wise thoughts of our wisest minds.

The GAZETTE for September, 1886, was enabled, through the courtesy of Dr. Clarke, to give its readers a detailed report of the proceedings of the convention; and Mr. Wyborn's important paper on the need of an international pharmacopœia has been reprinted and commented upon in a more recent issue. Still the full "Transactions" have an authority and interest unattainable by any journalistic report. The greatest credit is due the indefatigable secretary, Dr. Hughes, for the organization of the convention, and for this prompt and highly satisfactory issue of its records. It is to be hoped that the doubtlessly large convention which will assemble in America in 1891 will be proportionately worthy and rich in good result, though the securing of this end will tax our utmost endeavor.

A TEXT-BOOK OF MEDICINE. By Dr. Adolf Strümpell. Translated by Herman F. Vickery, A.B., M.D., and P. C. Knapp, A.M., M.D., with editorial notes by F. C. Shattuck, A.M., M.D. New York: D. Appleton & Co. 1887. 981 pp.

The value of this work, in the eyes of the allopathic division of the medical profession, is well indicated by the fact of its recent great success in Germany, and by its adoption as a text-book for use in the medical department of Harvard University. Its pathology is detailed, clear, and accurate, and its treatment well-defined, if not always in accord with the newest usages of the school for which it is intended. The section on nervous diseases is so strong and masterly as to suggest that the author's specialty, or certainly his preferences, lay in this branch of medical science. Chapters on dengue, yellow-fever, and sunstroke have been added, to enhance the value of the work to the American practitioner. The notes added by the editor are exceedingly interesting and useful. No exceptions can be taken to the work of printer or publisher.

THE SCIENCE AND ART OF OBSTETRICS. By Theophilus Parvin, M.D., LL.D. Philadelphia: Lea Brothers & Co., 1886. 701 pp.

In his brief introduction to this work, the author discusses from a philological standpoint the terms "obstetrics," "midwifery," "tocology," "parturition," and "accouchement," pointing out the objections to each, and as a substitute for "obstetrics" suggesting the term "maieutics," as being more euphonious than its synonyme now in use, and of equally classical origin. To avoid confusion, doubtless, the author yields his preference, and employs the commoner term "obstetrics" throughout the book. A short but interesting account is given of the reasons for the tardy development of obstetric science.

The work is divided into five parts. Part I. treats of the anatomy of the pelvis, and of the female sexual organs; Part II., of pregnancy, its physiology and conduct, its pathology and treatment; Part III., of labor, its phenomena and conduct, its pathology and treatment; Part IV., of the puerperal state, its physiology and management, its pathology and treatment; while obstetric operations are conveniently considered separately in the fifth and concluding part.

Professor Parvin states in his preface, that he has endeavored to write a book which will be useful alike to students and to practitioners; that he has "endeavored to present the most recent information relating to obstetrics, at the same time not overlooking important truths established by past experience."



His success in this particular is unquestioned. The work is a safe guide to the student, an excellent acquaintance for the experienced physician. Contribution has been levied upon anatomy, physiology, pathology, surgery, and general medicine, and each has given of its latest and wisest knowledge toward the perfecting of the obstetric art. Professor Parvin possesses to an unusual degree the knack of condensing the opinions of others, and weaving them with his own into a connected whole. A highly valuable consensus of opinion is thus obtained on the mooted points of the subject under discussion, such as the relation between ovulation and menstruation, the physiology of menstruation, the signs and diagnosis of pregnancy, the treatment of abortion and of placenta prævia, the support of the perineum, etc. Accoucheurs and physicians generally should study Dr. Parvin's remarks and quotations on the management of pregnancy, and especially the emphatic directions that sexual intercourse should be restricted during the first half of pregnancy, and unconditionally forbidden the second half; and also those on the importance of abdominal palpation for diagnostic and other purposes, and its possible substitution, in many cases, for vaginal examination, with its attending discomforts and perils. As to therapeutics, the homœopathic physician will doubtless read with many mental reservations and substitutions.

Among the authorities referred to and quoted, are Spiegelberg, Credé, Schroeder, Kleinwächter, Schultze, Hecker, Pajot, Cazeaux, Tarnier, Depaul, Simpson, Leishman, Playfair, Barnes, Matthews Duncan, Tyler Smith, Lusk, Meigs, Fordyce Barker, Mundé, and many others. Taken as a whole, Dr. Parvin's book stands easily in the front rank of obstetric treatises, and is worthy of cordial commendation and frequent consultation. The press-work is of that perfection which characterizes all Messrs. Lea Brothers' work.

A MANUAL OF OPERATIVE SURGERY. By Joseph D. Bryant, M.D. New York: D. Appleton & Co. 1887. 530 pp.

This new candidate for honors in the field of surgical literature is deserving of careful and extended examination. Its arrangement, that of tissue and systemic classification, is commendably simple and natural. The first three chapters are devoted to generalities: agents for controlling hemorrhages, and the treatment of operation wounds. Then follow chapters devoted to operations on certain tissues and systems; as, the ligation of arteries, operations on bones, on tendons, fasciæ, muscles, etc. Chapters on amputations, plastic and abdominal surgery, operations on the urinary and male genital organs, and a chapter on miscellaneous operations, complete the work. Abdominal and

cranial surgery are brought thoroughly up to date. Due attention is paid to the latest advances in cerebral localization, and by the aid of excellent illustrations the *modus operandi* in trephining is made exceptionally clear. Nerve-suturing and nerve-transplanting are described. An interesting feature of the work is the introduction of paragraphs giving, as far as reliable data can be obtained, the *results*, as modified by antiseptic methods, of the operations described.

The author's style is as clear as the typography which sets it forth, and this is no small praise. The illustrations are admirable. The work as a whole deserves, and doubtless will attain, an enviable rank among the exponents of modern surgery.

THE PHYSICIAN'S MANUAL OF SIMPLE CHEMICAL TESTS. Part II. By Clifford Mitchell, A.B., M.D. Chicago: Gale & Blockie, 1886. 30 pp.

This little *brochure* will be found of convenient size to accompany a urinary test case. It contains quantitative and qualitative tests, and explains the clinical significance of the character and quantity of substances found in solution in the urine. It will be found a useful little companion.

PRACTICAL URINALYSIS, WITH CLINICAL HINTS. By J. B. S. King, M.D. Chicago: Boericke & Tafel, Agents.

These "Hints" are offered on a series of cards,  $5\frac{1}{2} \times 9\frac{1}{4}$  inches each. They are in convenient form for tacking up about the walls of the physician's laboratory, where they may be constantly referred to, and will be found to furnish all the information required by the general practitioner on the subjects treated.

THE POPULAR SCIENCE MONTHLY for February contains Mr. Lilly's powerful paper on "Materialism and Morality," and Professor Huxley's reply to the same; a politico-economical paper by Frank P. Crandon, on "The Misgovernment of Great Cities;" essays, descriptive, scientific, and theological; and the usual terse and able editorials. New York: D. Appleton & Co.

The CENTURY for February shows Lincoln in Congress and at the bar. G. P. Lathrop has an interesting bit of forgotten history concerning the "Bailing of Jefferson Davis;" Edward Atkinson contributes the second of his exceedingly valuable papers on the "Relative Strength and Weakness of Nations." There is a charmingly illustrated article on the "Oldest Church in London." Poems, essays, and short stories supply the *hors d'œuvre* of a very palatable feast. New York: The Century Company.

VICK'S FLORAL GUIDE brings, as is its pleasant annual wont,

a whiff of spring in its pages. It tempts the city-bound with unattainable visions of things fair and fresh; and reminds the physician that a hoe, and a package of flower-seeds, may often prove to a patient, and especially a neurasthenic one, a prescription worth all the drugs in the pharmacopœia. Rochester: James Vick.

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BOOKS AND PAMPHLETS RECEIVED.

THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY. By Stephen Smith, A.M., M.D. Philadelphia: Lea Brothers & Co. 1887.

CLINICAL MANUAL FOR THE STUDY OF MEDICAL CASES. Edited by James Finlayson, M.D. Philadelphia: Lea Brothers & Co.

A TREATISE ON SIMPLE AND COMPOUND OPHTHALMIC LENSES. By Chas. F. Prentice. New York: James Prentice & Son.

WEAR AND TEAR; OR, HINTS FOR THE OVERWORKED. By S. Weir Mitchell, M.D., LL.D. Philadelphia: J. B. Lippincott Company. 1887.

NERVOUS DISEASES AND THEIR DIAGNOSIS. By H. C. Wood, M.D., LL.D. Philadelphia: J. B. Lippincott Company. 1887.

BIBLIOGRAPHIE DES SCIENCES MÉDICALES. Index Méthodique et Catalogue Descriptif des Livres et Journaux, anciens et modernes, français et étrangers, sur les Sciences Médicales. Paris: J.-B. Baillière et Fils, 19 Rue Hautefeuille. 1887. Prix, franco par la poste, 2 fr. 50.

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PERSONAL AND NEWS ITEMS.

CASES OF SKIN-ERUPTIONS AND SYPHILIS TREATED WITH HORSFORD'S ACID PHOSPHATE.

BY MR. JAMES STARTIN,

Late Honorary Surgeon and Lecturer, St. John's Hospital for Skin Diseases, London; Honorary Consulting Surgeon to the Sheffield Public Hospital for Skin Diseases.

It appears to me that the "Acid Phosphate" originally prescribed by Professor Horsford, of Cambridge, U.S.A., is not so well known in this country as its merits deserve. A glance at the formula will, however, readily convince one of its value in suitable cases. Each fluid drachm gives on analysis  $5\frac{1}{2}$  grains of free phosphoric acid, and nearly four grains of phosphate of lime, magnesia, iron, and potash. The following are a few brief notes of some of the cases in which I have prescribed it with complete success:—

Mr. G., æt. 69, consulted me November, 1885, for eczema on the arms, legs, palms of the hands, and trunk. The patient complained of much debility and nervous exhaustion, and he was a man who had led a very busy business life, with much worry. In December, 1885, I prescribed Horsford's acid tonic with much good effect, as in February, 1886, I heard that he was quite well.

Mrs. S., æt. 46, consulted me in December, 1885, for psoriasis all over the body, more or less, especially on the legs and arms. In January, 1886, I prescribed a teaspoonful of the acid tonic three times a day, with marked good effect. Patient had been much exhausted by continuous nursing on an invalid mother.

Mr. C., æt. 64, consulted me in September, 1885, with one of the worst attacks of late syphilis I ever saw. After he had been relieved from the distressing symptoms, and ulcerations, I prescribed the acid tonic for epileptiform fits from which he suffered, with excellent results.

Mr. McJ., æt. 63, consulted me in November, 1885, for lichen ruber, which was



accompanied with intolerable itching. He was a nervous, irritable man. I prescribed the acid tonic, with the effect that in December he presented himself quite convalescent. — *Medical Press, London, Eng.*

### MALTINE AS A FOOD-SOLVENT.

BY J. MILNER FOTHERGILL,

Senior Assistant Physician to the Victoria Park Chest Hospital, London, Eng., etc.

REFERRING to use of MALTINE in his treatment of indigestion, Dr. Fothergill says, —

“Then, again, in order to aid the defective action upon starch by the natural diastase being deficient in quantity or impaired in power, we add the artificial diastase, MALTINE. But, as Dr. Roberts points out, in order to make this ferment operative, it must not be taken after a meal is over. Rather it should be added to the various forms of milk porridge or puddings before they are taken into the mouth. About this there exists no difficulty. MALTINE is a molasses-like matter, and mixes readily with the milk, gruel, etc., without interfering either with its attractiveness of appearance, or its toothsome-ness; indeed, its sweet taste renders the gruel, etc., more palatable. A minute or two before the milky mess is placed before the child or invalid, the MALTINE should be added. If a certain portion of baked flour, no matter in what concrete form, were added to plain milk, and some MALTINE mixed with it before it is placed on the nursery table, we should hear much less of infantile indigestion and malnutrition.”

Again, the same eminent authority, in Fothergill & Wood's “Food for the Invalid,” says, “The action of the saliva upon starch is to quickly convert it into sugar. Consequently, as sugar is soluble, this leaves the nitrogenized portion of the flour to be readily acted upon in the stomach. When the saliva is defective in an infant, or at least insufficient to produce the conversion of starch into sugar, it is now customary to give the infant MALTINE. MALTINE is a sweet, molasses-like sort of thing, which can be added to baby's food a brief period before it has to be taken, for the conversion is quick. The starch being thus largely converted into sugar, the digestive act in the stomach goes on without painful effort. The treatment of dyspepsia in adults is carried out on precisely the same principle, and baby's food and MALTINE are equally good for them.”

THE Executive Committee of the American Institute of Homœopathy has fixed the date for the next meeting at Saratoga Springs, N.Y., June 27 to July 1 inclusive.

DRS. EMERY and FULLER, class 1882, Boston University School of Medicine, have removed their office and residence to 341 Washington St., on Rice Park, in St. Paul, Minn.

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### OBITUARY.

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It is with sincere regret that we have to inform our readers of the death, in Detroit, Mich., on Jan. 25, 1887, of Edwin A. Lodge, M.D.

He was born in London, Eng., May 6, 1832.

He came to Detroit in 1859, and established the first homœopathic pharmacy in the West. He also enjoyed for many years a large and lucrative practice, which he was obliged to relinquish on account of failing health.

He went to Thomasville, Ga., in November last, and, after spending a few weeks there, was attacked with a low form of fever, which so debilitated him that one of his sons went South and brought him home, since which time his health steadily declined.

He was an earnest and active Christian. In connection with other labors he published for more than twenty years the “American Homœopathic Observer,” one of the most popular journals of its school.

He leaves a widow and eleven children; six sons (three of whom are physicians) and five daughters.

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EDITORIAL.

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*OUR SEMI-CENTENNIAL.*

THE semi-centennial anniversary of the introduction of homœopathy into New England, which is to be celebrated among us in the very near future, is an event which cannot be anticipated without a warm personal pleasure by every New-England homœopathist. The day of the celebration will be a day of the renewal of old acquaintances, the revival of old friendships, and, best of all, the rekindling of old enthusiasms, whose flame may have waxed somewhat dim in that effort to keep one's own hearth-fire supplied with fuel, one's own "pot boiling," which is too apt to make itself the central effort of our later lives.

The institution and the keeping of such anniversaries as this, is a good and wholesome thing for us all. As keeping churchly fast and feast keeps sacred aspiration alive in the heart of a believer; as keeping our good New-England festival of Thanksgiving keeps warm in us the sentiment of kin and homestead: so keeping this memorial day of the entering into New England of the cause we all honor, will remind us anew of our obligations to that cause, and rouse in us afresh the high endeavor to more worthily meet them. To the cause itself, the keeping of its festival day will be of a usefulness not wholly calculable at the moment. There lingers still in the public mind, and sometimes shows itself in public speech, a tendency to look upon homœopathy as being a "new thing," and so sharing that vague guilt which Pitt says attends "the atrocious crime of being a young

man." And the fact of homœopathy, hale and dignified, ever growing in weight and power, inviting its friends to a semi-centennial, will do much toward doing away with this impression forever. In a country in which a decade of years is said to secure for an institution the patent of venerable respectability, surely a half-century of years should establish it beyond cavil among the things which have "come to stay." As on the birthday of an old friend our hearts turn to him with an aroused and affectionate sense of how useful he has been to us, and how dear, so it is not too much to hope that the warm public heart of New England will, on this anniversary of the birth of homœopathy in its midst, be roused to a keener realization of what it owes to homœopathy, and how imperative is its duty to foster the public welfare of homœopathy, and see to it that officially no less than privately, in the halls of government no less than in the houses of its friends, it receives the honor and recognition which is its due.

"It is good to remember the days of old: to consider the former years." It will be good for us to hear, as we shall hear that day, through what struggle, and courage, and sacrifice homœopathy has been brought forward, through the vicissitudes of fifty years, to its present sure eminence. There is a French proverb to the effect that, as no man can look long at the statue of the Apollo Belvidere without involuntarily straightening himself, as if to become more in accord with that godlike presence, so no one can think of a virtuous or heroic deed without an involuntary straightening of the muscles of mind and soul. So, inevitably, it will be with us, as we listen to the rehearsal of the devotion and faithfulness, the loyalty and unselfishness, of the founders of homœopathy in New England. We cannot fail, as we listen, to be moved to emulation of those qualities in the lesser sacrifices to which, in our day and time, we may find ourselves called, for the sake of that cause they loved and we love so well.

But amid reflections such as these, we must not allow ourselves to forget that the near celebration means for each one of us, not merely pleasures of sentiment, but duties of action. Through the committee having the matter in charge, we all have had information as to the channels through which we may and



are in duty bound to lend our influence toward making our semi-centennial memorable, interesting, and of wide and deep influence for good. Through these channels let us work with all the energy that in us lies, that enthusiasm may beget enthusiasm, and the celebration be not only the crown of fifty successful years, but the cradle of coming centuries of far wider success.

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### THE CELEBRATION

of the semi-centennial of the introduction of homœopathy into New England will mark an interesting point in medical progress. It will be held under the auspices of the Massachusetts and Boston Homœopathic Medical Societies, and, while combining social and literary features, will also seek to give material benefit to our cause. For this purpose it has been thought that nothing could be more fitting than to assist the Boston University School of Medicine, and thereby aid medical education generally.

The time selected is that of the annual meeting of our State Society, Wednesday, April 13. The evening of the preceding day, Tuesday, 12th, will be devoted to a public festival; and the day succeeding, Thursday, 14th, to an excursion to the State Homœopathic Institution at Westborough.

The festival will, of course, interest much the largest number of persons. It will be held in the Massachusetts Charitable Mechanics Association Building on Huntington Avenue, Boston, beginning at five P.M., and continuing through the evening, and will include the following features:—

From five to eight P.M., there will be a coffee-party or high tea, with refreshment tables, under the charge of matrons and assistants. There will be an extra charge for refreshments. Let all our friends be present to give an early and encouraging opening to the festival.

At seven o'clock addresses will be given in the small hall (picture-gallery), by H. L. Chase, M.D., of Cambridge, Seldon H. Talcott, M.D., of Middletown, N.Y., and William Tod Helmuth, M.D., of New York. Col. Charles R. Codman will preside.

From half-past eight to ten, a promenade concert will be given in the large hall by the Germania Orchestra, conducted by Mr.

Carl Zerrahn. The music will be of the choicest character, and will prove a great attraction.

In the last part of the evening, from ten to twelve, the young people will have opportunity for dancing, and every arrangement will be made for their comfort and enjoyment. A cloak-room, where wraps can be checked, will be provided. The chief marshal, Capt. N. A. Thompson, and his large corps of efficient aids, will do all in their power to secure the pleasure of the guests.

A general committee, including several hundred of the most prominent citizens of New England, give their influence and support to this festival; and invitations have been extended to the Governor and his staff, and many distinguished citizens, whose presence will render this occasion a memorable social event.

The immense size of the building will insure room for all our friends. Tickets for admission, at one dollar each, may be procured of Otis Clapp & Son, 3 Beacon Street.

This occasion is one which should command the assistance of every friend of homœopathy, and especially of every homœopathic physician.

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#### EDITORIAL NOTES AND COMMENTS.

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THOSE CHAMPIONS OF INTOLERANCE who, in the England they are so fond of vaunting as the home of "fair play," are forever laboring to crush out freedom of medical opinion, have lately been distinguishing themselves in a lively little brush with their old adversaries, the London homœopathists; and we rejoice to add, getting lamentably the worst of it. An account of this really fine battle-royal is to be found elsewhere in the present issue; and though it tells its own story stirringly and eloquently, it is impossible to resist comment on certain points which the story sternly emphasizes. One of these is the desperate candor of the prosecuting physicians. The charge they bring against Drs. Jagielski and Marsh is pure and simply that they practise homœopathically. There is no attempt to show them uneducated or unscientific; how, indeed, would it be possible, when they satisfied all doubts on the subject before receiving their original

appointment? There is no attempt to prove any ungentlemanly conduct on their part; there is no attempt to show that since their conversion to homœopathy their patients have suffered either fatally or in retarded recovery. There is a "Punch" cartoon which shows a feeble-minded young art critic loud in admiration before a notoriously bad picture. The connoisseurs who surround him point out that the drawing is atrocious, the coloring crude, and the subject commonplace. Assenting to this, and being pressed to say where, then, the beauty lies, he murmurs that the beauty is in the *picture!* So, — "reversibly speaking," as Stockton says, — with the prosecuting physicians. They admit that Drs. Jagielski and Marsh are not lacking in education, scientific attainments, gentlemanly conduct, or clinical success. The sin is in the *homœopathist*. It is a good thing to have the issue, in all its naked deformity, thus brought before the bar of public opinion.

Another point to be noted is the equal and profoundly admirable candor of the gentlemen attacked. There is no attempt, by any quibble of words, to shirk the fact that they practise homœopathically. They take their stand on the inalienable right of the educated physician to employ whatever therapeutic method reason and experience may commend to him. As squarely as the issue is raised, it is met. In what sharp and splendid contrast is this to the pusillanimous attitude of the coterie of which the "New-York Medical Times" is the spokesman!

And yet a third point, which should rejoice the hearts of homœopathists the world over, is the noble support, by public opinion, as expressed in the action of the board of governors, of the liberty of medical opinion. Such action, in a country of conservatism and precedent, is an antidote to pessimism and a tonic to weak-heartedness. It is to be hoped that this enthusiasm for justice will still work in the board of governors, to the cheerful acceptance of the late resignation of the prosecuting members of the board, and the filling of their places with men in whom love of truth dominates love of self; thus establishing a precedent of value beyond estimation.

The same mail bringing news of the London victory brings the less welcome news of a minor defeat, by which, in Liverpool, England, Dr. Hayward, son of the much-honored Dr. John W.



Hayward, is refused membership in the Medical Institute of that city, the use of its library denied him, and his subscription refused, on the charge of his practising homœopathically. The vote accomplishing this outrageous act of professional boycotting stood only twenty-six in its favor to twenty-four in opposition. There is reason to believe that if the meeting had been more fully attended, the majority would have shown on the side of justice, and the malignant and senseless bigotry of its opponents been as manfully rebuked as in London. As it is, the struggle of homœopathy in England for its full rights never, could boast a more assured hope than now of a victorious issue.

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AN APPEAL FOR FUNDS IN AID OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE has lately, through the influence of a committee of prominent citizens deeply interested in the prosperity of the school, been submitted to the New-England public. The appeal is timely, and wholly worthy of the generous response of a public never backward in generosity when asked to help forward a worthy object. How worthy is the Boston University School of Medicine of all aid to carry its already nobly successful work up to the level of its still more noble ideals, will be evident to every thoughtful reader of the little pamphlet in which the appeal is made; as it is already evident to those who have been privileged, from some nearer standpoint, to watch the school's steadily upward career. Among the claims of the school to solid financial recognition from the public in whose midst and for whose good it labors, the following stand prominently forward: It has high university connections, but is nevertheless self-supporting. It is the only medical school in New England where the scientific teaching of homœopathic therapeutics is made a central feature. It has notably raised the standard of medical education, by insisting on entrance examinations and by establishing a compulsory three-years' course of study, eight months in the year being occupied by graded school work; and it has an optional course of four years' study, which is being followed by increasing numbers of students yearly. These stringent reforms were only brought about at the risk of an unpopularity which might threaten the very existence of the

school ; but with an exemplary adherence to principle they were persisted in, and now are bearing fruit both in the quality and number of the students yearly matriculating. The school admits men and women, both as teachers and students, on equal terms and conditions.

Such claims as these assuredly stand as ample justification of the wholly reasonable plea for assistance which the school, in this semi-centennial year of the homœopathy to which it is so strong a pillar of support, makes to the community which owes so much to homœopathy. The school asks for aid to finally clear itself from the mortgage, the interest on which is so heavy a drain on its annual resources ; to furnish itself with a separate and suitable building for dispensary purposes, that the physicians who freely give their service in ministry to the poor may be enabled to do so under more comfortable and sanitary conditions than in the present ill-ventilated and crowded rooms ; and to establish special endowments, through which the instruction of the school may be raised yet nearer its abiding ideals.

In honoring the cause of education, a community honors itself, and lays for itself deep foundations of future permanency and peace. It is to be hoped that our community will show its appreciation of this truth in its response to the present appeal.

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A FEW STATISTICS, of interest to homœopaths, and especially to those who are laboring to have homœopathy represented in our army and navy, are furnished to a recent issue of the "Revue Homœopathique Belge," by Dr. Du Peux of Lille, France. This physician was, through the influence of Gen. St Arnaud, who had lately been cured of a grave illness under homœopathic treatment, appointed regimental surgeon (with permission to practise homœopathically) to a regiment in garrison at Paris. The troops under his care were stationed near the Place Maubert, one of the most unsanitary quarters of the city. Another regiment, of which he had official information, was at the same time stationed at Lourcine, an admirably hygienic situation. Cholera was at this time prevalent in Paris. During the period of Dr. Du Peux' service with the former regiment (unhappily a short one, since he was transferred to another

regiment in something less than two months), his own medical statistics were very exactly kept, and, through official courtesy, he was enabled to compare them with those of the regiment so much more hygienically quartered at Lourcine, and whose medical officer was an allopathist. In the regiment under allopathic treatment, during the period referred to, out of a total of five hundred men thirteen were sent by their surgeon to the hospital, and three died. In the regiment under homœopathic treatment, out of more than six hundred men, none of those applying for medical aid were sent to the hospital even; all being successfully treated by office prescriptions. Among these cases were some rather grave ones of cholérine. The difference to the government, in the matter of expense, was something over five hundred francs in favor of homœopathy.

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### COMMUNICATIONS.

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#### *HOW TO STUDY MATERIA MEDICA.*

BY C. WESSELHOEFT, M.D.

BEFORE entering upon detailed description of methods of acquiring knowledge of medicines to be applied in converting diseased conditions of the human body into health, it seems to me that you would ask me to tell you how it was ever discovered that medicines cure. I know, furthermore, that your own experiences are like mine and those of many others, when, entering upon medical studies, we were first confronted with ponderous tomes filled with multitudinous descriptions of drug effects. The question which then appals us is: Shall we acquire the power to cure disease by mastering so much? It seems almost insurmountable, but if it enables us to cure the sick, let us never rest until we have accomplished the task. There is no doubt that you would dash at the work with greater fervor if I could say to you: Take my word for it as your instructor, that it will repay you to master every word of your books on *materia medica*; because it has always been known that medicines cure diseases, it is only necessary to learn all about them.

Unfortunately for us all, I would commit myself to an unwarrantable statement, did I formulate my reply to your question in this way. I shall have to deliberate carefully before stating what we really know concerning the curative power of medicines, for we should possess an approximate idea concern-



ing this before dashing blindly at what is supposed to be a mass of hard facts.

The statement which I think I can conscientiously venture to make, is that nowhere in the history of medicine is there to be found a definite and organized attempt to prove that medicines possess curative power. You marvel at that, and yet it is so. How, then, do we know any thing about it? I answer, that our knowledge concerning the curative power of medicines is almost exclusively derived from non-experimental experience. This experience is due partly to accidental observations, that is, cures were seen to result from the accidental or perhaps hap-hazard use of certain drugs; again it is due to intentional uses of drugs; and from both sources the inference has been drawn (deduction) that medicines cure the ailments of the human organism; but it must also be remembered that the conditions under which medicines cured were by no means established, but rather gave rise to unsatisfactory discussions, which often resulted in serious dissensions and partisanship.

To state the case in the more concise phraseology of logicians, our knowledge of drugs as curative agents (medicines) is deductive, resting only to a small extent on inductively established data. We assume to be true what our predecessors have inferred for centuries, and we derive our conclusion from certain empirical data or observations. Now I would not have you think that this is necessarily a weakness peculiar to physicians: by no means; for a vast amount of our practical knowledge in daily life, the knowledge by which we live and have our being, is purely empirical, and, hence, the result of deduction, while only a small proportion of what might be termed the more accurate branches of human knowledge is strictly based upon inductive methods of obtaining information.

It may be said in behalf of "medicine," that of late years a greater degree of general knowledge has been attained by purely inductive research and experiment.

But I hear you say: Are we not taught that the founder of homœopathy inaugurated the era of inductive research, and that he firmly founded his system upon it? In a general sense this is quite true, and we are justly proud of it; but let us look at it dispassionately, that is philosophically, and I think that we shall find that Hahnemann, though not strictly the first to introduce exact methods of experimentation into the study of materia medica, was the first and most influential man of science who insisted that the only way to know any thing of drug-effects was by direct experimental research, which he termed the proving of drugs; though he was not the first who did this, he was the first who elaborated carefully-planned inductive principles ac-

ording to which drug-proving should be conducted. He was the first and foremost to insist and demonstrate by cogent reasoning, that only by testing drugs upon the healthy human organism we could know how and when to employ drugs in the cure of disease.

This he did ; but it is evident from the whole course of Hahnemann's reasoning, that his starting-point was the ancient inheritance of the deductive inference that drugs possess curative power, and all we have to do in order to cure is to try medicines upon ourselves. This is all good and true, but for one I cannot divest myself of the conviction that Hahnemann, like the worthiest of his predecessors, clung to the deduction that medicines cure ; and, like others a thousand years before him, considered this to be a settled axiom, notwithstanding his well-founded knowledge that medicines are essentially pathogenic agencies.

So far all was plain sailing ; but a difference of opinion soon caused a division in the ranks of the good doctors. This difference was not concerning the empirical inference now amounting to the assumption that medicines cure, but concerning the question *how*, that is, under what conditions, they cure. None doubted that drugs used as medicines cure, but all were suddenly arrayed against each other concerning the principles upon which cures were or might be effected.

Here we stand to-day in two antagonistic factions. I think that if a part of the assiduity and acumen of experimenters were directed towards the demonstration, by *inductive* methods, in how far the deductive inference concerning the curative power of medicines is true under Hahnemann's law of similars, if they could in future determine whether the curative power is relative or positive, whether limited or universal, this would greatly encourage the study of the vast array of observations, — facts, if you will, — which make up the *materia medica*.

I am convinced that it is demonstrable by inductive research, though it may take a lifetime ; and I also hold that if so demonstrated, the curative principle will largely rest on what Hahnemann termed the principle of similars. But in asserting this I confess that I have no other ground for my conviction beyond what is common to us all : knowledge derived by deduction from empirical data.

After this introduction I feel free to proceed, my mind being no longer hampered by the thought that all is not understood between us, and that though we may view the subject from different points, each comprehends the grounds of the position of the other.

Whenever I approach the subject of *materia medica*, I am met

by the objection that it is the most difficult study of all. Why is this? It appears, after some careful inquiry into the origin of this notion, that it arises partly, it is true, from the nature of materia medica as a branch of study; but to a larger part from the qualification of the student. While it is true, as I mean to show, that the materia medica is in many cases arranged too much like a dictionary to be mastered by methodical study other than dry memorizing, it is also true that the degree of preparation for study which some medical students bring to bear upon the subject is not quite adequate to the task of arranging their work methodically. It is this faculty of methodical arrangement of a subject of study, upon which its acquisition depends. If one has had but little training in study of any kind, no matter how great his natural intelligence may be, the acquisition of learning from books, lectures, and ocular demonstration, to him will be difficult, while it is no difficult task to one of even moderate capacity whose early years were profitably employed in learning how to learn. This is the object of schools and colleges; if not, they miss their mark.

To say that materia medica is more difficult than other branches of medical science, has grown into a kind of ill-founded tradition, handed down from one class to the next; but I am convinced that you will soon discover that when you have once learned one of several ways to properly arrange your subject, you will not only find it as easy as you seem to consider anatomy, physiology, chemistry; but you will delight in materia medica as the easiest of acquisition, provided you bring with you real fondness and some preparatory training for study.

Now let me lead you directly into the subject. You have undoubtedly all heard the word "proving." To prove means to test or to try a thing; in this case it means to try medicines upon yourselves. As a method of studying the materia medica there is no surer, no more practical manner of acquiring accurate and trustworthy knowledge of the action of drugs upon the (healthy) organism than to test them upon yourselves, as well as upon animals.

If, before being prepared for it, you have unfortunately allowed yourselves to be startled by the interminable symptom-lists of the encyclopædia, or even some condensed materia medica, and to have been led to think the proving a drug means that the prover should produce page after page of description of his ill feelings after taking one or more doses of some drug, you are, fortunately for you, much mistaken. Let me offer you some consolation in this matter. If I sum up the experience of provers in general, and combine them with my own, it would result in saying that the only reliable provings are short descriptions of



intelligible, congruous facts. An experimenter in this study may make many trials, the more the better; these, described in succession, may form a narrative of some length, but the statement of each individual result will be brief, if true. Let me remind you that very long narratives of disjointed and incongruous sensations, often apparently of extreme suffering, closely resembling death-agony, are useless and the result of too lively an imagination, or of too great susceptibility, or even of ambition.

Do not fear, therefore, to inaugurate your study of the *materia medica* with short experiments in drug-testing. If you do not know how to begin, request your instructors to select some drugs for you, and tell you how to take them. You will run no risk to begin with the fourth decimal attenuation of any drug, and try a few doses of this, and the next attenuations below till you arrive at the pure drug if necessary. Take pains to note effects; it should not require much time, for the system of healthy young persons rapidly recovers from slight effects. Make what I have termed rapid provings of a set of drugs; one or more can be tried every week, and in the course of your second and third years of study you will certainly find time to make a set of short provings or sketches of drug-effects which will be of service to you through your practical career.

It will not interfere with your studies. It will impress your mind with the main features of drug-effects much more accurately and truthfully than any book can possibly do. To read only about drug-effects, without at the same time testing them, will fill your minds with prejudices if not with hypochondriacal notions; while proving upon yourselves will destroy prejudices and ill-digested impressions derived from mere reading, especially the most pernicious of all, the reading of symptom-lists in dictionary form.

None of us have an idea of a symptom (sign of disease) till we have felt it, experienced it, whether produced at will by taking some drug, or by catching cold, or from illness of any kind.

If drugs possess the power to cure disease, as assumed before and after Hahnemann's time, the only way to utilize that property is to know just how drugs will affect the human (animal) organism.

There are many reasons why personal experiment (inductive research) should precede the study of books on *materia medica*. Without personal experience all literature is to us only partially intelligible. If you have carefully dissected the human body, the descriptions and diagrams of your text-books of anatomy will be not only intelligible, but easily remembered by you.

Just so with *materia medica*. With personal experience regarding the effects a drug is capable of producing, you will com-

prehend the meaning of books and words which would otherwise convey no meaning at all, or, worse still, give you a confused impression. When you have sharpened your faculties of observation by having once observed even slight discomforts of drug action, you will find yourselves prepared to make nice distinctions. While at one time symptoms about which you read as belonging to different drugs, appeared all alike to you; the same, after having been experienced, will seem very different, because personal experiences will sharpen your perceptions to distinguish differences.

Having obtained this personal experience, you are prepared to appeal to your books for further instruction. You will now read intelligently and profitably. You will read critically, and readily distinguish genuine from spurious statements. You will perceive at once whether an author of a text-book on materia medica has stated facts, or drawn on his inventive faculty. You will by doubts often be led to consult the sources from which your author drew, and find that either the sources were not good and original, or that the text was not correctly quoted.

When you search for books on materia medica, I would earnestly advise you to select only such books or treatises which contain the original narrative of provers, and to avoid for the present repertories and re-arranged anatomical symptom-lists. I would avoid them for the reason that the original intelligible pathological context of an experimenter's narrative, which is always fascinating, has been destroyed by the dictionary form of anatomical arrangement. It conveys no meaning to you, but a volume of phrases. It is of great value to the practitioner, but offers only an almost insurmountable difficulty to the student.

Put aside all these anatomically arranged books, like Hahnemann's "Pure Materia Medica," Allen's Encyclopædia, Hering's Condensed, etc., and now that it is being published, select the new "Cyclopædia of Drug Pathogenesis" as edited by Drs. Hughes and Dake. This gives you pure unadulterated drug effects, in the order of their occurrence. But there are various other ways of obtaining knowledge of drug effects. You will find in various compilations, such as the United States Dispensatory, concise statements of the chief and most prominent effects of drugs under the misnomer of "physiological" effects. Aside from the heading of such paragraphs, they will furnish you with a rough sketch of drug-effects; such a sketch is of great value; when once comprehended it will render the study of the more extended account, e.g., in Dr. Hughes's work, quite intelligible and easily remembered.

Such brief sketches together with longer ones are contained in many works which are not by authors of the homœopathic

school. Taylor's "Medical Jurisprudence" contains a great many sketches of that kind where poisons are discussed; especially so Taylor on Poisons; I would not hesitate to recommend the perusal of the brief outlines of toxicology which Bartholow's "Materia Medica" affords; you will save yourself much time, however, by confining your reading only to what that author terms "physiological effects." The first two editions of Hale's "New Remedies" are replete with sketches of greater or less extent, consisting either of provings originated by the author or obtained by him from reliable sources. In regard to these books I would advise you also to confine your reading for the present exclusively to actual narratives of drug-effects as contained therein.

When I alluded to drug-effects stated in the order of their occurrence, I gave you what appears to me the keynote of the study of the materia medica. Unless it is offered you in the form of an interesting narrative of events, related in the order in which they occurred, you will find it uninteresting and unintelligible. When I compare it to a narrative I do not mean only what we have been accustomed to call homœopathic materia medica, for logically speaking there is no such thing; neither is there an allopathic or eclectic materia medica. Such terms are as ill applied as it is to speak of homœopathic chocolate or homœopathic phials. It is alone the therapeutic use which determines whether a drug is homœopathic or allopathic, whether synergistic or antagonistic.

In whatever way medicine may be applied, it is absolutely imperative that he who applies it should possess most complete knowledge of its properties. Now, this knowledge is not to be derived from what this or that author thinks it does, it is not to be obtained by the perusal of theoretical observations which make up the greater part of old-school materia medica, much of which has found its way into some of our books; but it is to be found alone in straightforward recitals of the effects which a drug is capable of producing upon the healthy animal (human) organism.

Any school of medicine which ignores this source of information does not deserve the name of a school of medicine. There is positively no other method of studying medicine proper than the one insisted on by Hahnemann. This is a literal definition of medicine; and the more we adhere to the literal interpretation of the term, the more we shall deserve to be called medical men, or physicians, inasmuch as this term is derived from the use of medicines.

In whatever way you study materia medica, whether you regard medicines as antagonists (allopathic) to disease, or



whether you take advantage of their synergistic (homœopathic) effects ; you will have only one way open to reach the requisite knowledge, — by proving.

Whether hereafter you classify your medicines in the old form partly according to certain prominent effects like cathartics, or according to some general effects like tonics or alteratives, you can arrive at the necessary knowledge upon which to base such classification only from experimental study of drugs upon the living organism, — by proving.

Whether hereafter you call yourselves homœopaths, allopaths, or whatever else there may be of titles, you must base that distinctive title upon what you have learned about drugs by proving, that is inductive experimental study, — proving.

Fortunately in modern times this source of information is ignored by none. In all physiological and toxicological laboratories throughout the civilized world, the only method of seeking for light regarding the effects of drugs is according to Hahnemann's example ; that is, the effects of medicine are nowadays studied upon the animal, and in many instances upon the human body. No investigator in the Old or in the New World nowadays thinks of getting at the truth according to the old way of trying medicines on the sick or by studying obsolete treatises.

Whatever fault the opponents of Hahnemann may find, they will no doubt acknowledge that his (inductive) method of experimental research is the only profitable one.

Then let short provings upon yourselves and a few domestic animals furnish you with the first rough outlines of a number of drugs. If you make it a rule to investigate one during every fortnight of your medical studies, you may easily acquire considerable knowledge of fifty drugs, — a knowledge which will outweigh any thing that you may get from books. There are not many authors of fat books on drug pathogenesis who have ever tried a single one, or who possess any practical knowledge of proving. When you have obtained even a little of such experience, you will be surprised at the credulity with which book-makers seize upon entirely unreliable material. Most authors regard proving as an easy matter. To them it is : take a drug, and note effects, all effects so noted are then to be incorporated in the materia medica. I am very glad to be able to say that with the "Cyclopædia of Drug Pathogenesis" a new era has begun by publishing only that which repeated experiments have proved to be at least tolerably reliable, although for one I could have wished that the methods of critical selection brought to bear upon the material composing this new work had been more radical.

But I heartily indorse it, and advise you to use it. But here,

again, you will meet with difficulty. Although most of you will be interested in the intelligible accounts of drug-effects, and will experience no great trouble in remembering much of them, you will still struggle in vain to master them, unless you are shown some better way.

There are many ways of learning a lesson, or, as in our case, a branch of science; but whatever may be your mental habit, you will master little or nothing without method in the arrangement of your subject. You will have experienced this in your study of anatomy, by which my meaning may be made intelligible. I remember with pain my first attempts at committing to memory the parts and their names of the bones. This I tried to do by learning them by heart without proper arrangement; I endeavored to learn the descriptions, as contained in the book, by heart, and made no progress until an experienced student of anatomy came to the rescue. Holding up a bone at which I had mentally gnawed for days without profit, he said, Now, look at this: see, it has an upper surface, bounded by irregular edges; do not turn it over, but view it constantly in one position, and you will observe that it has an anterior and a posterior extremity, and lastly an inferior surface. Now, begin with the superior surface, and remember its *farancia* and rough lines. This was soon done. Next you may remember the principal processes, first of the right edge, then of the left; and this done you may observe the peculiarities of the inferior surface.

In this way I mastered at last one bone thoroughly; and applying the same method of mental arrangement to the other bones, I found it to suit my mental capacity much better than my previous crude and unmethodical attempts.

You need not even try to learn by heart anatomically arranged symptom-lists; you may try to learn, if you can, narratives of provings, but I would scarcely advise you to continue your efforts long in that direction. Instead of tedious memorizing, I would suggest an easier way, one that calls into play the reasoning faculty.

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#### ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[Continued.]

THE writers of our school, who always use the older chemical nomenclature, write the name of this remedy *arsenicum iodidum*, while Stillé and others of the allopathic school write it *arsenici iodidum*; but Waring insists that it should be known as *arsenii iodidum*. Its present chemical name is *arsenious iodide*, and its chemical symbol is  $AsI_3$ .

To prepare it, take one drachm of arsenic, and five drachms of iodine, and triturate the arsenic in a clean mortar till it is reduced to a very fine powder, free from all metallic lustre. Now add the iodine, and triturate till the two are thoroughly mixed. Put the mass into a test-tube, loosely stopped, and heat very gently till it liquefies. Next, incline the test-tube in different directions, so that any portion of the iodine, which may have condensed on its inner surface, may be returned into the fused mass. Finally, pour the fused iodide on a porcelain slab, and when it is cold break it into pieces, and put it into a bottle, which must be accurately closed by means of a glass stopper.

The iodide of arsenic has the form of crystalline flakes, of an orange-red color, wholly volatilized by heat, and it gives off violet-colored fumes when boiled with nitric acid. A large quantity of water dissolves it wholly; but if only a small quantity is added, the iodide is decomposed, hydriodic acid being formed in solution, and white crystalline scales, composed of water, hydriodic acid, and iodine in variable proportions. This fragment of chemistry is of material service to the homœopathic practitioner, and the practical rule is that a powder of the second or third decimal triturations should be dissolved in say six or eight tablespoonfuls of water, while the fourth and higher triturations need as many teaspoonfuls.

The British Homœopathic Pharmacopœia recommends triturations; but I am in the habit of using twelfth and thirtieth centesimal dilutions, with excellent results. The lower preparations are the second, third, fourth, fifth, sixth, and seventh decimal triturations; and I would recommend that the first be prepared from the crude iodide, the second from the first, the third from the second, and so on. I am satisfied that better triturations are made by this method than by the way of preparing the first centesimal from the crude iodide, and *calling* it the second decimal. That a more intimate commingling is obtained by these repeated triturations, is evident by comparing the third decimal trituration of the red iodide of mercury prepared by three triturations, with a so-called third decimal prepared by two; that is, one to make the first centesimal, and one to carry the first centesimal up to the third decimal. Whatever theorists may say, the fact remains that *the more we triturate our remedies, the better they are*.

All bottles containing the lower triturations should be protected by blue paper; but the twelfth and thirtieth centesimals seem to need no protection. I find that these latter in pellet form are much less reliable than triturations prepared by pouring say three hundred drops of the dilution on one thousand



grains of sugar of milk, and triturating the mass according to Hahnemann's well-known rules.

I purpose adopting the excellent plan of my friend, Charles Julius Hempel, and arrange the symptoms and cases according to the various regions and organs of the body. According to Hempel's schema, we first treat of —

**THE CEPHALIC GROUP.** — Arsenicum iodidum causes a severe frontal headache, with dulness of the entire head during the forenoon, together with stiffness and soreness of the left side of the neck, worse when moving the head. These pains are dull and heavy, with pressing from within outwards, worse on motion, sleeping or studying, and they are at times so severe as to prevent sleep. Dr. Beebe elicited the remarkable symptom, "Head seemed enormously large and heavy, with pain." This symptom may have led Dr. Charles Robert Fleury to recommend this remedy in the third decimal dilution, in the chronic form of hydrocephalus.

**THE ORBITAL GROUP** is very scanty, for, so far, the drug has only produced weakness of the eyes with burning pain, with a feeling as if lachrymation would set in; and Hering gives, as additional indications, "smarting about the eyes; secretion from the Meibomian glands; coryza." Hale was the first to recommend it in *chronic scrofulous ophthalmia*; and Dr. W. H. Bigler, of Philadelphia, has used it with marked success in scrofulous ophthalmia, with tendency to ulceration of the cornea, in the great number of cases occurring in the eye-department of the dispensary connected with the Homœopathic Hospital of Philadelphia. Dr. Bigler considers that the remedy has a range almost identical with that of arsenicum album, with the addition of the more pronounced iodine dyscrasia, and he furnishes the following excellent indications for its use: "The patient is ill-nourished, but not necessarily emaciated, with the pale, pasty complexion, and hard, distended abdomen, so characteristic of a scrofulous diathesis. The skin easily becomes sore from a trifling wound or hurt, remaining red and irritable for a long time, but without suppuration. The red and shining skin around the hard and brittle finger-nails seems constantly to threaten the formation of a panaritium. The glands of the neck are swollen, but not painful. The eyelids, most frequently the upper ones, are œdematous and swollen, and are spasmodically closed on account of the intense photophobia, which also compels the child to hang its head, or to bury its face in the nurse's lap or arms. The tarsal margins are tumefied and red, and become excoriated in consequence of the acrid discharge. Lachrymation on endeavoring to open the lids is generally very profuse and excoriating. The injection of the ball is not, generally, very

intense, but is deep seated, as in all corneal affections. The phlyctenulæ are on the cornea, or on the limbus corneæ, and tend to break down into superficial ulcerations. If these phlyctenulæ are confined to the conjunctiva, the remedy is rarely indicated. There is also, as in arsenicum album, an acrid watery discharge from the nose, excoriating the nostril and upper lip. The child seems to suffer more from itching of the lids than from pain, for it will violently rub its eyes with its fists, with evident relief, for a time, of the symptom that caused the action. Add to these a fretful restlessness, night and day, and we complete the picture of a case of scrofulous ophthalmia that will most probably be benefited by arsenicum iodidum. I use the third decimal in water, a tablespoonful every three hours, for days or weeks at a time, without aggravation, and without any thing to induce me to go higher." (*Pennsylvania Homœopathic Transactions*, 1880.)

In the ninety-eighth volume of the *Allgemeine Homoöpathische Zeitung*, Dr. Crüwell reports the following case:—

"A girl, aged twenty, blonde, unmarried, being unable to obtain a situation as domestic servant, had remained at home for three months, during which time she occupied herself with needlework. On the 1st of March she came into the doctor's house as housemaid. She was extremely thin and pale, and her eyes were conspicuously surrounded by red borders. After a fortnight she sought advice for her eyes. Dr. Crüwell found the conjunctiva of the lower lid covered with pale, not very elevated granulations, the left eye being the worst. He prescribed ars. iod. 6x. three times a day. In eight days the red edges and the granulations had quite disappeared, and they have not since returned."

In the

AURICULAR GROUP, the only symptom we have is one furnished by Dr. Blakely, "an exceedingly sharp pain in the forehead and in both ears, especially the left ear, when riding in a sharp, cold wind (after three hours)."

Dr. H. C. Houghton, in his report on aural diseases in children ("New York Homœopathic Transactions," 1874), mentions arsenicum iodidum as a standard remedy in otitis externa, but gives no indications; and in his latest work, the admirable "Lectures on Clinical Otology," the same writer states that in otitis externa diffusa, the iodide of arsenic has proved more effective in some instances than arsenicum album; but one would like such a master in otology to give us the differential diagnosis between these two remedies.

Dr. E. M. Hale (1875) recommends this remedy in *otorrhœa*, with fetid, corrosive discharge; and Dr. C. H. Vilas, in the "Epitome of the Common Diseases of the Ear" (Arndt's System of Medicine," vol. iii.), says that it is useful in profuse ichorous discharges, accompanied by great prostration.

Dr. J. H. Buffum of Chicago presented the following report on "Arsenicum Iodidum in Middle-Ear Catarrh," to the Homœopathic Medical Society of the State of New York, in the year 1882:—

"The use of arsenicum iodidum in chronic middle-ear catarrh was suggested to me by observing the results obtained by the exhibition in an old case of chronic non-suppurative inflammation of the middle ear, which had been steadily treated by one of our homœopathic aurists for a long time without benefit. The case, which I shall describe in full, was, at the time she presented herself to me for treatment, suffering from an acute nasal catarrh, which had existed for two weeks. The remaining cases presented no marked indications for the use of iodide of arsenic, beyond those which might be termed symptoms of malnutrition, and which we might properly expect would disappear with the use of a combination of two such deep-acting nutritive remedies as iodine and arsenic.

"Case I. Mrs. D., aged 37. Hearing had been failing for ten years. Four years ago thinks she lost the hearing in left ear suddenly. Has had much loud tinnitus in that ear since, and at times, when feeling very well, thinks she can hear a little with it. The right ear has been the useful one for the last few years, but for the last six months has found it very difficult to hear ordinary conversation, and the tinnitus has increased very much. Two weeks ago a severe coryza came on, and since then has been almost totally deaf. Within the last few days has had much pain in right side of head and ear, which was vaguely described as neuralgic. The hearing for the watch was pressure on right ear and absent on the left. The tuning-fork heard from forehead, loudest in left ear, and when placed on right mastoid seemed far away. Right side of nose very sensitive to touch, and on examining the nostril the tissues were found to be of a dark red color and much swollen. The middle turbinated bone was so tumefied as to close that side of the nostril completely, and presenting all the indications of a probable abscess in its soft tissues. There was much burning pain in nose, and at times a good deal of painful sneezing. The discharge from the nostrils slight, watery, and acrid, and occasionally dark blood. On rhinoscopic examination I found the same hypertrophied condition of the Eustachian openings and the vault of the pharynx, with but little involvement of the pharynx itself. The air-bag gave no improvement in the hearing. The nostril was swabbed with fluid cosmoline, and iodide of arsenicum 3x trit. every hour prescribed. Three days after, reported the nose very much better, and the pains relieved. Examination showed swelling much lessened. In ten days the nose had returned to its normal condition, the coryza and swelling entirely subsided. As the swelling disappeared, it became possible to open the right Eustachian tube with the air-bag, and the hearing showed some improvement for the watch. There was at no time any indication that the acute inflammatory action has extended to the middle ear, as the appearance of the drumheads did not change. They, however, presented a dulled and retracted appearance, common in these cases of dry catarrh of the middle ear.

"The patient kept upon the ars. iod. three times a day, and the air-bag used three times a week, the hearing had risen to twenty inches in right ear and one-half inch in the left, and ordinary conversation heard without difficulty at short range.



“Case II. Mr. B., aged 24. Had scarlet fever when eighteen years of age. Ears ached badly, but did not discharge. Since then every cold has affected the ears, and there has been much fulness, pain, and deafness. The right drumhead presents an evenly thickened appearance, without much retraction; the left drumhead irregular and retracted; tuning-fork heard loudest in left ear. R.M.  $\frac{20}{60}$ , L.M.  $\frac{6}{60}$ . After air-bag, R.M.  $\frac{23}{60}$ , L.M.  $\frac{6}{60}$ . Has considerable post-nasal catarrh, thick and not profuse discharge; post-pharyngeal wall red and thickened. *R. Ars. iod.* 3x. 4 t. d. One week after, reports head feels better than it has for years; catarrh, and also hearing, much improved. R.M.  $\frac{40}{60}$ , L.M.  $\frac{18}{60}$ . Two months later, hearing was  $\frac{60}{60}$  each ear.

“Case III. Mrs. H., aged 36. Hardness of hearing for several years, which is gradually growing worse. Drumheads evenly thickened, smooth, and retracted. Throat negative. R.M.  $\frac{15}{60}$ , L.M.  $\frac{1}{60}$ . *R. Ars. iod.* 3x. 4 t. d. After two months treatment with same remedy, and inflation of middle ears, the hearing was R.M.  $\frac{23}{60}$ , L.M.  $\frac{18}{60}$ .

“Case IV. Mr. W., aged 57. Difficulty in hearing for a long time. R.M.  $\frac{1}{60}$ , L.M.  $\frac{0}{60}$ . Tinnitus constant, but much aggravated at times. Drumheads thickened, irregular, and white. Left drumhead shows scar of old perforation at lower third. Right Eustachian tube pervious; throat atrophic, at times dry. *R. Ars. iod.* 3x. Treatment continued for two months with the following result: R.M.  $\frac{20}{60}$ , L.M.  $\frac{6}{60}$ , and improved condition of throat.

“Other cases could be detailed from my record-book, but show no more marked results than those attained in the cases here reported. Many cases showed no result from its use, and in others only a partial one, which might have resulted from the general treatment.”

Dr. Robert T. Cooper, in his excellent “Clinical Lectures on the Diseases of the Ear,” states that this remedy is peculiarly appropriate in inflammation of the middle ear, when the mesenteric glands are involved; and he adds the following case of long-standing deafness:—

“A woman, aged 69, deaf for forty-six years, and who had been under the treatment of several doctors, among them the notorious Dr. Turnbull, and with whom there is a history of otorrhœa in childhood, has derived great benefit from *arsenicum iodidum*, given in the third decimal trituration. The deafness improved so as to enable her to dispense with her hearing-trumpet in conversation, but the watch-hearing remained undisturbed.”

Dr. Park Lewis contributes the following remarks, illustrative of its action on the internal ear, to Dr. Charles Frederick Sterling’s work on “The Diseases of the Ear, and their Homœopathic Treatment:”—

“A few years ago, I had several cases in which *ars. iod.* 3x. seemed to do excellent service. In two was inherited syphilis. One was cured after the hearing had been very much impaired. The other was very much improved. Unfortunately, the second relapsed, and is now absolutely deaf. The other still retains good hearing. There was very little middle-ear complication. The remedy was prescribed because of the characteristic eye symptoms (*keratitis parenchymatosa*). There seemed no special indications as far as the ears were concerned, except those common to disease of the auditory nervous structures; no tinnitus, no pain. Eustachian tubes pervious.”

[To be continued.]

*TRANSPLANTATION OF A LARGE FLAP OF SKIN FROM THE FLANK TO THE FORE-ARM.*

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

MR. E., age forty-six, presented himself with the following history: When a lad six years old, he was one day standing before an old-fashioned open fire, when, apparently from the effect of a recently contracted cold, he suddenly fainted, and fell headlong into the flame. When rescued, the right arm was found very severely burned. The skin was totally destroyed over the anterior portion, from the shoulder to the base of the fingers. In six months from the date of the mishap the wound had healed. All went well with the youth until four years later, when a small reddish elevated patch appeared in the cicatrice near the flexure of the elbow. This gradually encroached upon the surrounding cicatricial tissue, and for fifteen years, or until the patient was twenty-five years of age, maintained an unbroken surface. About this time it began to ulcerate near the flexure of the elbow, accompanied by a sero-purulent discharge. The ulceration and discharge gradually increased. From year to year but little progress could be noticed, but through a period of ten years the growth and accompanying ulceration had attained a size approximating the palm of the hand. For eighteen years it went on in this slowly progressive way, when it suddenly took an increased activity, spread with great rapidity, and discharged profusely. This continued for two years, which brings it to the date when the patient first came to my notice. At the time I first examined him, the right arm was flexed at an angle of about  $60^{\circ}$ ; the index-finger was dislocated, from the long-continued contraction of the cicatrice, and drawn backward so that the base of the first phalanx stood upon the dorsum of the metacarpal bone, and the finger was flexed at the remaining articulations to the last degree. The whole hand was also drawn backward slightly, by the extensor action of the cicatricial bands. From about five inches above the flexure of the elbow, to eight inches below, the site of the cicatrice was occupied by an enormous keloid, widely ulcerated, and with the edges raised and everted. At its widest part the growth measured three and three-eighths inches. The patient was a farmer, and all these years had followed arduously all the laborious work ordinarily falling upon one of that occupation. Winters he had worked for weeks at a time in the logging-camp, wielding the axe as effectively as his companions, and summers he swung the scythe and pitched hay with equal vigor. It seems a plausible conclusion, that the ex-

treme tension which such severe labor constantly brought upon the contracted cicatrice, at least greatly aggravated the growth.

After heroically bearing the discomfort attendant upon such a state of matters for all these years, he at last gave up, believing that nothing remained but to have the arm amputated, and he consulted me with that end in view.

A careful examination of the arm showed a sound and vigorous condition of all the muscles; the patch of skin only seemed involved, and with the exception of the presence of the annoying ulcer and accompanying discharge, and the flexure of the arm at the elbow, the limb was strong and serviceable. Under the circumstances I could but strongly urge against amputation.

The possibility of the removal of the diseased mass by free dissection, and the repair of the gap by the transplantation of a flap of skin from some distant portion of the body, presented itself. After duly considering this plan, it was determined to attempt it. In pursuance therewith, the patient was duly etherized, the field of operation thoroughly disinfected, and the whole mass rapidly dissected off. The skin and subcutaneous connectives were cleanly removed down to the muscular fascia. A muslin pattern was then cut exactly the shape of the wound, and its form marked out on the right flank in such position that when the arm was brought down to the side of the body, the prospective flap could be laid over on to the arm, and thereby cover the wound. The flap was cut about one inch larger than the pattern, to allow for contraction. It was rapidly dissected up and left attached the whole length of the inner border, that is, the border nearer the umbilicus. The arm was then brought into position, and the flap laid over the wound. It covered it completely, and the edges were fastened by continuous silk sutures all around. The arm was fastened to the side by long, broad bands of adhesive straps, and the patient put in bed. Warm compresses were kept upon the flap for the first twenty-four hours. By this time the circulation seemed well established, and union appeared to be taking place along the united edges. During the second twenty-four hours, the flap became considerably over-suffused with blood. It looked like skin which had been subjected to just sufficient heat to produce redness without vesication. During the third twenty-four hours, a line of œdema appeared along the edge of the flap farthest removed from the pedicle. This œdema rapidly spread until the larger part of the flap was involved. Shortly after the first appearance of the œdema, a leaden-colored border appeared along the edge where the œdema was first seen. It was evident that sloughing of a portion of the flap, at least, must occur. The œdematous swelling of the flap lifted it considerably above the



level of the surrounding skin, thereby separating the edges, which had apparently united, and tearing out the sutures. Sloughing progressed slowly during the next few days, and the necrotic tissue was trimmed away with the scissors as fast as its vitality was lost. Such shreds as were cut away were quite firmly united to the bottom of the wound, showing that adhesions had quickly formed between the inner raw surface of the flap and the muscular fascia. On the eighth day the flap was separated from its original site in the flank, and the arm set free. The flap very quickly changed color, after detachment, from the almost livid appearance which it had presented, to an almost bleachy whiteness. It seemed firmly attached to its new location, the œdema rapidly diminished, and sloughing quickly ceased. The separation of the edges of the flap, and the sloughing, left quite a broad margin along the outer side uncovered. As soon as healthy granulations had sprung up, skin grafts were thickly set. The method pursued in transplanting the grafts was essentially the same as laid down in text-books, viz., the thorough disinfection of an area of healthy skin, the picking-up of a point of integument on a needle, and snipping off minute bits of the epidermis with sharp scissors. These bits were placed in rows across a selected area, covered with isinglass plaster, and allowed to remain undisturbed for three days. This method of holding the grafts in place proved very unsatisfactory, for the reason that the plaster very soon became softened by the discharge, the edges rolled up, and the grafts washed away. Hardly two per cent of the grafts so treated took. It must be evident that if much aid was to be gained through skin grafting, a different method of fixing the grafts in position must be devised. To that end, strips of organdy muslin, a wide-meshed thin fabric, were used in place of the plaster straps. They were drawn tightly across over the line of grafts, and the ends which lapped over on to the sound skin were plastered down with collodion. This device worked to a charm. The wide meshes of the muslin permitted free exit for the discharge, and at the same time held the grafts securely in place. From this time on, the healing progressed without interruption; the new islands of epidermis spread rapidly and coalesced.

As soon as the arm was freed from the body, the large wound in the flank, caused by the removal of the flap, demanded as constant attention as the arm. This rapidly filled up to a level with the surrounding skin with granulation, and skin-grafting was resorted to, after the same method as already described.

The operation was performed on the eighth of May, and

the patient returned to his home in New Hampshire on the 10th of the following August, with arm and side soundly healed.

At the time of separation of the flap on the eighth day, considerable trepidation was felt lest death of the whole flap should follow. Subsequent developments seem to indicate that an earlier division even might have been better.

From the second day, there was certainly an over-supply of blood in the flap, as indicated by the œdema. It is quite possible that the capillary blood-vessels all over the base of the flap rapidly united with those of the denuded surface of the arm beneath. It is also quite conceivable that the lymphatics were much slower than the blood-vessels in uniting, and thereby failed to furnish exit for the increased amount of lymph poured into the tissues of the flap, from the double source of blood supply, viz., the original attachment of the flap, and the new adhesions beneath.

The method of holding the grafts in place with the strips of organdy muslin and collodion is, I think, an original one, and, from the success attending its use here, is worthy of further trial.

For the purpose of gaining knowledge as to what has been accomplished in the transplantation of large flaps of skin in the past, quite an extensive review of current medical literature has been made with the following results :—

Previous to 1869 no attempts were made to transplant large flaps of skin, on account of the difficulty in the repair of the correspondingly large area from which they must be taken. With Reverdin's discovery of skin-grafting, in the year above-mentioned, the relief of contractions, deformities, and blemishes of the skin, by the transplantation of flaps of considerable size, received an immense impetus. The Taliacotian method for the construction of a new nose had been practised since 1597, and very likely flaps of a similar size had occasionally been transplanted for other purposes; but in all cases found upon record, the flaps were diminutive previous to Reverdin's discovery. Since that date, the size of transplanted flaps has steadily increased. The one described in this article, thirteen inches by three and three-eighths inches, is the largest found upon record. The time which has elapsed from the primary operation to the final separation of the flap varies from seventy-two hours<sup>1</sup> to ten days<sup>2</sup> or more.

Dr. James Adams<sup>3</sup> of London successfully transplanted a flap from the chest to the fingers of the right hand, in 1881.

<sup>1</sup> Dr. J. M. Warren, Boston Med. and Surg. Journal.

<sup>2</sup> Ashurst's Enc. Surgery, vol. v. p. 453.

<sup>3</sup> London Lancet, 1881, vol. 2, p. 948.

The flap was not large, one inch by two and a half inches. The date of separation of pedicle is not given.

Mr. Mayo Robinson,<sup>1</sup> in 1885, transplanted a large flap, dimensions not given, from the thorax to the fore-arm, detached the twelfth day.

Mr. W. Pye,<sup>2</sup> in 1882, transplanted a flap from the fore-arm to the face, detached on fourth day.

Dr. Cabot of Boston transplanted a flap from the chest to the forearm, but the date of the separation of the pedicle is not given.<sup>3</sup>

From my experience in this case and gleanings from others, by opinion is that earlier separation of the pedicle (at the third or fourth day) than has been generally practised is both safe and productive of better results than to wait longer.

It is well known that the experience of the past teaches against the surgical treatment of cicatricial keloid growths, but the transplantation of new tissue to fill the gap has not been practised as in this case. It remains to be seen whether the keloid returns. Even if it does, and its growth is as slow as the original one, the patient's threescore and ten years will have long been passed before it attains such proportions as before.

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#### *LIBERTY OF OPINION IN THE ART OF THERAPEUTICS.*<sup>4</sup>

THE Margaret-street Infirm'ary for Consumption and Diseases of the Chest, now in the fortieth year of its existence, has recently been the arena of a conflict between the partisans of old-school medicine and the adherents of homœopathy. It has a large staff of medical officers, two of whom, Dr. Jagielski, one of the three physicians in ordinary, and Dr. Marsh, one of the visiting physicians, have for several years been converts to the system of Hahnemann, and have employed homœopathic remedies in the treatment of their patients in the infirmary. Though they made no concealment of their change of treatment, no notice was taken of this until last year, when a movement was commenced by some of the members of the medical staff, aided by the executive committee, to oust them from their posts on the medical staff. At the instigation of six of the allopathic members of the staff, the executive committee addressed a letter to Drs. Jagielski and Marsh, calling on them to cease treating the patients homœopathically, to resign any appointments held in homœopathic institutions (Dr. Marsh, as is well

<sup>1</sup> London Lancet, 1885, vol. 1, p. 255.

<sup>2</sup> Ibid, 1882, p. 1377.

<sup>3</sup> Boston Med. and Surg. Journal, lxvi. p. 88.

<sup>4</sup> From the March issue of the Monthly Homœopathic Review.



known, is one of the physicians to the London Homœopathic Hospital), or to resign their appointments on the staff of the Infirmary. Our two colleagues replied that the laws of the Infirmary gave the executive committee no right to interfere with the medical practice of their medical officers, nor to require their resignation of appointments outside the Infirmary, nor to call upon them to resign their appointments on the staff of the Infirmary. On this the executive committee summoned a special general meeting of the governors, "in order to ascertain their views on the subject," but owing to an informality in the mode of summoning the meeting, it could not do any thing. The annual general meeting is fixed by the laws of the Infirmary to take place on the fourth Wednesday of January. Accordingly on that day—the 26th January—the opponents of homœopathy on the medical staff, the executive committee, and their friends among the governors, assembled in unusual numbers, resolved to try and do something to secure the ejection of the innovating physicians from the Infirmary. But with the fatality that seems to attend all the proceedings of the executive committee, it was found that the accounts had not been audited, and therefore could not be passed, and that the report had not been presented in due form: so the chairman, Lord Grimthorpe, decided that, as in consequence of this neglect no business could be transacted at this meeting, it must be adjourned to a future day. But before the adjournment Dr. Dudgeon called the attention of the meeting to a circular that had been sent to the governors by seven members of the medical staff, in which they assumed to be "the medical staff," though they were only a portion of it, and no meeting of the medical staff had been summoned as required by the laws in order to consider the circular issued in their name. He begged to move that these seven members, in claiming to be the medical staff, had acted in an irregular manner. This was seconded by Dr. Jagielski, and carried by a show of hands.

Dr. Dudgeon next directed the attention of the meeting to the letter addressed by the executive committee to Drs. Jagielski and Marsh, which he contended was not authorized by the laws of the Infirmary, which gave the executive committee no authority to dictate to the medical officers how they should practise, still less did the laws give the executive committee any right to call on any of the medical staff to resign their appointments on the staff. He therefore moved that the executive committee, in sending this letter to Drs. Jagielski and Marsh, had committed an irregularity. This motion, too, was passed; the votes being nineteen for the motion, and fifteen against. Of course the committee, who were present in force, voted to a man against

the motion which condemned their own action. At the adjourned annual meeting, held on the 2d February, the accounts being audited, and the report properly presented, these were both passed, and no further effort was made to interfere with the physicians who had adopted the homœopathic treatment.

Thus the endeavor of the seven objecting members of the medical staff, and of their friends in the executive committee, came to naught, and both got from the meeting what practically amounted to a vote of censure for their attempts to interfere with the liberty of opinion and of practice of the physicians of the institution.

The cause of right and justice has thus triumphed in the Infirmary; but it is not to be expected that the bigots will sit down quietly under their defeat. Were they ever so much disposed to let matters alone, the medical periodicals and societies would not suffer them to do so. Indeed, the week before the question was decided, "The Lancet," in a short paragraph, said that if the physicians who practised homœopathically in the Infirmary were not turned out, it would be the duty of the other doctors to resign. Nothing could give the advocates of liberty of opinion more pleasure than to see the intolerant party send in their resignations, for it is always delightful to see your adversary "cut off his nose to vex his face." But we doubt if this happiness is in store for us, at least not without some further effort on the part of the champions of intolerance. In the mean time, the posts of Drs. Jagielski and Marsh are quite safe, for the proceedings of the last two months have shown that by the laws and constitution of the Infirmary, no one has the right to find fault with the practice of the physicians, and that they are practically irremovable.

Moreover, the seven illiberal members of the medical staff do not include the whole of the non-homœopathic physicians. The senior physician of the Infirmary, Dr. Cooper Torrey, is strongly opposed to the action of the seven, and is a zealous advocate of the right of every medical officer to practise according to his convictions. It is extremely gratifying to us to find a man of Dr. Torrey's eminence and experience such a staunch upholder of freedom in matters of science, and of justice to his colleagues, even though they differ from him in their medical views.

The spirit of this intolerant seven offers a marked and lamentable contrast to that of their liberal-minded colleague. There is something pitiful and contemptible in the spectacle of a number of the representatives of what ought to be a liberal profession, who arrogantly claim to be scientific, while they deny

us all right to the appellation, thus stultifying their pretensions, and degrading a noble calling by banding themselves together into a trades-union gang for the purpose of suppressing liberty of opinion, attempting to force their own views on their colleagues, or, in the event of not succeeding in this, endeavoring to obtain their expulsion from the posts they have hitherto filled with credit to themselves and advantage to their patients. In order to accomplish their unworthy end, they issue a circular addressed to the governors of the Infirmary, in which they incorrectly describe themselves as *The Medical Staff*, a title to which they have no more right than the three tailors of Tooley Street had to that of *the people of England*. In this circular, in which they prate of their "fairness and honesty," they insinuate that their two colleagues obtained their election to the medical staff on false pretences, viz., by falsely representing themselves to be "duly qualified medical men, practising medicine on generally recognized principles," when they knew very well that Dr. Jagielski and Dr. Marsh had all the qualifications required by the laws of the Infirmary, and that they practised medicine in the ordinary manner when they were elected, and only adopted the homœopathic treatment some years afterwards, after careful study of it and conviction of its truth.

It is absurd to suppose that physicians, who, when first elected, were considered perfectly competent to fulfil the duties of medical officers of the Infirmary, should become incompetent because they have learned more than they knew before, and have made themselves practically acquainted with what they consider a better method of treatment. The mode adopted by the seven members of the staff to disprove the truth of homœopathy, reminds us of the celebrated Irish criminal, who, when he was told that two witnesses were ready to swear that they had seen him commit the crime, said he could bring twenty witnesses who would swear they had not seen him do it. This negative testimony was not held to be as valuable as the prisoner believed it to be; but this is precisely the sort of testimony adduced by these opponents of homœopathy. Two of the staff, having carefully tried homœopathy, testify to its excellence; but seven of the staff, not having tried it, confidently assert that it is utterly useless. Seven witnesses must surely outweigh two!

This sort of negative evidence is overwhelmingly convincing to medical societies, from which all who have any practical acquaintance with homœopathy are rigidly excluded, and where every member has formed a foregone conclusion, evolved, like the German professor's camel, from his inner consciousness, that homœopathy is utterly and entirely wrong. But when such evidence is brought before a meeting of intelligent laymen, it is



brushed aside as altogether worthless, and the testimony of those who have studied and tried the treatment is alone regarded as entitled to any consideration.

The rebuff given by the resolutions passed by the meeting to the meddlesome and bigoted adherents of the old school, and their aiders and abettors in the executive committee, is a triumph for the cause of freedom of opinion in medicine. Had the intolerant anti-homœopathic representatives of old-school medicine in the Infirmary for Consumption had their own way, and been confirmed in their pretensions to suppress the practice of their colleagues when it differed from their own, they would have succeeded in forging a weapon which on some future occasion would assuredly have been used against themselves. In the mean time, the governors of the Infirmary deserve the grateful thanks of the whole medical profession for having vindicated the right of every medical man to practise his profession in the way he thinks most conducive to the advantage of his patients.

It is curious to note that the College of Physicians in the celebrated resolution which it passed in 1881, designedly against the practitioners of homœopathy, commences its intended anathema by saying: "The College has no desire to fetter the opinions of its members in reference to any theories they may see fit to adopt in the practice of medicine." But these seven members of the medical staff of the Infirmary have no hesitation in rushing in where the College feared to tread, for they evince the most earnest desire to fetter the opinions of their members.

In the circular to the governors, in which the seven members of the medical staff impudently represent themselves to be "The Medical Staff," — for which they were justly rebuked by the meeting, — and in which they make the *suggestio falsi* that their two colleagues obtained their election to the staff under false pretences, these high-minded gentlemen utterly deny the accusation of "conspiracy and persecution" brought against them by their two colleagues in a circular they addressed to the governors. In this paper Dr. Jagielski and Dr. Marsh do certainly accuse "some members of the executive committee" of "conspiracy and persecution," but they do not indicate their opponents on the medical staff. The energy with which the seven members of the medical staff repudiate the accusation which was not especially directed to their address, looks like a consciousness of guilt, and their profession of "fair and honest" conduct reminds us of the lady who Hamlet's mother thought "doth protest too much."

The whole transaction would make a good plot for a melodrama. We have first the two doctors testing the heretical

system in secret, then becoming satisfied of its efficacy, and openly practising it on their patients. Then we see the seven sworn enemies of innovation, and defenders of the ancient faith (by-the-by, seven is a capital number; there were seven sages of Greece, and there are seven cardinal virtues and seven deadly sins), laboring to induce the old and venerable senior physician to join them; but foiled in their attempt by his incorruptible virtue and attachment to freedom of conscience, they conspire in secret, hold hole-and-corner meetings, at which they draw up a round-robin calling on the executive committee to expel the heretics. The executive committee, nothing loath, summon the innovating two to renounce their heresy, or else leave the sacred precincts of the temple of orthodoxy. The two positively refuse, and defy the committee to do their worst. The committee try accordingly, but can do nothing. Then the annual meeting comes on, and the conspirators muster in strong force, hoping that some opportunity will present itself for carrying their desire into execution; but one of the governors, who has devoted himself to a profound study of the laws of the institution, shows that in acting as they have done, both the seven conspirators and their accomplices of the executive committee have broken these laws. On this the meeting passes a vote of censure on both sets of law-breakers, and the curtain falls on a grand tableau, representing the Triumph of Liberty of Opinion, and the Defeat of Bigotry and Obscurantism!

Since the above was in type, the enemies of homœopathy in the executive committee, ignoring altogether the votes of the annual general meeting, summoned a special general meeting of the governors, which was held on the 16th February. At this meeting, at which Lord Grimthorpe again presided, the Rev. W. R. Mowll, the chairman of the executive committee, moved the following resolution: "It having been proved that Drs. Jagielski and Marsh have treated patients of the Infirmary homœopathically, that Dr. Jagielski's name appears in the 'Homœopathic Directory,' and that Dr. Marsh holds an appointment on the staff of the London Homœopathic Hospital, these gentlemen be requested to resign their position on the staff of the Infirmary." This was seconded by Capt. Hunter Baillie, a member of the executive committee. Dr. Dudgeon moved an amendment to this effect: "That any attempt to limit the liberty of opinion or practice of the medical officers is not sanctioned by the laws of the Infirmary, is prejudicial to the interests of the Infirmary and its patients, and is contrary to the spirit of the Medical Act of 1859." This was seconded by Mr. Oliver Bryant, and after a lively discussion, in which Dr. Cholmely figured as the advocate

of the objecting members of the medical staff, and was supported by the Rev. J. J. Coxhead, a member of the executive committee, while Drs. Jagielski and Marsh ably defended their action, the amendment was put to the vote and carried by twenty against seventeen. Previously to the meeting a circular had been sent to the governors, marked in red ink "Urgent and Important," earnestly entreating the governors to attend the meeting and support the motion for compelling the two homœopathizing medical officers to resign, and declaring that if the homœopathic practice was continued in the Infirmary the majority of the medical staff would resign their posts thereat. This was signed by six of the medical staff, the treasurer, the solicitor, and several of the executive committee, in all fifteen persons. But as the opponents of liberty of opinion could only muster seventeen, it does not seem that this appeal to the governors had had much effect.

Since their decisive defeat, we learn from the "Lancet" that these six members of the medical staff have sent in their resignation, and the same step has been taken by their chief supporters in the executive committee. It is to be hoped that the friends of liberty of opinion in medical matters will come forward in large numbers, and become governors of the Infirmary, in order to keep it in a flourishing condition as an institution not dominated by the narrow-minded exclusiveness of a sect, but one where the medical officers are accorded perfect liberty of opinion and practice in the art of therapeutics.

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*STATEMENT AND APPEAL OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.*

THIS School was established in 1873. There was then but one other medical school in Massachusetts, and although there were several in New England, yet in none of these could a physician or student learn any thing of the principles of homœopathy. To-day, of the eight or more medical schools in this section, this one alone imparts any knowledge of the system which has done so much to change and improve medical practice in this country.

This School is connected with, and forms a part of, Boston University, an important institution, firmly established, embracing as departments good schools of law, theology, and medicine, and colleges of liberal arts, music, and agriculture, and favorably known among the educational institutions of this country. Its medical students, therefore, have the advantages of university connections, and its graduates receive their diplomas from the



trustees of the University. The funds of Boston University are, however, not sufficient to devote any portion thereof to the support of the Medical School, the current financial resources of which are derived mainly from tuition fees of its students.

It was designed to supply a great want in the profession and the community. The increasing demand on the part of the public for physicians acquainted with the principles and practice of homœopathy rendered it necessary to provide some school for such instruction. It was, moreover, deemed especially important, to secure the most thorough instruction in every department of medicine, and to give not only a complete theoretical and practical course in homœopathic therapeutics, but also scientific teaching in all the fundamental and auxiliary branches of medicine.

To accomplish this in the best manner, it was necessary to step aside from the then prevailing custom of medical schools, which was to allow any applicant to enter upon the medical course without examination, and, after attending for two successive seasons the same annual course of didactic lectures, covering four or five months, to graduate as Doctors of Medicine, after passing a slight examination. In place of this, the Boston University School of Medicine, from its foundation, has insisted on entrance examinations to ascertain the fitness of students to begin the study of medicine, and has established a graded course of three years required, or four years optional, with constant attendance during eight months of each year, and students are obliged to complete the studies of one year before being advanced to those of the next.

Its leading characteristics are:—

1. It is established in Boston, an educational centre.
2. It forms a part of Boston University, an institution of the most progressive and liberal character.
3. It has a large and able teaching faculty.
4. It requires evidence of sufficient preliminary education to fit the student for the study of medicine before admission to the School.
5. It provides a carefully graded minimum course of three years before graduation.
6. It was the first school in this country to provide a course covering four years for those who wish to pursue their studies with special thoroughness and with suitable leisure for collateral reading, and to obtain professional experience under the direction of the faculty.
7. It demands the actual attendance at a medical school three full years, as a condition to graduation.
8. It requires that every student shall pass a successful ex-

amination in all the studies of each year, before promotion to those of the next.

9. It has restored the degrees of Bachelor of Medicine, and Bachelor of Surgery, to be attained by students in the four-years' course, who, at the end of the third year, pass a worthy examination.

10. It confers no honorary or *ad eundem* degrees. Its diplomas are obtained only for work actually done in the School.

11. It admits, both as teachers and students, men and women, on equal terms and conditions, to the exercises of the School.

12. It gives, in addition to the various branches of medicine usually taught, a thorough knowledge of the homœopathic system.

13. It secures for its students in its extensive clinics, not only instruction illustrated by observation, but it requires them to have the personal care of medical, surgical, and obstetric cases, under the supervision of the faculty, previous to graduation.

14. It has finished a new chemical laboratory for practical work by the entire class; a reading-room, in which students have access to medical journals and works of reference; and it has constructed a new and improved system of heating and ventilation for its building.

15. Its diplomas are honored at home and abroad, and its graduates occupy respected professional and public positions.

By any one conversant with the conditions of medical education prior to the establishment of this School, or even as it exists at the present time in many parts of this country, it will be readily seen that the Boston University School of Medicine has taken a leading position in regard to medical instruction. Its influence is shown in the fact that many other medical schools are adopting its methods and following its examples.

Not only has it set the example of thorough systematic methods in medical instruction, but it has educated to graduation upwards of four hundred physicians, many of whom are practising in Boston, and other parts of New England; some are settled in the Central, Southern, and Western States of the Union, and others are in the British Provinces, England, Germany and France, South America, the Sandwich Islands and Australia, while some are residing as medical missionaries in Asia and Africa. Thus this School primarily and largely affects Boston and New England, while its influence is wide-spread and is felt in most distant places.

The medical profession is overcrowded by the incompetent and poorly educated, but there is on every side a pressing demand for the skilful and well-educated, and especially for competent homœopathic physicians. There is scarcely a town or village in this country but would warmly welcome such as valuable accessions.

From the first this School has been open upon the same conditions, and has offered the same advantages, to women as to men. The faculty consider that if women are to become physicians, a common humanity demands that they should have the best medical education, and justice requires that they should have medical instruction as thorough and complete as that given to men. In this School women pass the same entrance examinations, listen to the same lectures, are present at the same demonstrations, attend the same clinics, and do precisely the same work, as men ; and there is, perhaps, no other medical school in the world where women students have such advantages, and occupy so favorable a position. The work is so arranged that any woman can perform it without impropriety or loss of self-respect, and, indeed, her presence is a positive benefit to the entire School. Hence, those who favor the higher, and especially the medical education of women, should feel their sympathies warmly enlisted in the success of this School, and should do all in their power to assist it.

The expenses of sustaining a medical school are necessarily very great, much larger than those of any other professional, scientific, or literary school. In a matter so important to us all, where life or death may depend upon the knowledge or ignorance of the physician, it is of great importance to provide the best instructors that money can secure ; and with the present broad scope of medical science it requires a large number of these, each one the master of his own branch. The cost of apparatus, of laboratories, and of means for practical demonstrations, is very great, while opportunities for clinical observation and instruction should be ample.

Already there has been established, at great cost, one of the finest hospitals in the country,—the Massachusetts Homœopathic Hospital,—in which are treated a large number of medical cases, and where the most severe and difficult surgical operations are performed. This hospital is intimately connected with the School, whose faculty do much to sustain and give success to it.

The Dispensary connected with the School furnishes each year about forty thousand prescriptions for the sick poor, who, in their distress, look here for relief ; and the large and increasing number applying for aid attests its great value and success. The importance of the Dispensary for the instruction of students is inestimable, but to do such an amount of work involves heavy expenditures. At present the Dispensary is crowded into the basement of the College building, in quarters poorly ventilated and utterly inadequate for its work. A new and separate building on the premises, costing, perhaps, *thirty thousand dollars*, is urgently demanded, and would give facilities for more and better work.



For fourteen years the faculty have successfully conducted this Medical School. With a rigid economy, they have exercised a wise liberality in all matters pertaining to its essential requirements; and, in addition to the earnest efforts they have made and valuable time given, they have often, by personal contributions, supplied the means for making important additions to the regular instruction. Nor do they tire of, or propose to abandon, the great work they have undertaken. But when they consider that their labors are not for themselves, but for the whole community; that every physician here educated goes into some city or town, where, perhaps, the most valuable lives may depend upon his knowledge and skill, and where the duties and work which devolve upon each of them are multiplied by the four hundred graduates, does it not become a matter of great importance to every one that this School and this faculty should have at their command all possible means for perfecting the knowledge and skill of those whom they are to educate?

Moreover, it should be considered, that, while the great public and private contributions to hospitals and dispensaries go mainly to help the individual recipients, a donation which shall improve a medical school not only benefits each one of the large number instructed, but is returned many-fold to the entire community. Sums thus contributed, indirectly, but essentially, aid hospitals, since their usefulness is largely due to the education and skill of the physician.

The School, at present, owns land, buildings, apparatus, and appliances valued at upwards of one hundred thousand dollars, but this is all non-producing property, and yields no income for the support of the School. On the other hand, there is a mortgage upon this property of *thirty-five thousand dollars*, the interest on which at five per cent amounts to seventeen hundred and fifty dollars annually, which must be paid from the income of the School. We appeal to the public, who are to reap the benefit of good medical instruction, if this mortgage ought not to be removed and the School relieved from such a burden. Have they not a personal interest, not only to secure the present efficiency of the instruction, but to furnish the means to obtain from time to time such additional facilities as the development of knowledge demands of all educational institutions?

At the present time the School needs more and larger laboratories; it needs additional scientific apparatus; it needs more surgical appliances for the patients under its care; it needs special instructors on several important subjects connected with medical science; it needs to largely increase its library, that the students may have direct access to the most recent medical publications; it needs a larger museum in which may be placed

valuable anatomical, pathological, and physiological studies ; it needs more free scholarships, for although young women are already thus fairly well provided for, its means are limited with which to assist young men at a point in their lives when a little aid may mean the difference between success and failure. It already has a small sum, the Waterhouse Fund, the income of which is devoted to the prosecution of anatomical studies ; but it needs funds for the support of many other and important chairs ; it specially needs an endowment of at least *two hundred thousand dollars* to enable it to properly sustain departments essential to a complete medical education, and provide means for instruction which shall make it not second to any medical school in this country.

Are these wants unreasonable, or more than the public ought to relieve ?

Can any generous man or woman contribute money where its good effects would be more widely diffused ?

Can any one invest his property where by the saving of lives, possibly of those nearest to him, it would pay better dividends ?

Can any one leave a legacy where it would do more good after his death ?

Can this year, the semi-centennial of the introduction of homœopathy into New England, be better improved than by giving to this Medical School greater means of usefulness ?

Have not you a duty in this matter ?

In presenting this appeal and statement, the undersigned, a committee of citizens, warmly commend to the public so good a cause. Any subscriptions, contributions, or donations may be sent to the treasurer of the committee, Spencer W. Richardson (Richardson, Hill, & Co.), 40 Water Street, Boston, by whom it will be duly acknowledged.

HENRY S. RUSSELL, *Chairman.*

WILLIAM CLAFLIN.

ALEXANDER H. RICE.

CHARLES R. CODMAN.

ALANSON W. BEARD.

SAMUEL LITTLE.

ISAAC FENNO.

OLIVER DITSON.

FRANK M. AMES.

R. M. PULSIFER.

F. A. DEWSON.

CHARLES G. WOOD.

JAMES M. BUGBEE, *Secretary.*

SPENCER W. RICHARDSON, *Treasurer.*

## FORM OF BEQUEST.

I hereby give and bequeath to the Trustees of the Boston University, an educational institution duly incorporated by the State of Massachusetts, the sum of \_\_\_\_\_ dollars, to be applied under the direction of the said Trustees to the support and benefit of the Boston University School of Medicine.

*MULLEIN OIL. A QUERY ANSWERED.*

MR. EDITOR, — As Dr. Whiting of Malden asks, “Who was the discoverer of mullein-oil in Massachusetts?” let me say it was never discovered in Massachusetts, and the old lady down in Maine, who advised him to try it *fourteen years ago*, was thirty or thirty-five years late. It must have been more than forty-five years ago, that a blind man, in return for a kindness, told my father how to make and use it for deafness; and we have had it in our family nearly all of the time since. About twenty years ago, I spoke of its action before the Massachusetts Homœopathic Medical Society. The daily papers published my remarks; and for weeks after, I received so many letters in regard to it that answering them really interfered with my business, and several came from Maine. *Perhaps* the “old lady way down in Maine” was one of my correspondents. It has “come to the front” much more through the enterprise of others than myself, and this morning I received a check from a firm who ordered “all I could spare.” Use the remedy, doctor, and never mind the discoverer; he died long ago: but don’t use that made by putting olive-oil on the mullein leaves or blossoms.

A. M. CUSHING, M.D.

SPRINGFIELD, MASS.

## SOCIETIES.

*WORCESTER-COUNTY HOMŒOPATHIC MEDICAL SOCIETY.*

At the quarterly meeting of this society, Wednesday, Feb. 9, 1887, Dr. Cushing of Springfield gave a brief talk on Diphtheria, in which he treated of the characteristic symptoms of the disease and the remedies.

C. S. Pratt, M.D., of Shrewsbury, read a paper on “The Application of Certain Remedies in Common Colds, Bronchitis, and Pneumonia.” In speaking of common “colds,” he recommended two drops of camphor in a teaspoonful of sugar every hour; for corrosive discharges from the eyes or nostrils, iodide of arsenic;



and for catarrhal watery discharge from the eyes and nose, euphrasia. By the use of eucalyptus, diphtheria has in some cases been changed from the putrid form to a mild one. Eucalyptus can also be used as a gargle. Iodide of potassium, and potassium phosphate, have relieved a number of cases of asthma, especially of the dry type. The principal part of the paper, however, was devoted to the treatment of senile pneumonia, which the speaker considered the most fatal and frequent of the diseases of the aged. A hard chill is generally followed in the old by pneumonia, which does not seem severe, but is apt to be insidious in its advance. Physical inspection often reveals little; but the chill, fever, prostration, and difficulty of breathing, and the frequency of the disease, are the guides to the diagnosis. Many of the aged die suddenly, and if a post-mortem be held the lungs are found to be engorged and hardened. The pulse is but a poor guide to the condition of the case, as in old persons it often does not register the heart's action correctly. Some affected with the disease, especially in the latest form, work a little, and keep about every day, and then expire without any warning. An enfeebled heart is a frequent cause of death in the old. A heart that has labored and pulsated for eighty or ninety years, acted on by joys and sorrows, hopes and fears, may easily get weary of its great toil, and stop beating. As to the treatment of the patient, the strength should be supported; keep up the weak heart by digitalis, and insist on plenty of rest. Stimulants should be used if needed, and the proper homœopathic remedies should be used.

At the afternoon session Dr. Lamson Allen of Southbridge, the secretary of the society, gave his experience in several cases, including mumps, facial neuralgia, incipient bronchial phthisis, nervous diarrhœa, rheumatism, acute peripheral paralysis of the seventh nerve; after which the meeting adjourned. The next meeting will be held in May, under the direction of Dr. J. K. Warren, and the subjects of Surgery and Gynecology will be considered.

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*BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—STATED MEETING, MARCH 3, 1887.*

PRESIDENT C. H. WALKER, M.D., in the chair. The meeting was called to order shortly after 7.30 o'clock, there being a large number present.

The business records having been read and approved, the following physicians were elected to membership: James Hedenberg, M.D.; F. W. Halsey, M.D.; C. F. Osman, M.D.; J. F. Hadley, M.D.; L. F. Potter, M.D.

Proposals for membership were then received from the following: W. C. Stratton, M.D., of Milton; C. M. Fuller, M.D., of Boston; H. K. Bennett, M.D., of Fitchburg; H. A. French, M.D., of Lawrence. Referred to Censors.

*Scientific Session.*—Subject, Milk. Professor James F. Babcock, the milk inspector of Boston, having been introduced, gave the Society a most interesting as well as instructive “talk” on “Milk and its Adulterations, and the Laws relating thereto.”

The speaker contrasted the ideal with the real milkman, and stated that unfortunately the difference between them is very great.

Many people imagine that *their* milkman keeps cows. Nothing could be farther from the truth. The forty-five thousand gallons of milk per day with which Boston is supplied is brought from a territory including a radius of one hundred miles. This milk is brought in on freight-cars, handled by contractors who sell to the milk-peddlers. The milk when delivered to customers is rarely less than forty-eight hours old, for it arrives too late to be delivered the same morning, and has to be taken to the milkman's stable or milk-room, thus affording him ample opportunity for any fraudulent manipulations to which he may be prompted by his love of gain. In the afternoon the small cans supplied to customers are filled directly from the large cans as they are received, if the milkman is honest; if he is not, the milk is first subjected to a variety of manipulations which generally are not in themselves directly injurious.

Of the five hundred milkmen in Boston, the speaker estimated that three-fourths do an honest business, the rest being “constitutionally and chronically crooked.” These latter will tell their customers that they keep cows, and assure them that they are receiving “one cow's milk,” when perhaps in reality the innocent consumer is not getting even one dairy milk, and what they do get has often been tampered with.

The chief change made in the milk is to dilute it with water. The milkman takes off as much cream as he dares, and then adds an equal quantity of water. This gives to the milk a blue color which would be regarded by customers with suspicion, so the milk is colored with burnt sugar or annotto, which imparts to it a very rich creamy color. This rich appearance is enhanced by putting a spoonful of whipped cream upon the top of the milk in each family can.

In the summer, in addition to these manipulation, many milkmen insure their milk from spoiling by the use of a preservative usually consisting of boracic acid, which of itself is harmless, but is certainly objectionable because it retards those natural

changes so necessary to the proper digestion of milk. Experiments with artificial digestants prove this.

Skimming, and the addition of water, coloring, and the occasional use of "preservative," are about all the adulterations practised; but these are bad enough. The removal of cream leaves an impoverished food, and statistics show that water used to dilute milk has in more than one instance been the means of disseminating the germs of typhoid and other diseases.

To prevent the adulteration of milk, the Legislature has passed laws providing that all milk sold as pure milk must be of good standard quality, and, after careful consideration, the standard has been fixed at thirteen per cent of solids.

Professor Babcock's remarks were interspersed with amusing anecdotes of the many tricks of the trade, and he very kindly answered all questions asked concerning the subject.

After a vote of thanks had been tendered Professor Babcock, the meeting adjourned.

F. C. RICHARDSON, M.D., *Sec.*

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*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.*

THE annual meeting was held at Cooley's Hotel, Springfield, Wednesday, March 16; Vice-President Dr. George B. Peck presiding.

After reading of records, and report of treasurer, the following officers were elected for the ensuing year:—

President, O. W. Roberts of Ware; First Vice-President, George B. Peck of Providence; Second Vice-President, J. H. Carmichael of Springfield; Secretary and Treasurer, G. H. Wilkins of Palmer; Censors, W. F. Harding of Westfield, G. F. A. Spencer of Barre, J. P. Rand of Monson.

Dr. Charles Hayes of Providence, delegate from Rhode Island State Society, was introduced, and in a few well-chosen words reported the progress of homœopathy in our sister State.

Papers of more than ordinary interest were presented by members of the Bureau of Gynecology and Obstetrics.

Dr. G. B. Peck, on symptomatology *vs.* pathology.

Dr. L. B. Parkhurst, on dysmenorrhœa.

Dr. J. H. Carmichael, on experience with cerates, and rambling thoughts on surgery.

Dr. G. F. Forbes reported clinical cases.

The papers were ably discussed, and each person present must have felt the truth of the saying, "It is a great thing to mix betimes with clever men. One picks their brains unconsciously."



About half of the members of the Society were present, and we hope for as full an attendance at every meeting of the year.

G. H. WILKINS, *Secretary.*

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CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

THE annual meeting of the Alumni Association of the Chicago Homœopathic Medical College was held at the Grand Pacific Hotel, Chicago, Feb. 23, 1887.

The following officers were elected for the ensuing year: President, W. F. Knoll, M.D., of Chicago; Vice-President, H. W. Danforth, M.D., of Milwaukee, Wis.; Secretary, W. M. Stearns, M.D., of Chicago; Treasurer, S. U. Schneider, M.D., of Chicago.

The Executive Board has in preparation a series of meetings for next fall and winter, where papers will be presented for discussion, and addresses given, by prominent men in the profession.

W. M. STEARNS, M.D., *Secretary.*

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REVIEWS AND NOTICES OF BOOKS.

WEAR AND TEAR; OR, HINTS FOR THE OVERWORKED. By S. Weir Mitchell, M.D., LL.D. (Harvard). Fifth edition. Philadelphia: J. B. Lippincott Company, 1887. 76 pp.

“*Wear* is a natural and legitimate result of lawful use, and is what we all have to put up with, as the result of years of activity of brain and body. *Tear* is another matter: it comes of hard or evil usage of body or engine, of putting things to wrong purposes, — using a chisel for a screw-driver, a penknife for a gimlet. Long strain, or the sudden demand of strength from weakness, causes tear. Wear comes of use: tear, of abuse.”

On the above text, and in this attractive little volume, Dr. Mitchell preaches to the American people a terse and eloquent sermon, in which are pointed out the differences between muscular and mental overwork, the faults in the education of our youth, especially of our girls, the results of too unremitting mental application, the symptoms which first warn one that “wear” is giving place to “tear,” and the few simple preventive measures which may help to ward off from our ambitious race premature senility, and all that train of nervous maladies to which we are too prone. Convincing statistics as to the increase of

nervous diseases during the last thirty years, in certain sections of our country, add grim emphasis to Dr. Mitchell's warnings.

It is a physician's duty and a layman's privilege to instruct himself from this little work, so wise in matter, so graceful in style, on a subject vital to both profession and laity. The volume is presented in very attractive form.

NERVOUS DISEASES, AND THEIR DIAGNOSIS. By H. C. Wood, M.D., LL.D. Philadelphia: J. B. Lippincott Co. 1887. 501 pp.

A new work on nervous diseases, by one of America's foremost authors, cannot but be interesting and welcome. The author does not, in the volume before us, claim to make any striking additions to our knowledge of morbid conditions of the nervous system. His aim is rather to "give freshness to an old subject" by presenting it in a form which has proved very satisfactory as used in the clinics of the hospital of the University of Pennsylvania. The method adopted is to follow, as closely as possible, the course pursued by the physician in the examination of a case, and pass from the symptoms to the lesion, instead of beginning with the lesion, and proceeding in the conventional text-book manner. The book, therefore, is definitely removed from the elementary, and commends itself rather to the practitioner than to the student just entering upon the subject. To the former it will prove a highly valuable diagnostic guide. It is well, for the clear understanding of any subject, to regard it from all possible points of view; and from the point of view of "diagnostic symptomatology," nervous diseases present many features of interest, which else the student of them might miss.

The modern and too fashionable disease, "neurasthenia," is wisely disposed of in an introduction. Then follow, in order, chapters on paralysis, motor excitements, reflexes, disturbances of equilibration, trophic lesions, sensory paralysis, exaltations of sensibility, disturbances of the special senses, disorders of memory and consciousness, disorders of consciousness, and disturbance of intellection.

The author's originality, in other matters than those of mere arrangement, is evident to every reader of his work; and we trust, for the advancement of knowledge, his readers will be many.

THE PRINCIPLES AND PRACTICE OF OPERATIVE SURGERY. By Stephen Smith, A.M., M.D. Philadelphia: Lea Brothers & Co., 1887. 887 pp.

The thorough revision to which the author has subjected the present edition of his work has resulted in the presentation of

what is practically a new book. The latest discoveries and methods in operative surgery here find full recognition. Within a few years immense advances have been made in renal and abdominal surgery, in the surgery of the osseous and nervous systems, in pulmonary surgery, and in the successful use of the trephine in diseases and injuries of the brain; and these advances are here so clearly and faithfully recorded as to bring the book admirably up to date.

*Apropos* of abdominal surgery, Dr. Smith says, "It can be justly said that the surgeon who allows a patient to die from the effect of a visceral injury of the abdomen, produced by a stab or a bullet-wound, without at least a proposition to resort to abdominal section, has failed to discharge the duties imposed by the teachings of modern surgery." Other of the duties imposed on the modern surgeon are clearly pointed out by the author; among them the employment of antiseptic methods in operating. The author says, "The principles of antiseptic surgery underlie and control the duties of the surgeon throughout the entire management of the case. . . . If, through ignorance or negligence, he fail in any given case to apply these principles with reasonable care and diligence, he would be justly held responsible for any unfavorable results due to conditions which antiseptic treatment would have prevented." Antiseptic principles having given rise to many of the most brilliant triumphs of modern surgery, and having been accepted by the leading surgical authorities of the world, we are told they "must be the basis of judicial estimation of the civil obligations of the surgeon in his operations, until a new standard is established by equally competent authority."

The civil obligations of the surgeon are treated from the legal standpoint, and this point is kept in view throughout the work. The book is rendered authoritative to an unusual degree, by its embodiment of the teachings of the best authorities. It is, as a whole, a highly desirable possession for the practical modern surgeon. It is presented in irreproachable form.

A CLINICAL MANUAL FOR THE STUDY OF MEDICAL CASES.

Edited by James Finlayson, M.D. Second edition. 683 pp. and 158 illustrations. Philadelphia: Lea Brothers & Co. 1886.

This work sets forth the united labors of many experienced teachers, whose understanding of the needs of students and young practitioners is evidenced by the simplicity and directness of their style, and whose desire to fruitfully share their knowledge of the art of diagnosis with the profession at large is evidenced by their thoroughness. The *Physiognomy of Disease*



is discussed by W. T. Gairdner, M.D., LL.D. ; *Insanity*, by Alex. Robertson, M.D. ; *Examination of the Fauces, Larynx, and Nares*, by Joseph Coats, M.D. ; *Disorders of the Female Organs*, by William Stephenson, M.D. ; *Physical Examination of the Chest and Abdomen*, by Samson Gemmell, M.D. ; *Case-taking, Family History, and Disorders in the Various Systems*, not already specified, by James Finlayson, M.D.

The work throughout emphasizes the importance of an intelligent method in examining cases, where time is allowed for the purpose, and seeks to show the relative value of subjective and objective symptoms under various conditions. The object of the book is not to furnish an easy guide to medical diagnosis, but to inculcate principles of thoroughness, and to train the powers of discrimination, as applied to the meaning of symptoms, for the better assurance of clinical success. It might, indeed, be characterized as a dictionary of symptoms, the notable conditions indicated by certain physical signs being concisely and lucidly described. The use of all instruments for diagnostic purposes, and the significance of conditions discovered by them, are made clear. In a word, natural capacity and intelligent study being taken for granted, the book under consideration will do all that any single work is capable of accomplishing, to make a skilled diagnostician of its faithful student. Illustrations are numerous, and the press-work in every respect worthy the reputation of the publishers.

THE YEAR-BOOK OF TREATMENT FOR 1886. Philadelphia :  
Lea Brothers & Co., 1887. 304 pp.

This always admirable little book is, in the present instance, the work of twenty-two contributors. As usual, all that is newest in medical and surgical practice is here presented, in a concise form, to the notice of the medical profession. It is interesting, from the point of view of comparatively permanent therapeutics, to note what fashions in medicine are annually uppermost. At present the search for "safe" antipyretics and hypnotics is eagerly pursued. Whatever may be his estimate of the value of new allopathic "discoveries" in therapeutics, no homœopathist can afford not to master the advances in surgery and obstetrics, which this valuable little book faithfully records ; and we recommend it as indispensable to a progressive practitioner.

DISEASES OF THE JOINTS. By Howard Marsh, F.R.C.S.  
Philadelphia : Lea Brothers & Co. 1886. 461 pp.

This little volume is the latest addition to Lea Brothers' valuable series of clinical manuals. The subject treated—the

diagnosis and treatment of diseases of the joints — is of quite sufficient importance to justify a special treatise, and the present one will be found exceedingly satisfactory. Among the points emphasized by the author, are the recent advances in surgical pathology, through the use of the microscope, and other means of accurate investigation ; the extreme value of rest, as pointed out by Brodie, Hilton, and Paget ; the gratifying results of anti-septic surgery in operations on the joints ; the use of anæsthetics in breaking up adhesions, and of manipulations in restoring motion to joints. As instances of advance in diagnosis may be cited Charcot's disease, ankylosis of finger-joints due to lesions of nerves of forearm, etc., conditions unknown, or at least unnamed, but a few years ago. Special study should be given to the chapters on "Charcot's Disease," "Quiet Disease," "The Joints in Hæmophilia," and the remarks on excision of the hip, which were cheaply bought at the price of the book. In short, the little volume is destined to a usefulness far from little, and is worthy of the handsome form in which it is sent forth.

**OPHTHALMIC LENSES.** By Charles F. Prentice.

A brief treatise on the principles that govern the action of parallel rays projected on and through lens substance of the convex, concave, and prismatic forms. It is intended to be a "Companion Text to the Oculist's Trial Set." Its main value is to the optician, who deals with fixed forms of lenses, and has little to do with the inconstant and diverse complications of the accommodation, though a careful perusal of the book will well repay the practical as well as the theoretical oculist. The work stands alone, in its present form, a compendium of the various laws of physics relative to this subject, that are difficult of access in scattered treatises. The subject-matter is made plain by carefully executed diagrams, whose lines of deflection are intentionally exaggerated for the purpose of illustration. The author has endeavored to do away with algebraic formulæ and mathematical enigmas, in order to adapt it to the comprehension of the novice, and in this has succeeded as far as the possibilities of the subject would admit.

It is published by James Prentice & Son, the deservedly well-known opticians of New York.

The new **CATALOGUE OF OTIS CLAPP & SON** is a handsome and substantial volume, which will prove a convenience to the homœopathic physician, and a source of credit to homœopathy itself. In addition to descriptive price-lists of medicines, adjuvants, surgical instruments, and medical appliances and works, it contains a complete directory of the homœopathic physicians of New England ; a list of towns whose population

exceeds fifteen hundred ; a list of the homœopathic societies of New England, their places and dates of meeting ; and a list of hospitals and dispensaries, with concise and practical information concerning them.

The enterprising business house issuing the catalogue has reason to congratulate itself on offering so useful a volume to the profession ; and homœopathy has reason to congratulate itself that so large and flourishing a business as that to which the catalogue points has been built up on the needs and demands erected by homœopathy.

THE CENTURY for March in its history of Lincoln reaches the stirring times of the movement for slavery extension. There is an interesting symposium on "Faith Healing;" Mr. Cable has a long and powerful story in his characteristic vein ; there is the usual variety of poems and essays ; and in the Bric-a-Brac Margaret Vandegrift has a clever rhyme on the New-England spring, which cannot but malevolently delight the victims of that grim season. New York : The Century Company.

THE POPULAR SCIENCE MONTHLY for March offers more even than its usual quota of interesting reading. Among the papers of especial interest to physicians are, "Higher Education of Women, and the Family," by Dr. Lucy M. Hall ; "The Habits and Family History of Centenarians," by Professor Humphry ; and "Genius and Mental Disease," by Dr. Stevenson. The number is enriched by a fine steel engraving of the late Professor E. L. Youmans. New York : D. Appleton & Co.

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#### BOOKS AND PAMPHLETS RECEIVED.

ORIFICIAL SURGERY, AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES. By E. H. Pratt, A.M., M.D., LL.D. Chicago : W. T. Keener.

A COMPEND OF ELECTRICITY, AND ITS MEDICAL AND SURGICAL USES. By Charles F. Mason, M.D. Philadelphia : P. Blakiston, Son & Co.

CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. By Dr. H. Charpentier. Translated by Egbert H. Grandin, M.D. Vol. I. New York : William Wood & Co.

A TEXT-BOOK OF SURGERY. By John A. Wyeth, M.D. New York : D. Appleton & Co.

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#### PERSONAL AND NEWS ITEMS.

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DR. EMMA J. WELBY, class '80 Boston University School of Medicine, has removed from Boston to Portland, Oregon.

DR. GEORGE W. STEARNS has removed from Holliston to Holyoke, Mass. Office and residence, corner Appleton and Elm Streets.

DR. O. L. JENKINS has removed from Danielsonville, Conn., to Plainfield, N.J.



DR. C. A. CONGDON has returned to Boston, and located at the Hoffman House, 212 Columbus Avenue. Office hours, 10 to 12 A.M., and 1 to 3 P.M.

DR. KATE L. PERKINS has located at No. 9 Union Park. Office hours, 9 to 10.30 A.M., and 1 to 2.30 P.M.

DR. A. A. KLEIN has returned from Europe, and will resume his practice at No. 32 Warren Street, Roxbury.

DR. F. M. HUMPHREY, class '85 Boston University School of Medicine, has located at Daniel-onville, Conn.

THE AMERICAN SYSTEM OF GYNECOLOGY, which for some time past has figured among the more important announcements of Messrs. Lea Brothers & Co. of Philadelphia, we are glad to learn is well through the press, and may be expected shortly.

Numbering among its contributors such prominent authorities as Professors Barker, Battey, Engelmann, Garrigues, Goodell, Reeves Jackson, Lusk, Mundé, Reamy, Thomas, Van de Warker, etc., it will certainly present a thoroughly satisfactory and complete statement of the science in its most recent aspects, and we feel justified in congratulating the profession that what has been peculiarly an American speciality is about to receive from American hands the literary tribute due to it.

### MALTINE IN PHTHISIS.

BY WILLIAM PORTER, A.M., M.D., ST. LOUIS.

AFTER full trial of the different oils and extract-of-malt preparations in both hospital and private practice, I find MALTINE applicable to the greatest number of patients, and superior to any remedy of its class. Theoretically, we would expect this preparation, which has become PRACTICALLY OFFICINAL, to be of great value in chronic conditions of waste and malnutrition, especially as exemplified in phthisis. Being rich in *diastase*, *albuminoids*, and *phosphates*, according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve, and muscle producer.

In practice this hypothesis is sustained. A female patient at St. Luke's Hospital, aged thirty-five, with phthisis, signs of deposit in left upper lobe, losing flesh for six months, poor appetite and night-sweats, began taking MALTINE March 13, 1880. She now weighs a hundred and twenty-one pounds, eats well, no night-sweats, and the evidences of local disease are much less marked.

Another case of phthisis: A gentleman from Alabama, with all the physical signs of phthisis, rapidly losing health and strength. His was the remarkable gain of ten pounds, *from six weeks' use of MALTINE*.

These instances are sufficient for illustration, and are *duplicated many times in the experience of physicians everywhere*. There is a universal reluctance always to testify to results from medicinal preparations, but when, as in this case, the composition is fully known, and the profession invited to investigate the manner of preparing it, there is no reason why the remedy should not receive general approbation, provided it be worthy.—*Quarterly Epitome of Practical Med. and Surg., a Supplement to Braithwaite's Retrospect.*

### EXCURSION TO WESTBOROUGH.

ARRANGEMENTS for the excursion to the Insane Hospital at Westborough have been perfected. Train will leave the Boston and Albany Railroad Depot on Thursday, April 13, at 10 A.M., reaching the Hospital Station at about 11.20 A.M. On returning, train will leave for Boston at 4.46 P.M., reaching Boston at 6.

Round-trip excursion tickets will be sold at \$1.00.

Lunch will be served at the Hospital.

Parties are requested to purchase tickets to *Hospital Station*, and *not* to Westborough, which tickets will also be good on the 11.05 train from Boston.

Members of the Massachusetts Homœopathic Medical Society and other homœopathic societies in New England, together with their wives and friends, are cordially invited.

For further information address

DR. N. EMMONS PAINE, *Westborough, Mass.*

THE  
New-England Medical Gazette.

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

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EDITORIAL.

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“HOMŒOPATHY AND KINDRED DELUSIONS.”

DR. HENRY I. BOWDITCH'S LATE ADDRESS before the Rhode Island Medical Society<sup>1</sup> is a pamphlet worthy of careful perusal by all those interested in the unceasing controversy between the opposing schools of medicine. The words of a scholar and gentleman can never be without weight; and when the speaker can, beside, lay claim to a record of fifty-eight years of faithful and successful labor in the ranks of the medical profession, surely not the bitterest opponent of the views advanced by him can deny him a thoughtful and respectful hearing.

Dr. Bowditch's address, as its voluminous and explicit title indicates, differs materially from most of the utterances of his school on kindred subjects, in that it deals not so much with the fact and the merits — or, from their point of view, the demerits — of homœopathy and eclecticism, as with the treatment which these protestants against the “true faith” have received in the past, are receiving in the present, and may wisely receive in the future, at the hands of their brethren of the “regular” school. And it differs yet more materially from the utterances of Dr. Bowditch's *confrères*, in that it ventures to condemn, and that in no measured terms, the senseless bigotry of

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<sup>1</sup> The Past, Present, and Future Treatment of Homœopathy, Eclecticism, and Kindred Delusions which may hereafter arise in the Medical Profession; as viewed from the standpoints of the history of medicine, and of personal experience. By Henry I. Bowditch, A.M., M.D. From the Transactions of the Rhode Island Medical Society. Boston: Cupples, Upham & Co. Price 15 cents.

this treatment, past and present, and to counsel very radical changes and modifications in it, as regards the future.

Space forbids our making the exhaustive *résumé* of Dr. Bowditch's address which its importance deserves, and restricts us to mention of and comment on certain, only, of its more salient points. One of these is his theory which accounts for the rise and immediate popularity of homœopathy, on the ground of the immense and wholesome re-action it embodied, from the barbarous methods of treatment then in vogue in the "rational" school. He not only admits, he dwells with weight and emphasis upon, the blind and cruel stupidity which salivated a patient into untold agonies, and bled him even for anæmia. He alludes to homœopathy and its "kindred delusions," it is true, with a sort of good-humored, grandfatherly contempt; his greatest praise being that they "only do no harm" to the deluded patients under their control; but he roundly and unhesitatingly adds that this "doing no harm" was an immense and most merciful improvement on the frequently irreparable harm being contemporaneously wrought upon its patients by "regular" medicine. In view of these facts, and of his conviction that the re-actionary homœopathists, if left to themselves, would have naturally abandoned, in time, their "infinitesimals," all but the "infinitesimal grain of truth" which he generously allows may lurk in their theories and methods, and continued loyal to their early associations, Dr. Bowditch claims that the persecution, ostracism, abuse, and slander dealt out to them by the "regulars," were the wildest, the most impolitic, the most disastrous of follies. He speaks as one having authority; for in that memorable meeting of the Massachusetts Medical Society, which resulted in the expulsion of its members practising homœopathically, Dr. Bowditch's voice was raised against this rash measure in no uncertain utterances of plea, warning, and prophecy. He told his colleagues that to expel the homœopathists would be to perpetuate the existence of their tenets, and to insure them following and success. He has lived to see his prophecy fulfilled. A not unkindly twinkle will inevitably come into the eye of the homœopathist who marks the half-suppressed sigh breathing through the words in which this honored veteran points out to his colleagues of to-day how his prophecy has been fulfilled, how the



homœopathy of to-day has at its command hospitals and colleges, large private means and influence, and growing public honors and dignities; so that on our Massachusetts State Board of Health to-day, homœopathy sits down in council side by side with "rational" medicine. So much for the past. Coming down to the present, Dr. Bowditch enters a ringing and most manly protest against the late action of the American Medical Association, in striving to bend its members' liberty of conscience to its own bigoted will. Concerning the future treatment of these "delusions," homœopathy and eclecticism, Dr. Bowditch advocates a "few practical measures," which we cannot do better than to give in his own words:—

"1. Let every State Society follow the lead of New York, and let the members be *allowed*, without injury to their status in those bodies, to consult with members of other 'legally constituted' medical societies. Members would not be *required* to do so, but simply be permitted to consult without loss of reputation. I am well aware that this proposition will strike most of you with almost horror. You have been so accustomed to look down upon these sects, that you forget that they have schools where all branches of medicine are taught quite as well as in many of the smaller schools of the country, and vastly better than they were taught fifty years ago at the highest colleges. You forget that these sects have among their numbers as many honest believers in medicine as you have, although they may have, in some particulars, notions different from those taught in our schools. You shut your eyes to the fact that constantly consultations are going on between orthodoxy and heterodoxy. This is now done secretly or accidentally. Let it be openly done by those who wish to do so; for if men are true to Dr. Jackson's ideas, the regular fraternity can receive no detriment, and the sects will become less. Having no distinctive marks to separate them, all will become merged again in the medical profession as it has been handed down through the ages, always imperfect, yet always improving.

"2. Let members of either of these sects join our State Societies, provided they prove to the State Examiners or Censors that they have studied medicine a proper length of time, and are able to pass the examination required of all applicants for admission, and provided moreover they agree to cease to call themselves by any peculiar name because they desire to enroll themselves as members of our time-honored profession.

"3. Let us endeavor to make the American Medical Association rescind the vote whereby it expelled the New York State Medical Society simply because, by its resolutions, it intimated that the fight between the regular profession and homœopathy and eclecticism had lasted long enough, and that hereafter consultations would be allowed with all 'legalized medical bodies.'

“4. As interweaved with and intimately connected with this controversy, let us, on all proper occasions, and by all means in our power, endeavor to induce the American Medical Association to annul the illegal action of the Judicial Council, requiring an annual signature by all the members to its so-called Code of Ethics, under penalty of not being allowed to attend and take part in the friendly intercourse and scientific discussions of the meetings; a measure which tends to keep alive our divisions, and encroaches upon our individual rights of conscience, instead of promoting that harmony in the profession of America which the Association, by its great power for good, might bring about at these annual meetings in various parts of the country.”

It need hardly be said that the homœopathic reader of Dr. Bowditch's address, will find in its pages frequent and flagrant injustice to homœopathy, and never other than scant justice. He will find a score of points on which he must take sharp issue. Prominent among these are the terms on which Dr. Bowditch advises his colleagues to receive homœopathists back into the councils of the “regular” profession. It is passing strange that men so gentle and so truthful as the author of this address, should fail to appreciate the deep significance of the fact that in all the years of truth-seeking since the division in the medical profession came to be, it is homœopathy which has remained consistent to its central vital principles and practice, while “rationalism” has shed its theories as rapidly as a woman of fashion her gowns, and, like Leigh Hunt's pig, led its wearied followers “up all manner o' streets;” and in these years a hundred times as much in the way of successful methods of treatment of disease has been “borrowed” — “conveyed” — in the atmosphere of Dr. Bowditch's gentle courtesy, we cannot say stolen — from homœopathy by its adversaries, as from them by it. It is not, — in the interests of the unity of science, of the higher gentleness, let us hope it is not too late for reconciliation; but it is far too late for our ancient adversaries to dictate to us the terms of reconciliation. These can only be settled by mutual understanding, mutual respect, and mutual concession, and by the preservation intact to homœopathy, of all the rights it has proved itself so amply able to defend. We also, in our semi-centennial year, may refer with pride to *our* “time-honored profession;” reflecting that if growth, favor, worldly and clinical success, mean any thing, it has had, compared with the “time-

honored profession" of our adversaries' boast, considerably more "honor" in proportion to its "time."

But if homœopathy meets, at Dr. Bowditch's hands, with scant justice, homœopaths must note with hearty pleasure the "sweet reasonableness" of Dr. Bowditch's desire to do justice to them personally, as physicians and as gentlemen. Such a desire, so plainly and unaffectedly shown, must awaken in us an appreciation as kindly as itself, and cannot but stimulate us to meet candor with candor, and courtesy with courtesy.

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#### THE HOMŒOPATHIC FESTIVAL.

ALMOST a century has passed since Hahnemann, in the phrase *similia similibus curantur*, enunciated a principle in medicine which from that time to the present has been steadily changing the whole medical practice of the world. So absolutely different was it from the ideas then prevalent in the medical profession, that its acceptance seemed a condemnation of the existing methods, and the physicians who adopted it became medical revolutionists, and were looked upon by their associates as little better than traitors to the guild. It took thirty years to transport this *monstrum horrendum* across the Atlantic to the city of New York, and twelve years more — till 1837 — before it reached Boston.

Fifty years have greatly changed the medical world. The "monster" is far less monstrous now. The one physician in all New England who then was brave enough to accept the "law" of Hahnemann, has increased to a thousand. The law has thrown its protecting ægis over those who profess the new doctrine, and they have established societies, hospitals, dispensaries, and a school in this same New England. The profession, unable to maintain their bitter opposition, have incorporated the new principle with their practice. The community have accepted it gladly, and have indeed welcomed it as a boon.

Under such conditions, it is no wonder that the homœopathic physicians of New England felt it a privilege, and even a duty, to mark the semi-centennial as a joyous occasion. To do this in a way that should bring together pleasantly thousands of their friends and patients, and at the same time strengthen their cause, was a most fitting celebration. Accordingly, on the 12th of April, almost the anniversary of Hahnemann's birth, in the Massachusetts Charitable Mechanics' Association Building, some five thousand people assembled. They came from the different States in New England, and represented all the professions and





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 Mrs. Alanson Bigelow, *Assistant*. Mr. Llewellyn Humphreys, *Marshal*.  
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 Mrs. Harrison Gardner. Mrs. Ira B. Cushing.  
 Mrs. William H. Hill, jun. Mrs. John E. Sayles.  
 Mrs. Fred. B. Percy. Mrs. George Rogers.  
 Mrs. John H. Payne. Mrs. C. M. Fuller.  
 Mr. Henry P. Stanwood, *Treasurer*. Major Geo. R. Rogers, *Marshal*.  
 Mr. Clarence Hill, *Marshal*.

**No. 21, Medical School.**

Mrs. E. B. Parker, *Matron*. Mr. M. W. Turner, *Marshal*.  
 Miss Julia M. Plummer, *Assistant*. Mr. E. E. Hale, *Marshal*.  
 Mr. F. W. Patch, *Treasurer*. Mr. H. H. Braley, *Marshal*.  
 Mr. Charles R. Hunt, *Marshal*.

**No. 22, Newton Centre.**

Mrs. F. H. Scudder, *Matron.*                      Mr. F. H. Scudder, *Treasurer.*  
 Mrs. E. T. Colburn, *Assistant.*                 Mr. E. T. Colburn, *Marshal.*  
 And ten Aids.

**No. 23, Boston.**

Mrs. D. G. Woodvine, *Matron.*                 Mr. C. A. Royce, *Treasurer.*  
 Mrs. L. M. McColl, *Assistant.*                 Mr. F. Pingree, *Marshal.*  
 And ten Aids.

**Confectionery and Flowers.**

Mrs. Herbert C. Clapp, *Matron.*  
 And fifty-six Aids.

At seven o'clock it was no easy matter to turn aside from the gay scenes of Exhibition Hall to the more intellectual treats of the smaller hall, where Col. Charles R. Codman and Dr. S. H. Talcott were announced to speak. Gradually, however, the audience assembled, and we wish that all New England could have listened to the impressive, candid words of Col. Codman, and the stirring suggestive thoughts of Dr. Talcott. Both speeches are worthy of a careful reading.

Promptly at eight o'clock, Gov. Ames and his staff arrived. They were received by Chief Marshal Capt. Newell A. Thompson and his aids, the band playing "Hail to the Chief." After presentation to the Executive Committee, they were escorted to various points of interest in the different parts of the immense building.

At half-past eight, a promenade concert was given in the concert hall by the full Germania orchestra of fifty pieces, under the direction of Mr. Carl Zerrahn. The music was of the choicest character, and alone would have made the pleasure of the evening a success.

Directly after the concert, the orchestra struck up the music of the dance, and the floor of the great auditorium was soon covered with the waltzers. Till near midnight the crowd remained, and upon every side were heard expressions of satisfaction at the success of the festival.

The following card tells its story:—

THE Executive Committee tender thanks to all who assisted at the Homœopathic Festival, and congratulate them on the social and financial success which in a single evening brought together five thousand friends of homœopathy in a most delightful manner, and also secured *forty-five hundred dollars* in aid of the Boston University School of Medicine.

I. T. TALBOT,	C. H. FARNSWORTH,
H. C. CLAPP,	H. E. SPALDING,
C. H. WALKER,	WALTER WESSELHOEFT,
F. C. RICHARDSON,	J. WILKINSON CLAPP,
D. J. WOODVINE,	

*Executive Committee.*



## TRIP TO WESTBOROUGH INSANE HOSPITAL.

THE excursion of the Massachusetts homœopathists, with their friends, to the recently completed hospital at Westborough, proved to be not only valuable from a scientific and practical point of view, but also pleasurable, owing to the complete arrangements made by those in charge and to the kindness and forethought of Dr. N. Emmons Paine, the superintendent of that institution. About a hundred and sixty persons, not a small share of whom were ladies, availed themselves of this opportunity to visit an institution which is already reflecting credit upon homœopathy, and will doubtless do much to advance the progress of a more humane and rational treatment of that dreaded blight, insanity. Arriving at the hospital after an hour's ride, we were met by the superintendent and Mrs. Paine, and shortly after conducted to the chapel, where a very interesting account of the workings of the institution was given by Dr. Paine. The speaker outlined, by means of charts, some of the most instructive cases, and exhibited illustrative patients to his audience; he detailed in a few words the history of each, as well as the prognosis and treatment now being pursued. The rest treatment, from which much benefit has already been derived and much more is expected, was well outlined, and the audience gave careful attention. There are already one hundred and forty women and seventy-two men receiving here the benefits of homœopathic treatment, and this number is being constantly augmented, though not a few have been discharged as cured or greatly relieved. At the close of the address, Judge Park, of Newton, was called upon, and gave his experience of homœopathic practice forty years ago. After a long experience in the examination of persons for insane-asylums, sixty-five of whom he had sent from the city of Newton alone, he thought that the most prolific causes of insanity were the worries and cares incidental to a business career. He inveighed against the over-excitement of young girls at school, and claimed that the mothers were at fault; he thought that every private school, at least, should have a *mother*, aside from the instructors, whose duty it should be to forbid further study at critical periods in the life of young women. Dr. J. Heber Smith moved, as a continuance of the business of Wednesday, a vote of thanks to the retiring president of the Massachusetts Society, and that his able address be printed for distribution among the friends and adherents of homœopathy. Shortly after these addresses, an elaborate lunch was served in the dining-hall of the asylum, and a tour of the various wards made under the guidance of one of the assistant physicians. The members of the party were very much interested in what they saw; and

after a stroll about the grounds, which well repaid them, they took their homeward way. Among the visitors present were Drs. Jefferds of Bangor, Thompson of Augusta, and W. M. Pulsifer of Waterville.

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#### EDITORIAL NOTES AND COMMENTS.

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THE DANGER OF ARNICA AS A LOCAL APPLICATION is among the recent discoveries of the regular school. These "discoveries" are, by the way, among the choicest elements of humor in the practice of medicine. Students of history could scarcely see a choicer joke in the announcement of the discovery of America by some bold explorer of 1887, than do students of homœopathy in the discovery, by the regular school, of the properties, toxic or therapeutic, of some drug whose complete pathogenesis homœopathy gave to the scientific world scores of years ago. Concerning this matter of the dangerous possibilities of arnica, for instance, M. le Docteur Landouzy has recently made public ("Revue Internationale," January, 1887) his startling discovery, — his "regular" brethren listening with respectful interest, and passing on the news with all possible speed, — that arnica tincture, applied locally where there is any abrasion of the skin, is a dangerous agent, capable of producing erysipelas and phlegmonous inflammation; in short, that it is a "poison," and best left alone by cautious practitioners. Verily the "time-honored profession" moves on with the slowness proverbial of large bodies! The physicians of Hahnemann's day, as that great thinker, with humorous appreciation of the fact, has pointed out, thought it best to discard the use of arsenic because it proved dangerous in one-tenth-grain doses; nor, with a myopia worthy the Peterkin family, paused to consider whether there was not a dose sufficiently small to be given harmlessly and yet helpfully. Their descendants advocate discarding arnica tincture, because, in application to abraded surfaces, it proves poisonous; nor stop to inquire whether it may not be so diluted as to prove harmless and helpful.

We would advise the old-school physician, ambitious of name and fame, to spend an evening behind well-barred doors and

closed shutters, in company with Parts II. and III. of the "Cyclopædia of Drug Pathogenesis;" and next morning he can announce to the "rational" world such facts in relation to the powers of arnica as shall place him high in glory as a profound and original investigator.

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A BIT OF GOOD NEWS comes to us from Australia in a private letter from our much-esteemed friend and correspondent, Dr. W. R. Ray, and we feel moved to share it, and our pleasure in it, with our readers. Dr. Ray says, "We have our usual typhoid epidemic, which is exceptionally severe, several cases having severe intestinal hemorrhage. At our hospital we have treated some forty odd cases, with only three deaths; the mortality of the old school being about one to five."

Such statistics as these should not be matter of mere casual mention or temporary self-congratulation, but, permanently preserved, should, joined with others equally eloquent, prove our best argumentative weapon.

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COL. CHARLES R. CODMAN'S ADDRESS at the late semi-centennial festival is a vivid illustration of a fact which medical bigotry cannot to-day afford to forget or ignore. This fact is, that there no longer exists a Star Chamber in medicine, where, in terrible and inviolable seclusion from public interference, medical rebellions can be crushed, and medical offenders finally disposed of with a condemnation past reprieve. Such an address, by a layman wholly disinterested as to medical issues, and whose power of analysis and justice of judgment he must be bold who challenges, may well be, to medical intolerance, as the handwriting upon the wall. It tells that, let the American Medical Association and all its humbler imitators assume when they will, robe and wig of office, and fulminate thunders dreadful to hear, — the day is past when the lowliest criminal convicted of independent thought need bow the head before them. For beyond all such partisan, prejudiced, and bigoted tribunals, questions not only of medical ethics but of medical practice must to-day seek and receive their final arbitrament at the great bar of enlightened public opinion. Thanks to the public press and



a habit of constant and thoughtful reading, the intelligent laity have to-day all necessary data from which to form just opinions ; and their vital interest in the claims of rival schools of medicine to clinical success will not suffer the opinion long to remain unformed or unvoiced. We believe that Col. Codman, in the able and brilliant address which we take pleasure in laying before our readers, voices the opinion of no small or uninfluential portion of the community on the claims of homœopathy to public honor and private support.

A great and wise thinker, himself a physician, has said, "It is a physician's highest and only calling to restore health to the sick." It is on his ability to restore health to the sick, and not on his ability to find favor in the eyes of self-constituted censors, that public opinion, from the sufficient data offered, judges the physician of to-day, by whatever name he may be called. And consciousness of this may well strengthen the hands of those in whose behalf public opinion so delivers itself as in Col. Codman's address.

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THE RESULT OF THE FESTIVAL, which appears in another part of the GAZETTE, must be gratifying not only to those who have contributed to its success, but to every friend of homœopathy and of medical progress. The contribution of forty-five hundred dollars, in a single evening, by the public, for aid of a medical school, indicates their interest in it. Aside from these dollars contributed, the interest thus shown will strengthen the school, and we trust it will not die out till means are provided which shall make this school all that its best friends wish.

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### COMMUNICATIONS.

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*ON ARSENICUM IODIDUM.*

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[Continued.]

THE CHYLO-POIËTIC GROUP presents a large number of symptoms, most of which seem to be characteristic, though they have, so far, been but little utilized in practice. Pain in the stomach is present, with rising of wind and a greasy fluid simi-

lar to that after eating pork; these pains are aggravated on rising, and also after sitting; at times the pain and pyrosis become unbearable. The abdomen is hard and distended with flatus, which is constantly discharged. Sharp, cutting pains in the abdomen, which warned him to go to stool; the pains became excruciating, embracing the entire abdomen, and obliging him to bend almost double; after a good deal of straining, he passed a large, soft stool, which afforded some relief. Severe cutting pains in the abdomen, as if he would have a stool; he had no stool, but large quantities of wind escaped; these pains are partially relieved by an escape of flatus, and by the application of warmth to the abdomen.

Continual aching in the anus, with a seeming inability to keep the sphincter closed; this would amount to a real dysenteric straining at stool. On rising in the morning, great urging to stool, but the stool was scanty and small in size, as though the anus were contracted; the stool was mushy, with occasional scybalæ, also small in size, of a peculiar black color, resembling the fæces of an ox; attended with straining as in dysentery. *Diarrhœa*, for six or seven days, five to ten stools each day, color the same till near the last, when it began to assume a natural color; *the diarrhœa not at all at night, but the urging commenced on beginning to move about in the morning.* Stool in the evening soft and mushy, with considerable straining, very dark, almost black.

Dr. E. M. Hale gives us the additional indication, doubtless drawn from clinical experience: "*In diarrhœa* (so common in children and consumptives) when the evacuations 'scald,' irritate, and make the parts sore and excoriated;" and Dr. Hubbard reports that this remedy caused painless diarrhœa every night about midnight, adding that he has verified this symptom clinically.

In the year 1867, Dr. C. E. Sandford, of Bridgeport, Conn., contributed an excellent paper on the iodide of arsenic to the "Medical Investigator," remarkable for giving the clearest indications we possess in diarrhœa and cholera infantum, and also remarkable from the omission of all mention of the use of this remedy in pulmonary diseases. Dr. Sandford writes: "In acute diseases of the alimentary canal and digestive organs, such as cholera infantum, tabes mesenterica, sub-acute gastritis, diarrhœa and dysentery, it will often prove very efficacious. In most of these diseases I have found cases that I could cure with this salt when every thing else had failed. I have been called not unfrequently in the last three years to see cases of cholera infantum that had been 'given over' by other physicians, where the little sufferers were almost *in articulo mortis*,

where there was intense irritation of the gastro-intestinal membrane, with almost constant and often copious watery discharges, distressing nausea and vomitings, intense thirst, with uncontrollable desire for cold water, which would be almost immediately ejected, great emaciation and prostration, peaked cadaverous countenance, with a purple livid hue of the skin, and all of the accessory symptoms indicating the severity of the disease. In these cases, where the children were the offspring of scrofulous parents, especially where there had been previous mistreatment, I have *so far been able* to save every patient with the iodide of arsenic. And to me it is, under these circumstances, invaluable. No other remedy we possess, with which I am acquainted, would be an efficient substitute."

Dr. Clarence M. Conant, of Middletown, N.Y., contributes the following case to the "Medical Counsellor" for 1880:—

"An old lady who suffered from an extreme bronchitis (which subsequently caused her death) had a constant diarrhœa and many arsenicum symptoms. That drug was given in the 3d, 30th, 200th, m. and cm., equally ineffectually. At last she received *ars. iod.* 3x. one-half a grain three times a day. The bowels at once returned to a normal condition, and her bronchitis was sensibly lessened, nor did the diarrhœa ever again return. Query: If the drug had been given higher, is it probable that this lady would have been cured? She was about eighty years old."

I read Dr. Sandford's paper when it first appeared, and at once commenced using the remedy in the intestinal troubles of infancy, and have met with the same success. But here the remedy seems but little known, and even Dr. James B. Bell omits the remedy in his indispensable work on the disorders of the intestinal canal.

Neither Blakely nor Beebe elicited any symptoms in the sphere of—

THE URINARY ORGANS; and Hale merely remarks that, "in Bright's disease with dropsy, it may prove a better remedy than arsenicum album," and Constantine Hering advises it in "diseases of the urino-genital organs, especially in the female, with scrofulous taint."

THE SEXUAL GROUP, as a matter of course, presents no symptoms in the provings, for it has not yet been proved by women: yet it is of great value, the annexed cases being witnesses. Dr. Gutteridge, in the Transactions of the International Homœopathic Convention (1881), speaking of scirrhus of the mammæ, remarks that "where enlargement is permanent, painless, and apparently stationary, *calcium iodide* is the medicine which should be administered; but where there is debility and manifest increase, the iodide of arsenic is to be substituted." In the same valuable paper, Dr. Gutteridge remarks that "baptisia



removes the fœtor, and relieves the cachexia, acting extremely well after *iodide of arsenic*, which, as an internal remedy, checks a tendency to ulceration, even where the skin is puckered and the axillary glands implicated."

Dr. Chapman reports the following case in the seventh volume of the "British Journal of Homœopathy:" —

"A young lady had a lump of considerable size in one of the mammæ; this and the other breast had wasted. She had taken iodine from the allopathic practitioners, in former years, in large quantities. The nipple of the affected breast was retracted; the tumor was very sensitive to the touch, and painful. She had a few doses of conium, and the cure was completed in about three months with iodide of arsenic of the 6th potency. The pulse in this case was very frequent; there was considerable emaciation; she was very easily fatigued from walking; and she had from a tender age been overworked as a governess. This young lady continues quite well."

In the fifth volume of the "Medical Investigator," Dr. L. B. Wells reported the following case of mammary scirrhus: —

"Mrs. B., æt 49. Sanguine temperament. At cessation of catamenia, had uterine and vaginal leucorrhœa, yellow, sanguinolent, with intense irritation of the parts, and a hard swelling of the labia, which had existed for several months. *Lycop.*, *sepia*, *calad.*, were given without any benefit. One year after, she had a swelling of a gland in the left axilla, size of a hen's egg, hard, and exuding a fluid which formed a hard brown crust. Tumor very sensitive and painful to touch. The breast of the same side enlarged, indurated and very sore. Gave *ars. iod.*, 6th, a dose morning and evening for one week, then every second day; both swellings disappeared entirely, as did also the swelling of the labia."

In the same volume of the "Medical Investigator," Dr. Williamson states that *ars. iod.* is of decided benefit in cases of mammary and other forms of abscess, characterized by the usual throbbing and great restlessness; and Dr. Julia Holmes Smith recommends it for chronic endometritis with thin, watery, bad-smelling discharge; the patient is liable to have sores. Hale originally proposed it as remedial in corrosive leucorrhœa with too frequent and profuse menses, generally with ulceration of the os.

Speaking of the use of this remedy in epithelial cancer, Dr. Ludlam of Chicago remarks: "I usually prescribe it in the third decimal trituration, to be taken from one to four times during the day; and I really believe that through its employment some of my patients with epithelial cancer of the womb have been kept in a tolerably comfortable condition for months, and in a few cases for years, before the inevitable result has finally overtaken them."

The following interesting case appears as an editorial in the sixth volume of the "Physician's and Surgeon's Investigator," at that time under the care of Dr. S. N. Brayton of Buffalo, N.Y.: —

“The iodide of arsenic is a remedy which has been used but little, owing to an ignorance of its efficacy; and while it is used with great benefit in the night-sweats of phthisis, as well as in many debilitating diseases, there is nothing that will compare with it in pyæmia. To illustrate this I will give a case where its benefits were well marked.

“Mrs. B., from Pennsylvania, consulted me last October in relation to a large ovarian tumor of a fibro-encysted character. The patient was considerably emaciated, but stated that she had been in comparative health for some time, only suffering from a fever in the latter part of the day, which she attributed to the size of the tumor, and the irritation produced by carrying round such a large weight. On examination the tumor was found to fluctuate, and, owing to its size, it had caused prolapsus, so that the vagina protruded to its fullest extent, presenting the appearance of a large penis, the os taking the place of the meatus.

“An incision was made about three inches in length, through the linea alba, when a sound was introduced to ascertain the extent of any adhesions. There were none apparent, only to the transverse colon. Spencer Wells’s trocar was then introduced, but to the surprise of all no fluid escaped. It was then thought best to make an incision into the tumor, and endeavor to break down the cysts in order to reduce the calibre of the tumor. In doing this a large sinus was opened, causing such a loss of blood that it was found impracticable to proceed. The wound was then enlarged in the abdomen to fifteen inches, the tumor enucleated *where the adhesion to the colon existed*, and an attempt was made to lift the tumor from its bed. It was then discovered that there were adhesions of the posterior wall, which were treated in the same manner as those of the colon. The pedicle was tied with cat-gut in the usual manner. Two cat-gut ligatures were also used in securing small bleeding vessels, and the wound was closed with fifteen silver-wire sutures and dressed in the usual way. The inflammation was kept down with aconite, gelsemium, and bryonia, and the case went on till the twelfth day quite favorably. A telephone message came to me on the night of the twelfth day, saying that the patient was bleeding profusely. On reaching the bedside, I found the bed saturated with a sanguineous pus, the odor of which was enough to stop one’s breath.

“After a careful examination it was found that there was no fluid in the abdominal cavity, and that the discharges seemed to come from under the peritoneum where the adhesions were formed on the back. About six hours thereafter I visited my patient, and found her bathed in a perspiration so profuse that it not only saturated the bed-clothes, but ran through the bed on the floor; pulse small and quick, and she had every indication of sinking from pyæmia. The husband was informed that death would undoubtedly ensue in a short time. The iodide of arsenic was prescribed in the first decimal dilution, twenty drops in a half glass of water, teaspoonful doses every half-hour. In twelve hours after the first dose was given, the sweating had entirely disappeared, and the patient made a good recovery. The tumor weighed fifty-six pounds. Since then I have used the iodide of arsenic in every case where I have operated on these tumors, and have found it to work well where there was any indication of pyæmia or blood-poisoning. The case itself would be interesting if given in detail, but only enough is spoken of to give the reader an idea of the workings of this remedy. The iodide of arsenic has been my constant companion for years, and in almost every case similar to the above I have found it to be all that can be expected. It certainly has been, in my hands, a remedy far superior to all others in pyæmia or blood-poisoning.”

[To be continued.]



HOW TO STUDY MATERIA MEDICA.<sup>1</sup>

BY C. WESSELHOEFT, M.D.

[Second Lecture.]

METHODICAL work is reasoning work ; I would therefore advise you to continue in this methodical method, by next arranging your material in methodical order. As you find it in your condensed as well as encyclopædic text-books, your material is in the most chaotic of alphabetical orders. Creation did not proceed upon the alphabetical plan, bringing order out of chaos. Let us imitate the natural process, according to the best of our feeble human ability, and first take a look at the natural order of our material. Here we find that animals, plants, metals, minerals, and compound chemical preparations are divisible, if not always, like animals and plants, into orders, genera, and tribes, still into kinds the members of which have perceptible relationship through common properties and resemblances.

Let us take first, of the vegetable kingdom, an order, or family of generically related members. In selecting such a group, take any reliable text-book of botany, e.g., Gray's ; open the book, and you will soon come upon families of plants and their genera. Take up any family you happen to hit upon, and read over successively the different genera and tribes belonging to it, and you will discover that there is scarcely a family group that does not embrace one or more plants which are also contained in our books on materia medica, be they old or new school.

Now write out all the names of plants which are known to you as officinal, arranging them in groups according to botanical orders. Let us suppose you had singled out the *solanaceæ*, or nightshade family ; now let your eyes glide leisurely down the very conveniently arranged list in "Gray's Botany," and you will at once single out the following plants whose names are familiar to us as those of medicines. There you find : *solanum dulcamara*, or bittersweet ; *solanum nigrum*, or common nightshade ; *hyoscyamus*, or henbane ; *datura stramonium*, or thorn-apple ; *nicotiana tabacum*, or tobacco ; *atropa belladonna*, or deadly nightshade ; and *capsicum annum*, or red pepper.

Now, in writing out these individual names, all belonging to one family, this circumstance is most suggestive. We know that members of families resemble each other closely : if this is not quite so readily perceptible in the families of the higher classes of mankind, it becomes much more conspicuous as we

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<sup>1</sup> This series of lectures (of which the first appeared in the GAZETTE for April) were delivered at the Boston University School of Medicine, and are now published at the request of graduates, and in the hope of being of assistance to present and future students.



descend in the scale of nature, where we shall find that the resemblance of tribes and species among the lower races of man and animals, as well as in the kingdom of plants, is very striking.

From this you are justified in drawing the inference, that, if plants resemble each other outwardly, they will also bear near relationship in regard to their inner properties as drugs and medicines, as which they are used by man. In this you will not be mistaken. Now take up any reliable description of the effects of atropa belladonna, and you will perceive, on reading the history of its effects, that prominent among them are, for instance, spasmodic affections, with distortion of the eyes, laughing, stretching of limbs, rage, etc.

You will find that hyocyamus also produces spasms, diarrhœa, coldness, flexion of the limbs.

Stramonium exhibits among its prominent effects convulsions with violent motion ; also rage.

Dulcamara produces one-sided convulsions, which begin in the face. Diarrhœa and mucous discharges are there noted.

Capsicum offers nothing severer than drawing in the limbs, sprained pain.

Tobacco produces spasms of a tetanic kind ; also trembling and nausea

This list is long enough to illustrate my meaning. These vegetable substances have close resemblances by virtue of their family relation. They are not identical, but similar to each other, as indicated by the broad rough outlines I have given. They are much alike in general character, but differ in minor details. By more careful comparison of other groups of effects as produced on the various organs, you will readily perceive the same conspicuous analogies. In noting these, remember always that the differences, which are often slight, are differences nevertheless, and that those differences in their effects, even in the rough outlines, are of equal importance with those external differences in form upon which the distinction into tribes and species is founded.

We make use of their differences therapeutically ; they point out to us why one and not another member of the family is to be used. But let us leave this out for the present, and consider only the points of close resemblance. On this is based my plan as to the readiest reasonable way of impressing your memory with drug effects ; expressed in the most concise manner, I mean to say that *if you have carefully studied one prominent member of such a family of plants, you will already have learned much concerning all the others.* If you have got hold of the essential features of the effects of belladonna, you may surmise, with

dominant chances of being correct, many of the distinguishing features of many, if not all, of the other members of the group. They agree in important generalities, but differ in details; still, let me remind you that details even are related in each group.

Do not take alarm at this long description; the whole process of mastering *one* member of a family of plants, that is, of becoming acquainted with its drug action, will not be the task of hours, but of minutes, even for a mind of average capacity, provided it has some notion of methodical study. The list is soon written out. Without consulting any alphabetical list of remedies, you will recognize the medicinal members of a botanical group. The reading twice or thrice of some reliably recorded proving of the one member selected is also done in a short time. The mind readily retains the important features of a proving, and now being aware that the proving of the other members of a group is in large measure an analogue of the first, the recognition and remembering of the others is less difficult than the first. The preliminary study of materia medica, then, is not a task of years, but can be absolved to a practical extent in a few weeks.

The principle of studying materia medica by analogies of family members is very noticeably illustrated by the study of the *Ranunculus* group, the *Strychnos* or *nux vomica* group, etc.

It is true that this method of study is best applicable to drugs derived from the vegetable kingdom; but when we have mastered a reasonable number of these, we have acquired a large share of materia medica. Still it remains for us to delve into the animal kingdom. Here we find mollusks, radiates, insects, it is true, but only isolated members of separate groups, rarely allowing us room for generic comparison. This, however, can be compensated for by other steps in our methodical studies, to be described later on.

The metals and their chemical compounds offer a better opportunity than animals for study by the method of analogies. I will not tire you by repeating the description of my method, but will confine my remarks to the statement that metals and their chemical combinations form groups which you will find conveniently arranged in any good chemical text-book. Thus you will find the iron group, comprising iron, alumina, zinc, manganese, nickel, cobalt, chromium. There is the arsenic group, containing antimony, tin, platina, silver, bismuth, copper. The gold group, with lead, quicksilver, cadmium, etc.

Chemical compounds form groups like those of the salts, such as potassic nitrate, sulphate, bichromate, carbonate, etc. The sodic and calcic salts are nearly related groups; while the haloids such as chlorine, fluorine, bromine, iodine, cyanogen, form closely allied family groups, with clearly marked analogous medicinal

properties ; for the study of which, the bromides constitute a familiar example, illustrating the suggestion of study by prominent analogies first, with the addition of differences later, just as we propose to study plant-substances.

Some may raise objections to these proposed methods. I fancy I hear them say that Hahnemann said that each drug was different and distinct from the other, and that members of family groups, in Hahnemann's sense, must be considered quite as different as if they were not related at all, botanically or chemically. To that I would reply, that, if such objectors had ever resorted to methodical study of any thing, especially of materia medica, there would have been little need of certain kinds of repertories, like, for instance, Boenninghausen's, jumbling the most heterogeneous things together, according to wholly arbitrary groups of "symptoms" having no foundation in fact or nature, and derived from sources which are not mentioned anywhere.

The physician should have the essence of his materia medica fresh and ready in his mind, prepared by some form of methodical study, which will save him the trouble of laboriously picking out his remedies for each case from repertories. These have their uses ; they are as indispensable to us as dictionaries are even to literary men of renown ; but a literary man would not establish a reputation if he had to look up every word in a dictionary, as some doctors, who did not study properly when young, have to look up each symptom.

Having now obtained a preliminary knowledge, which, however, may serve as a solid practical foundation, we come to the study of extended symptom-lists. As already stated, reliable narratives of provings should be preferred. If these are read after personal experiments in proving of drugs, the symptom-lists arranged according to parts of the body, like Hahnemann's *Materia Medica* (translated by Dr. Dudgeon), or Allen's *Encyclopedia*, or even Hering's *Condensed Materia Medica*, may be used profitably ; still I would prefer the narrative arrangement of Hughes's *Cyclopædia* to the others, for study especially. For practical purposes, a combination of both arrangements is desirable, and would be accessible if it were not for the great cost of printing such voluminous records.

The question now arises, of how to master such narratives or other compilations. If you endeavored to do so without preparation and proper method, you would soon be hopelessly discouraged, and I have no doubt that many of the deplorable departures from homœopathy, pure and simple, are due to disappointments arising from fruitless, because unmethodical, study. It is to this that backsliding is due, but not, as some zealous men have it, to



the neglect of "high potencies" of medicines, and other forms of mysticism which have fastened themselves on homœopathy, and are surely injuring it, and retarding its progress.

You have arrived at a point where you have acquired a good preliminary knowledge of *materia medica*. Who knows but that you have learned all that is really valuable and practical? Yet it is unsafe to settle down to such a state of stagnation; we should strive to attain more. You may have more than a rough sketch; it may be a good and complete outline of *materia medica*, yet you will desire to add lights and shadows, and more details. Now, to obtain these, you come to the longer symptom-lists. Let us suppose these were Hahnemann's, or Allen's, if you have not got the *New Cyclopædia*.

There are several ways of methodically arranging your material for study; of these the following is one: *It is to condense, either mentally or in writing, the long symptom-lists and narratives.* Supposing, then, you had before you Allen's *Encyclopædia*, from which you desire to learn all you can concerning, e.g., belladonna. In order to do this, carefully read over several times a given group, let us say, the head-symptoms of belladonna in Allen's work; in this way, without possessing an exceptionally retentive memory, you will easily retain the principal features of the group you have been reading; not only this, but much more: you will presently be surprised that you have mastered nearly the whole, because the group consists chiefly of repetitions of the same symptoms, only expressed in slightly different words.

Let us look at this specimen group. These are its words (p. 76, vol. ii.): "The whole head is muddled for many days. Bewildered feeling in the head. Confused and muddled head (after five minutes). Confusion of the head, aggravated by movement. Confusion of the head on moving it, but still more on walking; even when relieved, it returns immediately on walking (after five minutes). In the evening he complains of confusion of the head, as in incipient intoxication, with continually increasing dulness. Confusion of the head, with cloudiness and feeling of intoxication, as from smoking tobacco and drinking spirits. Head confused, with pain in the forehead."

Then follows a long list of "*vertigo symptoms*," which, like the other groups, I will omit, as the above are more than enough for my purpose.

It cannot fail to have struck you at once, that the head-symptoms I have quoted are mere repetitions, with very slight variations; and I am sure that all of you retain the sum and substance of the whole group in your minds. It is repeating the same theme over and over again. It is a harping on a phrase, as it

were, becoming noticeably tedious even in this short quotation. But it is this monotonous repetition which makes it easy to grasp the meaning. This would be a difficult task were every phrase different from the other, not only in words but in meaning. It is fortunate for us that it is not so. The reason of the sameness of these symptoms is, that they were obtained by different provers, or by the same prover repeating his experiment. Some of them were taken also from involuntary provings, that is, cases of accidental or intentional poisoning.

Let me lay emphasis on this circumstance of the agreement of symptoms, for by it you will recognize that the proving is a creditable one, and that the symptoms most likely resulted from the drug taken. For if this were not the case, there would not be this almost monotonous sameness. This is the most important, though not the only one, of several criteria by which to judge of the value of an experimental test or proving.

Now, let us see what our whole group means, and let me try to give its whole meaning in as concise a sentence as possible, and you will see that it is capable of condensation into this:—

*Confused feeling in the head, like intoxication and the effects of tobacco, on moving, especially on walking, which aggravates, and renews it when better.*

This expresses the whole, as far as this group is concerned. By comparing it over and over again with the text, you can neither add to it nor take from it any thing of essential importance.

Supposing, now, that, in place of Allen's symptom-list, we examine the New Cyclopædia, on page 526 of which we find, under the head of "Belladonna," a long list of distinct provings of this drug. To be more accurate, we find there a long list of short narratives of the effects of belladonna as experienced by a great many different individuals, and many repetitions of the same experiment by the same individual.

This is studied as easily as the arrangement in Allen's work, and with greater advantage to the student. For you will find in the Cyclopædia that the symptoms have not been torn apart and separated by arranging them into classes, such as head-symptoms characterized by "dulness" in a group by themselves, and head-symptoms with "vertigo" in another group; because, in reality, dulness and vertigo often occur together; and not only there, but often combined with distinct morbid signs in other parts of the body, such as nausea, unsteadiness of the legs, cramps, etc.

While it is very convenient for a busy doctor to have all the symptoms classified as Hahnemann, Hering, Allen, and others

have done it, it is decidedly objectionable as an arrangement for the medical student.

If you will now apply the method I have proposed, of reading through the experiences of several provers, perhaps no more than is contained on three pages of Dr. Hughes's Cyclopædia, you will soon discover that all the rest contained on the other seventeen pages is mostly a repetition of the substance of the first three or four pages. You will remember it even more readily than the anatomical arrangement; because in the narrative the logical sequence of effects is preserved, and we often anticipate correctly what follows after certain premonitory signs. It may seem to you as if you might have to read more, and, hence, use up more of your limited time, when studying the narrative style; but in reality you have no more to read, and, besides, have the advantage of learning the order of events in their natural context. This will prove of inestimable value to you now as students, and hereafter as physicians, a large portion of whose lot it is to select medicines for ailments for which as yet we know of no better means of relief.

Another very profitable study of Dr. Hughes's work would be, after condensing the whole of a chapter of narratives of drug action, to separate and arrange the symptoms according to anatomical regions, or organs, after the manner of Hahnemann. I have said that this arrangement of symptom-lists is not adapted to the needs of the student; but I must here qualify this statement, by adding that if each of you will make the arrangement it will prove of great value to you, because careful analysis of each set of symptoms will thus impress them upon your minds. But remember, it will not benefit any one but the student who made the analysis.

This arrangement may profitably and practically be made after the process of condensation. This condensing process needs but little practice, especially in the case of those who have had proper preparatory training at schools and colleges; but with a certain amount of talent and industry, you will learn to read over more than a page, and to condense its contents by a mental operation, the result of which you can, according to the tenacity of your memory, reduce to writing before you forget it.

But there is no limit to the different expedients that may be resorted to for the purpose of acquiring correct knowledge of materia medica. While the process of mental or written condensation of narratives of drug-effects is the most practical and rapid one, a careful and conscientious student will find it a most profitable undertaking to attack a whole chapter of such narratives, and to reduce it to anatomical arrangement. If time will not permit the re-arrangement of many complete drug-provings



in this manner, it will be no thankless task to have analyzed a few of the best-known drugs in this way.

It would be a waste of time, however, to thus arrange a poor proving. This you may generally recognize by the striking incongruity of observations by different provers. Where you meet with these, avoid them. There are quite enough of a reliable character.

Let me again impress it upon you, that the result of such writing is of value almost exclusively to the writer. To illustrate my meaning, let us suppose that one of you who had neither attempted proving upon himself, nor had read the pathogenesis of belladonna in Allen's work, or elsewhere, should attempt to study my condensation of the head-symptoms, as quoted before: he would get a poor idea of the subject; but to me, who wrote it, it recalls at once the details. Moral: Never copy from one another, nor depend on others' notes for lectures not attended personally.

If you have entertained the opinion that it is easier to study *materia medica* by availing yourselves of some highly abridged or condensed *materia medica*, I trust that you will now abandon such notions. These abridged works, ponies, vade-mecums, etc., are in every sense like the beef-extracts and patent foods, for which their proprietors claim that each teaspoonful is equal to a pound of meat as a nutriment.

Take my advice, and do not abandon sound mental pabulum derived from trustworthy sources, and good table-board prepared in honest kitchens.

Condensed *materia medica* and anatomically arranged symptom-lists will be a dead-letter to you. They are useful only to him who has formerly proved medicines, or who at least has studied the whole pathogenesis of remedies, and to one who has experience in the practice of condensing. Just such is the skill which our best students acquire by the practice of taking notes, which I am glad to see is the rule among you. Therefore, do not fear voluminous details or long symptom-lists; with a little good-will and intelligent practice you will easily reduce voluminous provings, and, what is best, suit them to your individual understanding.

Let this understanding rest on this: Self-proving; reading of reliable pathogeneses, toxicological essays and experiments; condensation and analyses; and lastly upon the *analysis of each symptom*, the method of which I shall discuss in my next lecture.

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DR. J. SOLIS COHEN has noticed a peculiar perversion of the temperature sense of the tongue and oral cavity, caused by strong solutions of cocaine. While still capable of appreciating heat, the patient cannot recognize cold, and iced water seems of blood heat, or even warmer. — *Boston Medical and Surgical Journal*.

## INTRODUCTORY ADDRESS.

BY HON. CHARLES R. CODMAN.

*Delivered at the Homœopathic Festival, Boston, April 12, 1887.*

*Ladies and Gentlemen,* — In behalf of the committee who have organized this Festival, I bid you welcome. We are here to express our interest in the Boston University School of Medicine, and in the work which it is doing. It is an institution of the broadest character, which undertakes the education of students in all the branches of medicine. It explores the whole field of medical science, and seeks to discover and to appropriate all facts, the knowledge of which can at all contribute to the alleviation of pain or the healing of disease. It avails itself of all the information to be obtained from any source, of all the ripe experience of the past, and of the brilliant surgical skill, and the advanced knowledge in therapeutics, which have distinguished the medical men of this generation in different parts of the world. It takes account of the services and of the discoveries of all the great medical teachers. It excludes none of them; and least of all does it ignore the experiments, the theories, and the demonstrated facts which have made the name of Samuel Hahnemann at least as illustrious as that of any light of modern medicine. The advocates and supporters of that system of therapeutics which is known as homœopathy are now so numerous and so powerful, that it hardly seems necessary to undertake its defence. The time has passed when it could be laughed or scolded out of existence. It has compelled, and it has obtained, the respect of this and other intelligent communities, and the recognition and countenance of the public authorities. Important public charitable institutions successfully conducted under homœopathic management are to be found in several American States; and in spite of all opposition, — whether it be the opposition of ridicule, or that less formidable opposition which is satisfied simply to denounce them as quacks, — those medical practitioners who acknowledge their obligation to Hahnemann, who recognize his discovery of a highly valuable therapeutic law, and whose practice of their art is necessarily and beneficially affected by this knowledge, have succeeded not merely in gaining the confidence of a large and intelligent *clientèle*, but have at last, though not without many experiences that we should be glad to forget, obtained from many of their professional brethren a courtesy of treatment, and an acknowledgment of professional standing, which give some foundation for the hope that the great value of the homœopathic principle of therapeutics will be in time admitted by the profession at large; and that a separate



organization of physicians, existing only to uphold honestly held views of medical science, will no longer be needed.

There certainly should be no sectarianism in medicine, neither should there be any proscription of honest men for differing in opinion with the majority. When such proscription exists, the minority are compelled to assume a position which is only sectarian because the opinion of the minority is not allowed expression in the old organization.

It is, if I understand it rightly, the contention of the homœopathist, that drugs administered in accordance with what is called the law of "similars" have a curative effect. That is the distinctive feature of his school. What the size of the dose should be, in a given case, is a question for experience and discretion, but it has nothing to do, strictly speaking, with the principle upon which the remedy is administered. That is given solely upon the principle of similars; and the curative effect so uniformly follows such an administration, that the homœopathist believes that the medical profession is bound to recognize the fact, and to act upon it; and that in refusing to do so it deprives the sick of the use of the providential means which experience has shown give the best chance of cure. Whether the homœopathist is right in his view, would seem to be not at all a question of theory, but simply a question of fact.

Observation and experiment alone can determine it, and it is to these that he confidently appeals. When Hahnemann observed that quinine, which in a healthy body produces the appearance or symptoms of chills and fever, did, when administered to a patient suffering from that complaint, have a curative effect, the idea expressed by the phrase *similia similibus curantur* occurred to his mind. By a series of experiments, not upon his patients but upon himself and his pupils, he discovered that other drugs than quinine could be beneficially administered upon the same principle. From these facts he deduced the law of similars, just as Newton discovered the law of gravitation from the movements of the planets, and the movements of the planets from the falling of an apple to the ground. I do not suppose, however, that Hahnemann ever succeeded in satisfactorily explaining exactly why drugs administered upon the principle of similars are curative. Neither has Newton ever explained why it is that all masses of matter attract other masses with a force that varies inversely as the square of the distance. In both cases a law has been deduced from observed facts, which is the only scientific method of deducing any law. There is no need of dwelling long upon the opposition that homœopathy has heretofore encountered from the majority of medical practitioners. Some of them, who at least desire to be candid,



admit that it has beneficently affected the old practice by showing the injuriousness of the heavy dosing of the past. Undoubtedly this is true; but the admission is a dangerous one for the anti-homœopathist. It is much the same thing as saying that the old practice has in this respect been positively harmful and mischievous.

Something more, however, must be conceded by what is called the regular profession, and signs are not wanting that the time is coming when this will be done. It is not enough to say — as some doctors do — that whenever they are satisfied, by special experiment in a particular case, that drugs administered upon the principle of similars do good, they will not refuse so to administer them.

To maintain the dignity of their profession as a truly scientific and honorable vocation, and to relieve it from the imputation of bigotry, it will be necessary to acknowledge the right of any physician to believe and to teach, if his observation and study have honestly convinced him, that the homœopathic rule is one of general application; and all attempts to exclude those who so believe and teach from professional fellowship, or to dictate to the individual physician with whom he shall consult for the best advantage of his patient, will in these days of free thought and free discussion react upon those, whether individuals or organizations, to whom such measures are congenial. We may well believe that the old intolerance is dying out. The younger members of the profession at least will not, we may hope, be much longer prevented by the mere authority of their seniors, from examining the claims of homœopathy. They are told to-day by some of their instructors in the “regular” schools that it has been tried and has been found wanting. Long ago, it is said, Andral in Paris demonstrated by experiments the falsity of the principle; and with this statement the young doubters are told that they ought to be satisfied. They must not waste their valuable time in investigating a proved delusion. There is too much else to employ them, so rapid is the progress of science. And yet, if they could be induced to take a little time for the examination of the history of the controversy, they would soon ascertain that Andral’s experiments were utterly incomplete and unreliable, and that, since his day, experiments have been made by numbers of honest inquirers, who have become convinced of the truth of the homœopathic rule, and have joined themselves to the ranks of homœopathic physicians. There is one fact, however, that can hardly fail to be noted. Such gatherings as this make it very obvious and manifest. It is, that large and growing numbers of unprejudiced laymen, including some whose associations and personal relations with

the medical men who ignore or despise homœopathy would naturally incline them to an opposite belief, have become satisfied by their own experience that the homœopathic practice marks a distinct and beneficent advance in the treatment of disease. It is inevitable that sooner or later the great debt that medicine owes to Hahnemann and his followers should be frankly and generally acknowledged. Like many other reforms, homœopathy has been first ridiculed, then denounced, and at this time the word seems to have been passed round in some of our home medical circles, to quietly ignore it. But in the mean time the number of homœopathic practitioners goes on increasing.

Homœopathic hospitals and insane-asylums and colleges are established, and the system has a fair chance wherever free discussion is permitted. In the State of New York the attitude of the regular physicians (I call them "regular," because they prefer that term to "allopathic") has undergone a remarkable and significant change. The New York Medical Society no longer forbids its members to consult with homœopathists; and they seem disposed to maintain this liberal and advanced position in spite of the almost frantic protests of their conservative colleagues. As homœopathy wins its positions and holds its ground, as concession after concession is made to it, as its friends wax strong and confident, as the bitterness even of professional opposition is passing away, there still is raised in the last citadel of old-school prejudice a seemingly vigorous cry of "no surrender." History has many instances which show that this cry is often heard just before the white flag of truce and parley is hung out upon the walls.

You, gentlemen homœopathic physicians, have only, then, to steadily pursue the even tenor of your way, ready, I hope, to receive the olive-branch whenever it is tendered. It is your privilege to bring to the aid of the sick the blessings which your beneficent rule of practice has enabled you to dispense. And from the day of small things, which began fifty years ago, in New England, when Dr. Gregg first announced himself a convert to homœopathy, you will go on until you have the cordial recognition of your professional brethren, who will wonder at the blindness of their professional fathers. You will not always remain separate, I believe, for the profession cannot afford not to absorb you. And you will not desire to remain separate when freedom of opinion is accorded to you.

But, after all, it is the patients, and not the physicians, whose interests are most concerned. When physicians are unjust to their brethren, when the spirit of professional intolerance is rampant, when doctors shut their eyes and discountenance the spirit of inquiry, it is a discredit, no doubt, to a profession that

ought to be catholic and liberal. But worse than that, it is a great injury to the general community, who have the right to expect that their medical guardians should help and not hinder each other.

Many of those whom I address have had the opportunity of comparing that medical treatment that disregards the law of similars, with the treatment that adopts it. We have found that the latter is the safer and the more efficient. We have seen disease yield to the remedies given, and we have observed that when the original disease is conquered there is no other disease, arising from excessive drugging, ready to take its place. Some of us, too, have realized very keenly that we have lost much in not sooner becoming acquainted with the advanced school of therapeutics that homœopathy represents. We are all here to acknowledge our indebtedness, and to stand by the cause. We shall, I hope, do something to extend the influence of the Medical School of Boston University. It has to-day one hundred and five students. It opens its doors to men and women alike. Its diploma is not to be obtained but by hard study for three years. It was the first medical school in the country to establish a four-years' course. It teaches the healing art in all its departments. The surgeons who attend gratuitously at the Massachusetts Homœopathic Hospital are its professors and graduates, and the record of their operations will compare favorably, both as to methods and to results, with those of the best endowed hospitals at home and abroad. The Medical School of Boston University lays before its students the most advanced knowledge in therapeutics that is taught elsewhere, and homœopathy besides. It requires funds to give to its devoted professors better salaries for the disinterested assistance they give it. It needs additional instructors who can devote their whole time to the work of instruction. Its library should be enlarged, and its laboratories more thoroughly equipped. Its dispensary, which gives freely to the sick some forty thousand prescriptions annually, should be enabled to extend its benevolent action. We confidently and urgently appeal to you to furnish ample means to place in the front rank of medical equipment a medical school which is inferior to none in New England in the thorough and conscientious work which it has done and is doing.

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A NEW antiseptic is being used in the wards of Jefferson College Hospital. This is trichlorphenol, which is of Russian introduction, and has been favorably mentioned by one of the most prominent therapeutists. Trichlorphenol is extemporaneously prepared by mixing one part of a four-per-cent solution of carbolic acid with five parts of a saturated solution of chlorinated lime; the filtrate is said to be twenty-five times more powerful than carbolic acid. — *Atlanta Med. and Surg. Jour.*; *Amer. Prac. and News.*



*HAHNEMANN, AND HIS INFLUENCE UPON MODERN MEDICINE.*

BY SELDEN H. TALCOTT, M.D., MIDDLETOWN, N.Y.

*An Address delivered at the Homœopathic Festival, Boston, April 12, 1887.*

NEARLY a century and a half ago a little child was rocked in a rude cradle by its fond and hopeful mother, in the village of Meissen, Saxony. One of the angels was swinging upon the gates of Paradise, just as our sweethearts used to swing upon the gates of their fathers' homes, and looking down she beheld this child, and was entranced by its wonderful beauty. So she plucked from her own soul the spirit of goodness, of purity, of angelic enthusiasm, and of heavenly wisdom, and she dropped it down into the heart of that little child. The child grew to be a man; the man became a scholar, a chemist, a discoverer, and a physician; and his name was Samuel Hahnemann.

Whoever has studied the life of Hahnemann can recognize, in his every word and act, the presence of that lofty spirit which came to him from the hands of his ministering angel.

From the charms of legendary lore we shall proceed to a contemplation of serious and earnest facts.

In considering the achievements of any individual, we are naturally prone to consider also those causes and influences which may have impelled to mighty effort and to triumphant success.

The parents of Samuel Hahnemann were honest, truthful, and pains-taking people. We catch a glimpse of the first ray of prophetic light in that statement of Hahnemann's father: "If that boy is permitted to live, I will give him lessons in thinking."

The instructions of the parent were well absorbed by the growing youth, and throughout the maturer years of our medical master his time was occupied in the faithful continuance of that marvellous mental operation known as thinking. The causes and the effects of every conceivable question or problem in medicine were thoroughly and carefully considered by Samuel Hahnemann.

Like the immortal Goldsmith in literature, Hahnemann left nothing in medical philosophy untouched, and he touched nothing which he did not adorn.

Hahnemann became first a student; secondly, a teacher of the languages and sciences; thirdly, a physician, graduating, according to some, at Erlangen in 1779, according to others at Heidelberg in 1781. He practised medicine until the uncertainties of his art so discouraged him that he gave up in disgust the work of attempting to heal. Then he became a chemist, and wrought in that field with a skill that made him famous, but his heart

was in medicine. Consequently, in 1791, we find him engaged as a physician in charge of an insane-asylum in Georgenthal, near Gotha. After a few years of service in this institution we find him again pursuing his chemical studies and researches and likewise engaged in lecturing at Leipsic. From 1796, when he first enunciated the principle of his new system in Hufeland's "Journal of Practical Medicine," to 1810, when he made his most positive declarations to the world concerning homœopathy, Hahnemann was engaged in developing the new form of medical practice. From 1810 to the close of his life, in 1843, Hahnemann was a wonderfully industrious practitioner and the most successful healer of disease whom the world has known, either in ancient or modern times.

The story of Hahnemann's life — his teachings, his privations, his persecutions, and his final triumph in Paris — is familiar to you all, and needs no lengthy rehearsal.

Should you feel doubts as to the splendid character and gigantic abilities of this man, you may have them removed by considering the estimate placed upon Hahnemann by those who were his contemporaries, by those who were rich in profound knowledge, and by those who were familiar with his life-work.

Jean Paul Richter, the Sir Walter Scott of Germany, describes Hahnemann as "a prodigy of learning and philosophy." Sir John Forbes declared him to be "a man of genius and a scholar, a man of investigation, industry, and undaunted energy."

Professor Christison, whose work on poisons is famous throughout the world, quotes Hahnemann's account of poisoning by arsenic as the most graphic and accurate he could discover. Hufeland describes him as "one of the most distinguished of German physicians." And Valentine Mott, one of the mightiest and ablest of American surgeons, after visiting Hahnemann in Europe, said of him, "Hahnemann is one of the most accomplished and scientific physicians of the present age."

These words of praise, you must remember, have fallen from the lips of those who were opposed to Hahnemann in medical theory. They speak volumes in behalf both of the honesty of those who uttered the words, and of the transcendent and immortal genius of Hahnemann.

While it is interesting to note the salient facts in the history of any life, it is yet more fascinating to contemplate that splendid spirit of an individual which impels its owner to surmount all obstacles, to disregard all difficulties, to drive the prow of one's bark through the darkest clouds and stormiest seas, and to sweep on irresistibly to the final harbor of a special and desired attainment.

The early life of Hahnemann was full of discouragement, and

replete with those influences which would naturally divert a weak mind from the achievement of an inborn purpose. But, in studying the biographies of men, we find that there are those who cannot be repressed by unfavorable surroundings, or turned from a certain goal by repelling influences. The insistence of parents, and a special education, could not keep Goldsmith in a curate's gown. Much study and an expensive education in the law could not hold Goethe from that career in letters for which he was so grandly endowed. And, though the might of poverty and the force of circumstance combined to keep Robert Burns at the plough, he found it impossible to do any thing except to give voice to the melody forever in his heart. And so it was with Samuel Hahnemann. He was bound by the galling chains of poverty; he was repelled by the scorn and ridicule of his *confrères* in the profession; he was invited to other fields of labor, through his abilities as a chemist and a teacher: but in the face of every adverse circumstance or diverting influence, he felt himself impelled to become the exponent of a new system of medical practice. And he rose with the mighty power of an inspired purpose, a clear vision, a marvellous judgment, and an iron will; and he accomplished the work to which he turned his tremendous energies.

Hahnemann not only made his mark as a chemist, and not only considered and understood the relationships of the material elements, but he seemed endowed with special power to pierce the veil, and to acquire a deep and true understanding of the subtle mysteries and operations of the human soul. As a result of his clearness of vision in this direction, he formed an appreciative estimate of those products which spring from the union of soul and body, and which we call mental manifestations. Hahnemann enunciated the fact, a fact which is now generally recognized, that there are no mental diseases which do not owe their existence to a bodily disease. He also recognized the fact that bodily diseases may in turn be produced through mental avenues, such as shock from grief, or anger, or sudden excitement of any passion or emotion. Recognizing these facts, he came to the conclusion that the treatment of diseases, bodily and mental, must be based upon both a material recuperation of the physical forces, and a spiritual tranquillizing of the mental and the moral forces.

Hahnemann placed a truer estimate upon the brain and mind than any physician who had preceded him. The ancients thought that the brain was but a useless mass of crude matter, a sort of overgrown gland, a mountain snow-cap to keep the rest of the body cool. But the modern student finds, with Hahnemann, that the brain, which the ancients despised, is the chief and most



important organ of the human body. The human mind, the occupant of this brain, is the marvel and the mystery of creation. It is swayed by every flitting passion or impression, and yet it is held in steady poise by the calm monitions of reason, of cultivated judgment and of developed will. In these respects it resembles those wondrous rocking stones reared by the ancient Druids. You remember that they were so finely poised that the finger of a child could vibrate them to their centres, and yet they were so firmly balanced that the might of an army could not move them from their base. So it is with the human mind, which has been thoroughly trained, carefully cultured, and kept by its owner as a pearl without price. The smile of a child can sway it to and fro, while the fagot of martyrdom could not change one jot or tittle of its firm determination.

To Samuel Hahnemann is due the honor of having been one of the great discoverers of the *sensitiveness*, and likewise the *stability*, of the human mind. And the discovery of these facts led this great physician to new and successful issues in the treatment of disease.

Now, in considering the influence of such a man upon modern medicine, we must glance briefly at the condition of medicine when Hahnemann began his study, and continued his wonderful work.

One hundred years ago, the doctrine of a humoral pathology, under various and mystifying names, still swayed and influenced the minds of medical men. Again, the works of Galen, which had been accepted as medical scripture for thirteen hundred years, had not been utterly discarded; and in those works we find teachings as dark as the mysterious shadows of the middle-ages.

Though Paracelsus had burned, with mighty ostentation, the works of Galen and of Avicenna, he failed to dispose of their influence, nor did he substitute any new or practical theory in medicine. The influence of the "great empiric" tended rather to confuse medical theories, and to encourage boastfulness and arrogance in the practice of the healing art. Cullen had, indeed, written a *materia medica*, and the virtues of Peruvian bark as a cure for intermittent fever had been discovered and partially developed. Aside from this, the medicine of Hahnemann's day, as now generally acknowledged, was a jumbled mass of chaotic theory, and of bungling and unsuccessful practice. Physicians had no clear knowledge of disease itself, they had no well-defined law of therapeutics, they had no thorough understanding of the nature and action of the commonest drugs. Polypharmacy everywhere prevailed. Every physician was a law unto himself. Early in the Christian era, Scribonius Longus had pre-

pared a life elixir, containing sixty-one deadly drugs ; and being ignorant of the virtues of them all, he piously believed he could ladle forth healing and happiness to all mankind. The imitators of Scribonius lived in the nineteenth century, and a few of them are not yet dead.

The rule of a century ago was not, how little of a poisonous drug could be administered, and the cure of the patient be effected ; but, how much could the patient take before he died ! Herberden, in 1782, shortly after Hahnemann graduated in medicine, wrote concerning Peruvian bark, that twenty-four drachms a day for six days, providing it could be "got down," would usually weaken the fever, and free the patient from danger of relapse. Fourteen hundred and forty grains of powdered Peruvian bark per day for six days in succession was one of the prescriptions for intermittent fever a hundred years ago. Even our old-school brethren, some of them at least, would recoil from using so much at the present time.

The human form divine, whenever disordered, was looked upon in those days as a mass of diseased matter, and the more you could reduce the mass, the more surely you could dispel the disease. Von Humboldt states that "the diseased matter is really the whole living matter itself, so far as its form and position are changed, and the balance of its elements is disturbed."

Such was the idea of disease, and such the practice of medicine, during the latter portion of the eighteenth century. About that time, however, vague attempts to change the programme were being inaugurated. The fountains of the great deep were evidently breaking up, and a series of diverse experiments were being made upon the helpless sick. Depletion was followed by stimulation, and stimulation by efforts to produce chemical changes in the general constituents of the body. The patient was knocked down by drugs, and braced up by wines, and drenched, and whitewashed, and galvanized by the various products of alchemy and chemistry. Only that which was physical and material could be examined or comprehended. Man was a species of India-rubber god, wound up, and turned loose to run his erratic and uncertain course. Only chemicals could affect him when sick, according to the prevailing notions of the waning century.

But revolutions are sometimes followed by reformations ; and, consequently, there is always hope for mankind.

Hahnemann made a careful study and investigation of the wonders of chemistry ; he wrote one of the most scientific dissertations upon arsenic that was ever penned by mortal man ; he discovered a process for converting alcohol into vinegar ; he recommended a method for the crystallization of tartar

emetic ; he discovered a new variety of mercury — the *mercurius solubilis* — which has been an immeasurable benefit to suffering humanity ; he developed a wine test, or rather a metal test, which has stood the wear and tear of more than fourscore years. As a chemist, he rose to an equal eminence with any master of his time. But he was not satisfied with attempting to cure disease by so-called chemical measures. He found them inadequate to the desired ends. He investigated disease, and found it to be a disturbance of vital force, a force which is imponderable, and which cannot be evolved from any crucible of chemical art. He found that a disturbance of vital force resulted in the impairment of normal bodily functions, and this impairment produced changes in the quality, the arrangement, and the distribution of the molecular atoms of the body. He found that diseases arise not only through the inception of hurtful substances into the system, by means of deleterious food or drink, or by the inhalation of contaminated or bacterial air ; but he also found that diseases may arise from shock through mental impressions, and that this latter cause produces quick damage, resulting in changes in the vital forces and in the organic structures. He found that drugs hitherto used in a blind way for the cure of disease were capable of developing marked and positive abnormal symptoms within the hitherto healthful body. And he also found that by the use of a proven drug, in modified quantities, he could remove the symptoms of disease in a person suffering in a similar manner as the one who had partaken of a given drug, and that, too, without first causing an aggravation. Again, he ascertained by actual experiment that the qualities of a drug may be transmitted to new vehicles, thus enabling him to use the powers of a drug with even more certainty and safety than before.

To recapitulate : Here, then, are some of the achievements of Samuel Hahnemann : —

1. He portrayed the true nature of disease, and described it as a disturbance of vital force.

2. He enunciated the law of similars embodied in the doctrine "*similia similibus curantur*," — a law upon which scientific medicine is inevitably based.

3. He inaugurated the plan of proving drugs upon the healthy before using them as medicines for the sick.

4. He discarded polypharmacy as unscientific.

5. He adopted the plan of using the single remedy for the safe and speedy cure of disease.

6. He made war against bleeding, blistering, purging, administering emetics, and all forms of unnecessary depletion.

7. He defined medicine in a manner comprehensive enough



for all time. In his Lesser Writings he states : " A knowledge of diseases, a knowledge of remedies, and a knowledge of their employment (that is, for the cure of disease), constitute medicine." That definition has not as yet been improved upon.

8. He reduced the size of the dose, until all danger of aggravation from the drug was removed. He proved the possibility of successful treatment by the administration of medicines in minute quantities ; and when that fact was determined, there was a gradual abandonment of the " kill or cure " doses of the ancients.

9. He developed in medicine the doctrine of transmitted force, — a doctrine that the inherent powers of a drug may be passed from the original material to new material without a necessary loss of their natural energies.

Who can estimate the influence of such a man who wrought, during an eventful life, such miracle-like achievements ? He developed a philosophy as comprehensive, as beneficent, and as far-reaching in its conception of usefulness, as the prodigious philosophies of Aristotle, of Plato, and of Lord Bacon. This man worked alone, unaided, uninspired, save by his personal sense of the possession of a mighty and glorious truth. With that truth in his soul, he rose like a giant from the ranks of the people, seized the masses of antique theory and uncertain conjecture by which he found himself surrounded, and hurled them into the yawning gulf of a well-earned oblivion. He portrayed with the clearness of sunlight the folly of old-time methods of treating the sick by rash and blindly heroic means, and he proved the powers and effects of drugs upon himself ere he ventured to administer them as medicines to the sick. He covered Europe with the evidences of his marvellous medical skill ; he swept back the tide of long and bitter persecution by the sublime triumphs of his art ; he kept up the glorious carnival of his successful practice until he was crowned with surpassing honors in Paris ; and he rested not until, by the grandeur of his achievements, the city of Leipsic, from which he had been driven as a fugitive and a vagabond, erected a stately monument to his name, — a monument that remains to this day as a fitting memorial to his magnificent and imperishable memory.

While Hahnemann and his followers have been opposed at every step during the past eighty years, the cause of homœopathy has continued to exist as a bright and growing cause. The principles which he avowed, and which his enemies sought to depreciate, have at last become, though unwillingly and unadmittedly on the part of some, the settled principles of modern medical practice. The lancet and other harsh methods of depletion have been laid away or rarely used. Polypharmacy is

almost a thing of the past, having been practically discarded in Germany, the medical Mecca of the world.

The use of the single remedy and the divided dose is now taught by such leaders in the old school as Ringer, and Farquarson, and Bartholow, and Piffard, and T. Lauder Brunton, and C. J. F. Phillips, and A. A. Smith, and Professor Gubler.

That our old-school brethren are recognizing the effects of drug provings upon the mind as well as the body, is evidenced by the following quotation from an article by J. Leslie Tobey, M.D., L.R.C.P., London, printed in the "American Journal of Insanity" for April, 1887: "Belladonna produces, in over-doses, mania; hyoscyamus, jealous furor; pulsatilla anemone, religious melancholy; nux vomica, ill humor and passionate irritability; mercury, moral perversion; ignatia, lycopodium, etc., dejected, sorrowful humor; opium, intellectual ideation; alcohol, maddening, vicious, profane impulses; stramonium, morbid fear and cowardice; hasheesh, intellectual delusion."

Surely our friends are recognizing at last the light which has shone from the brilliant teachings of Hahnemann for more than fourscore years.

It is a generally recognized fact, that there is a gradual but steady increase in the longevity of the people. This is one of the marked effects of the teachings of Samuel Hahnemann. He not only cured the sick, but he gave us rare lessons relative to the avoidance of disease by proper quarantine in contagious cases, by suitable and careful daily diet, by wise methods of development and fortification of the human body against disease, by the avoidance of all depletory measures, and by the utilizing of all proper hygienic and sanitary means for the promotion and the preservation of health.

The truth in medicine, as sown by Hahnemann, has produced, and is still producing, a rare and luxuriant fruitage.

"A single seed,  
When soil and season lend their alchemy,  
May clothe a barren continent in green."

The world has been blessed with some great physicians. Many of these have attained what might be called a ripe old age. To show you what has been done in the line of personal living, in accordance with personal beliefs and theories, we now present the ages of some of the most distinguished physicians who have lived within the Christian era:—

Galen, whose Cyclopædia of Medicine was the text-book of the nations for thirteen centuries, died at seventy; Von Helmont at sixty-seven; Harvey, who discovered the circulation of the blood, at seventy-nine; Sydenham, at sixty-five; Vesalius, the

father of anatomy, at fifty; Eustachius, the discoverer of the valvular structures of the heart, lived until he was seventy-four; Stahl also died at seventy-four; Boerhaave at eighty; Von Heller, the father of physiology, at seventy-one; John Hunter at sixty-five; Cullen, whose *Materia Medica* Hahnemann translated, at seventy-eight; Jenner at seventy-four; Abernethy at seventy-six; Sir Astley Cooper at seventy-three; Sir Charles Bell at sixty-eight; Abercrombie at sixty-three.

Samuel Hahnemann, the founder of homœopathy, lived in accordance with the principles which he so fully and carefully enunciated, until he was nearly ninety years of age. His gigantic intellect remained unimpaired to the last, and his mental faculties were bright and strong to the day of his death. So you see that he outstripped them all in so living "that his days might be long in the land."

It is interesting to note the effects which have been produced by the teachings of Samuel Hahnemann upon the treatment of patients in the public institutions of various countries. To understand these effects, we may briefly compare the death-rates in some of the hospitals for the insane, as they were recorded eighty or ninety years ago, and as they are recorded at the present time.

At the Bicêtre, in France, from 1784 to 1794, the death-rate was 48.75. At Salpêtrière, from 1805 to 1813, the death-rate was 28.17. At the Retreat, in York, England, from 1796 to 1836, the death-rate was 22.22. At Wakefield, from 1818 to 1836, the death-rate was 31.61. At Aversa, Italy, in twenty years, the death-rate was 21.35. In Amsterdam, Holland, from 1832 to 1837, the death-rate was 21.56.

During a period of four years, ending Sept. 30, 1885, the death-rate in the old-school asylums for the acute insane, in the State of New York, was 5.90. That of the Middletown Asylum, under the new system of treatment, was 4.47. During the year ending Sept. 30, 1886, the death-rate under old-school treatment, in the New York asylums, was 5.16. In the Homœopathic Asylum at Middletown, the death-rate for the same period was 2.99.

Outside of insane-asylums we find that during the year 1876 the death-rate in the old-school charity hospitals of New York City ranged from eight to twelve per cent; while at the Homœopathic Hospital on Ward's Island, for the same year, the death-rate was 6.14. Since that year, the first after the Homœopathic Hospital was established on Ward's Island, the death-rates in all the New York City hospitals have been lighter than they were previous to the establishment of the Homœopathic Hospital. This shows the beneficial influence of competition, as well as the



beneficial effects of homœopathic treatment of disease, in our public hospitals.

Contrasting the death-rates of the olden times, where they range from twenty-one to forty-eight per cent, with those of the present day, where they range from less than three to about ten or twelve, you will note a marked change for the better.

With regard to the results attained by the homœopathic treatment of typhoid fever, of pneumonia, of scarlatina and of cholera, the comparison in favor of the new system of medicine is remarkable. You are so familiar with these statistics that we will not repeat them here.

Samuel Hahnemann not only lived up to the fulness of his own time, but, like all who are truly great, he projected himself, his work, and his influence, upon the undiscovered future. Some of the theories which he but dimly outlined have since been developed by scientific processes into reasonable and understandable truths. While some have sought to claim that the psora theory of Hahnemann simply meant the itch, and that this great physician failed to discover the existence of the acarus, or itch-mite, as an exciting and continuing cause of the skin disorder, we find, upon close investigation, that Hahnemann did know about the itch insect; for he writes, concerning the itch: "I agree with those who attribute the disease to a living cause." And, concerning the remedy which he applied for the cure of the itch, he says: "All insects and worms are killed by sulphuretted hydrogen." To confound the eruption caused by the itch-mite with the constitutional and far-reaching dyscrasia termed psora, is, stating it mildly, a mistake of his enemies, and not of Samuel Hahnemann.

Concerning the cholera, he says, "It grows into an enormously increased brood of those excessively minute, invisible, living creatures so inimical to human life, of which the contagious matter of cholera most probably consists."

The master of homœopathy did not fail to discover the mystery of the itch-mite, and, unaided by the microscope, yet with unerring vision, he recognized the comma bacillus of cholera, about which the renowned Koch has written so much within the past few years.

But grander than all his discoveries concerning the physical and material nature of disease, his recognition of the influences of imponderable forces upon the life and the health of the physical structures of man, of which we have already spoken, was a discovery which shall last while the earth lasts and the inhabitants thereof continue to live.

No other author has more fully portrayed the subtile influences which the mind exerts over the body. No other author

has so fully described and portrayed the effects of drugs in the production of abnormal mental conditions.

Here is the secret and source of Hahnemann's power as a physician to the sick, and in the future the potency of the master will become more apparent as the refined subtleties of the human mind become better understood.

Hahnemann was a physician who not only sought to cure disease, but he endeavored, also, to fortify and protect the community against the encroachments of pathological enemies. The prophylactics which he proclaimed against cholera and scarlet fever are among the most benign measures ever instituted.

The experiments of Pasteur at the present day, in seeking, by homœopathic prophylaxis, to ward off the approaching crisis of hydrophobia, are experiments in line and in sympathy with the homœopathic idea.

The modifying and renovating influences which Samuel Hahnemann shed upon modern medicine are immeasurable and incomputable. His achievements as a renovator of the old and a proclaimer of the new deserve to rank with the proclamations of a Martin Luther and the discoveries of an Alexander Von Humboldt or a Sir Isaac Newton.

Samuel Hahnemann deserves to be crowned and canonized as one of the world's greatest benefactors. More than a century has elapsed since his great work began, but his influence is neither dead nor forgotten. The monopolizing greed of his opponents cannot absorb them, nor will the careless apathy of his professed friends dim the lustre of his rare achievements. We may turn always, with profit and with pleasure, to his written works, as to an old gospel that is ever new; and we shall find therein, if we study them aright, fruitful sources of inspiration, of encouragement, and of helpful information. It is only when we stray from the teachings of the master, when we grow weary of making those patient and profound investigations so necessary to a proper understanding of disease and the best methods of curing it, that we turn our faces from the light, and direct our footsteps into paths of darkness and disgrace.

Are the virtues and powers of homœopathy exhausted? A thousand times, no! They are as yet but partially discovered, imperfectly understood, and feebly utilized. One of the saddest failings of our times, and it is a failing which has touched with a leprous hand the brightest pages of human history, is that weakness of human nature which makes us prone to forget and forsake the faith of our fathers, and to slip away from those eternal truths which are hidden in the arcana of nature, waiting only for human intelligence, guided by divine inspiration, to discover and bring to proper use.

What we need is expressed in the sigh of the poet, —

“ Oh for a closer walk ”

in the footsteps of our great medical master.

Fidelity to a purpose is the strongest impulsion towards the goal of success. That success may mean death in the performance of duty to-day, but immortal glory throughout the coming future. Fidelity to a purpose is a rare quality, and infrequently found ; but when it is discovered it excites profoundest admiration and enthusiasm. It was fidelity to a purpose that caused Leonidas and his four hundred to hold the pass at Thermopylæ. It was fidelity to a purpose that carried Cardigan and his “ noble six hundred ” through the battle hell at Balaklava. It was fidelity to a purpose that stimulated Cambronne to hurl back an insulting epithet into the teeth of the British general when, upon the fated field of Waterloo, that general had the audacity to ask the Old Guard of Napoleon to do what it never had done, and never could do, — to surrender in the face of an overpowering foe. And it was fidelity to a purpose that stirred the brave color sergeant of Mississippi to tell his colonel on the eve of battle, “ I will bring back those colors in honor, or I will report to God the reason why.”

Such examples of fidelity to a purpose cheer and strengthen and encourage us all in the performance of our daily and toilsome duty.

When William of Orange assumed a mighty rulership, he placed one hand upon the Magna Charta, and the other on the hilt of his sword, and swore a solemn oath : “ I will maintain ; ” and the power which he developed continues in all the avenues of commercial, intellectual, and social enterprise throughout the entire world.

Friends of Homœopathy, on this most auspicious occasion, let us take anew the oath of loyalty to our cause. Let us place one hand upon the Organon, and the other upon the hilt of a determined purpose, and let us swear that we will maintain and develop those principles in medicine which have come down to us from the masterly mind of the “ Sage of Coethen.”

Thus shall we be enabled to confer the blessing of safe and speedy cures upon sick and suffering humanity ; and thus shall we most surely perpetuate and intensify the fadeless glory of Samuel Hahnemann.

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THEY called the doctor in to stanch  
The blood that flowed like rain ;  
But *artery* had tried a while,  
He said it was in *vein*.

*Medical Era.*



*THE APPLICATION OF SPONGE-GRAFTING TO THE  
TREATMENT OF SUPPURATING CANALS.*

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THE method of inducing ulcers to granulate, by applying a permanent sponge dressing, owes its suggestion to Professor Hamilton, of Aberdeen. The practice rests upon physiological principles, and deserves to be classed among the artificial methods of healing, that represent, and follow in the direction of natural methods. In pursuance of the well-known facts that granulation tissue develops around capillary loops that are forced forward by the blood current, and also that granulations after reaching a certain height, may lose their reconstructive power, Professor Hamilton proposed to use sponge fibre as an artificial prop against which the new formation could grow. He and other surgeons have demonstrated, practically, the truth of this reasoning, and sponge-grafting has now become a well-recognized procedure for the treatment of chronic, and large granulating surfaces. While, therefore, there is nothing new in the principle of sponge-grafting, I venture to believe that the use of this method to induce the healing together of suppurating canals has not been so generally practised, and possibly presents some more or less novel propositions.

I wish here to anticipate any change of inconsistency. In a recent paper ("The New-York Medical Times," January, 1887) I spoke in favor of the more radical operation for the treatment of this class of cases, and expressed the belief that a cure follows most rapidly when the fistulous canal is laid open, and thoroughly scraped of granulation tissue. From this opinion, I am not now prepared to dissent; but there are cases—gradually diminishing in number—that either will not or can not submit to this really, in some instances, rather severe treatment. Such cases demand more conservative measures; and to such, the method of sponge-dressing that I have been using for several years is especially applicable.

The principal obstacle to the healing of fistulæ and sinuses exists in the thickening, and consequent inelastic quality of the cellular tissue that surrounds the suppurating tract. This thickening is a natural concomitant of the inflammation that belongs to such a pathological condition, and has the effect in some instances of preserving a more or less patulous canal, in others of maintaining a degree of rigidity that allows muscular contraction to be communicated to the walls of the canal, and thus interferes with that quiet which is essential to the healthy

healing of granulating surfaces. In this condition of the canal, not primarily in the contractions of the sphincter muscles, I find a chief cause for the non-healing of anal fistulæ. Fistulæ in this location are situated outside of the muscular rings, and are not included in the structures immediately drawn together by their contraction. If, therefore, the sphincter muscles prevent anal, or more properly rectal fistulæ from healing, it is because their action, which is almost constant, is communicated to a resisting body, — the fistulous canal, — and there expends itself. Practically, we know that an anal fistula can rarely be cured without either dividing, or otherwise putting at rest, the sphincter muscles; but if we could remove the walls of the fistula, and exclude obstacles to healing that are equally active in other wounds, it would not always be necessary to divide or paralyze the anal sphincter. This for obvious reasons, cannot be done; and therefore to support the granulations, and to form an absorbable network, upon which and through which they may develop, and one that at the same time shall fill the canal and overcome any tendency there may be to prevent healing, through muscular contraction, I have for several years followed the practice of introducing pieces of sponge through the whole length of the false passage, and allowing them to remain until they become vitalized.

The method of preparing sponges recommended by Professor Hamilton, will be found most worthy of confidence. Much depends upon the exactness and nicety with which this part of the treatment is managed. The objects are to remove all calcareous particles, to render the sponge soft and absorbable, at the same time preserving its porousness, and to make it aseptic. A piece of fine Turkey sponge is steeped in dilute hydrochloric acid, until it is very soft and velvety to the touch. I have found that sponge answers the purpose better, if soaked for several days — ten days to a fortnight — in a weak solution of acid, than when this part of the preparation is accomplished in less time by a stronger solution. The latter method is liable to render the sponge too soft, when it becomes a pulpy mass, into which the granulations cannot grow. When the sponge is sufficiently soft, it is washed in liquor ammonia, and finally set aside in a one-to-twenty solution of carbolic acid. In this it may remain for almost any length of time; so prepared, I keep sponges in a jar in my surgery, ready for use.

The preparatory treatment, the method of introducing the sponge, and the after-treatment, are details that require considerable attention. After thoroughly scraping the canal, either with a curette, or sharp spoon, and washing out the tissue so removed, I measure the length of the sinus with a probe, and, if possible,

reduce with the knife any tortuosity that may exist near either opening. I also, if possible, ascertain the calibre of the canal. Agreeable to the anatomical knowledge so acquired, a piece of sponge is cut to fit the canal. This should be quite accurately done, for if the sponge is too large it will defeat the object for which it is used, and if it is too small the granulations will not grow into it. The piece of sponge is then dusted with iodoform, or iodol, the healing properties of which I find to be quite equal to those of iodoform, and passed into the sinus. A simple dressing of iodoform is then bound on the part, and gentle pressure made over the course of the sinus. If there is not much discharge, or if a quite profuse discharge does not become offensive, the dressing may remain undisturbed for several days; and even though it is found necessary to renew this, the sponge, unless very decided evidence exists that its presence is only irritative, and that it is acting as a foreign body, should not be interfered with. If gentle traction upon the sponge shows even a slight resistance, the attempt at removal must not be persevered in; I have several times, in my desire to test the degree of vitalization that had taken place, interrupted what otherwise promised to be a perfect cure.

It should be remembered, that the aseptic sponge can do no greater harm than to prevent healing, even if vitalization does not take place; it is, therefore, better to leave it in the granulating tract too long, than to interfere with the beginning of a reparative process that we seek to establish, by removing it too early.

In connection with the general appearance of the sponge, which will look somewhat swollen, and seem to protrude beyond the level of the skin, if the treatment is to be successful, I have usually found that from seven to ten days are sufficient to determine whether vitalization is to take place or not. But if before this time the sponge becomes soaked with pus, and looks soft, breaking down when touched lightly, there is little reason to believe that the treatment has been successful; the sponge should, therefore, be removed, the canal cleaned, and a new piece of sponge introduced.

From the experiments that I have made in applying sponge-grafting to the treatment of sinuses and fistulæ, the following conclusions are drawn. Excluding constitutional causes, failure to effect a cure resides most frequently in an imperfect preparation of the sponge, whereby it is made too soft, or not rendered aseptic; and in a want of thoroughness in cleaning the canal of granulation tissue. The old granulations have become flabby, and being hypernourished, proliferate, but do not develop the fibroblasts from which reparative tissue arises. Therefore it is



better to scrape these away, and allow new vascular loops to grow into the sponge meshes. It is especially desirable to allow ample time to elapse before disturbing the sponge-graft; by neglecting this precaution, an otherwise successful case may result in a complete failure.

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*POISONING BY CAMPHOR.*

BY W. R. RAY, M.D., MELBOURNE, AUSTRALIA.

IN the afternoon of Sept. 15, Miss X. was brought to my house, and had to be partly lifted and partly carried indoors. Her hair and dress were disordered; face duskiely suffused and perspiring; the breathing slow and shallow, with a tendency to sighing; the pulse being rapid, small, and compressible. She was in a semi-unconscious state, eyes partly closed, and if placed in a sitting posture, her head and body inclined to fall forward and to the side; but if roused and spoken to loudly, she made an attempt to sit upright, lifted her eyelids for a moment, responded rationally, but in the unformed halting accents of a person laboring under the influence of drink. Her breath smelt of camphor. She was about the middle height, strongly built, and her sister, who accompanied her, informed me that she was unusually robust and healthy. They had lunched together at one o'clock, on coffee and bread and butter, and afterwards were doing some shopping. She had a slight cold, for which she had been recommended to try camphor. She had provided herself with a piece as big as an almond, which she had begun to chew up and swallow in minute portions. Some twenty minutes afterwards, she suddenly complained to her sister of feeling giddy and queer; and they had barely time to get into a shop which they were passing, when she fell down in a quasi-fainting fit. Resort was had to the usual restoratives, — fanning, cold water, smelling-salts, etc.; and after a little while she rallied somewhat, but began to talk excitedly, and endeavored to sing or hum snatches of tunes, paying but little heed to the conversation and efforts of those around her. Her face was flushed, the expression peculiar, and her sister said that only she knew that she never drank any wine or spirits, and that they had been together all the forenoon, she would have come to the conclusion that she was under the influence of drink. As the hilarious excitability was gradually passing into a state of stupor, the sister became alarmed, and had her conveyed to my house.

She began eating the camphor at two o'clock; twenty minutes or so afterwards, she had a fainting attack, followed by hilarity, excitability, with rapidly ensuing stupor; and, when I saw her about three o'clock, she was nearly unconscious, and in a semi-

collapsed state. As her condition was somewhat alarming, I lost no time in giving her an emetic dose, gr. xx., of zinc sulphate, which was followed by free vomiting. The vomited matter smelt strongly of camphor, but I failed to find any pieces of the drug in it. After waiting for fifteen minutes, I gave her thirty minims of aromatic spirits of ammonia in a small cup of strong black coffee. Her breathing and circulation improved; her face, from being flushed and dusky, had become somewhat pale, the expression being more natural; and she gradually sank into a light slumber. Half an hour afterwards, I administered another dose of coffee and ammonia, and by four o'clock she was sufficiently recovered to be removed to her own home. She was somewhat light-headed and giddy, but only complained of a burning pain at the pit of the stomach, which had disappeared by the next day.

The above case is of some interest on account of the severe, if not alarming, symptoms produced by an apparently small dose of camphor.

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*ÆNANTHE CROCATA.*

TO THE EDITOR OF THE NEW-ENGLAND MEDICAL GAZETTE.

The interesting study of *Ænanthe Crocata*, published in the March number of the GAZETTE, recalls my own experience of this remedy in two cases, which I will cite. The first case came under my care in December, 1885. The patient was a lady upwards of sixty years of age, a widow, thin and delicate in appearance, but of a very bright and cheerful disposition except during the day or two immediately preceding an epileptic seizure, when she would be nervous, gloomy, and not at all like herself. She had suffered from these attacks for several years, about three or four times a year; but, during the year preceding the date mentioned, they had occurred much more frequently, notwithstanding increasing doses of bromides. When I first saw her, she was undergoing an attack more violent than any she had yet experienced. During an entire night, she passed from one convulsion to another, separated only by intervals of the heavy slumber characteristic of this disease. She was given *ænanthe*, and recovered as usual. Several times during the winter the premonitory symptoms appeared, but the attacks were always averted by a few doses of the same remedy. She has never had a convulsion since.

The second case was that of a young woman, twenty-two years of age, unmarried, strong and hearty in appearance. For some years she had had terrible epileptic attacks, more and more frequently, until, when I first prescribed for her, she was

having three or four a week. Several old-school physicians, one of them at least of high reputation, had employed their best efforts, and had given up the case as hopeless. I first prescribed for her in January, 1886, giving the remedy under discussion, and the result was a surprise to even my faith in the efficacy of medicine. The patient had two mild attacks at intervals of about ten days, after commencing the treatment, and has since been entirely free from the affliction which was making her life a burden.

These two cases were widely different in age and environment. One was old, frail, and delicately nurtured; the other, young, strong, and accustomed to work. In both cases, the exhibition of *ænanthe* was followed by results exceedingly gratifying to all concerned.

I have two or three times had occasion to prescribe this remedy since; and, while it has never entirely disappointed me, the results have been less brilliant than in the cases cited. There can be no doubt but that this is a most precious remedy in the treatment of a disease which is among the most terrible of the afflictions of mankind.

The cases mentioned above all received *ænanthe* in the two-hundredth potency. It is my intention to experiment with cruder forms of the drug, before coming to any conclusion as to which preparation is most frequently effective.

SAMUEL L. EATON, M.D.

EAST ORANGE, N.J., March 21, 1887.

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#### WHY VAGINAL TAMPONS ARE USELESS.

THE efficacy and utility of vaginal tampons as a means of treatment in uterine difficulties is being questioned and discussed in gynecological societies and through the medical journals, and it is not to be wondered at that this question is raised, when we consider what is used, and how applied, by many who are considered gynecologists, to say nothing of those who assume less, and from whom less is naturally expected. That great and unquestionable benefit *may* be derived from treatment by vaginal tampons in many and various forms of uterine troubles, has been proved to the entire satisfaction of many of us, and can be *demonstrated* at any time on any suitable case. To condemn as useless a method of treatment which has not been tried, or only improperly applied, is manifestly unreasonable. As properly deny, for instance, the efficacy of ipecac in certain forms of nausea and vomiting, having never administered it, or having given it only in drachm doses.



As a believer in, and an advocate of, the vaginal tampon as an indispensable means of relief and cure for many of the diseases of women, I desire to point out some of the causes of failure on the part of those who have not obtained the desired results from this treatment.

*First,* The material *generally* used is absorbent cotton. This, as soon as it becomes saturated with the secretions, packs down as hard and unyielding as a lump of clay: it therefore fails to afford any support when such is desired, and is a source of irritation to the tissues with which it lies in contact, especially if any abrasion or ulceration be present; and furthermore, if in a position to occlude the os uteri or os vaginæ, it shuts back the secretions, to which it is impervious when thus packed. Raw cotton is better, but is rarely free from irritating impurities, and has the same faults as absorbent cotton, only in less degree. Oakum is more elastic and porous, but is, in its texture, too coarse and harsh to be placed in contact with raw or irritable surfaces. *Wool*, carded, cleansed, and rendered antiseptic, is by far the *best* material, having all the essential qualities and none of the objectionable ones; and it will, I am quite sure, supersede all others when its vast superiority is known and appreciated.

*Second,* The size and shape are illy suited to any practical use. In many cases, and I think generally, the tampon consists of a small roll or wad of cotton about one inch or less in diameter and two inches long, perhaps, tied tightly with a string around its middle. In this shape and size little benefit can be expected, for it is thus capable of but little absorption, therefore of little value as a carrier of medicaments, while its form and size render it of no possible use as a mechanical support, — it being, rather, a source of irritation and discomfort. If, however, from a sheet of the antiseptic wool (which, in the form best adapted to this use, is from one-half to one inch thick) pieces be cut about two to three inches wide, and from four to six inches in length, then a piece of twine passed *through* near one end and tied, tampons are formed which will absorb easily from one-half to one ounce of glycerine. One of these being packed first into the posterior *cul-de-sac*, then the end to which the string is tied folded up in front of the cervix, we have a cushion under and around the cervix which will remain elastic, unirritating, pervious, and perfectly comfortable till removed, and large enough to hold up the uterus sufficiently to relax its supports, and allow them to regain their tonicity and strength under the influence of the proper medicinal and hygienic treatment.

*Third, Medication* of the tampon is neglected. Glycerine

is very generally used, in an indiscriminate, routine manner, as the sole and only agent to apply with the tampon. Here again a parallel absurdity is suggested; viz., as properly condemn *pills* in general as useless, because those made of sugar and unmedicated may have proved inefficacious in the cure of disease. While glycerine, like alcohol, has of itself certain well-defined effects, and its appropriate therapeutic sphere, it is as a menstruum for other medicaments that it is *chiefly* valuable in connection with the topical treatment of uterine diseases. To secure the success that many have failed to find, a careful selection of the appropriate remedy from among such drugs as bell., sang. can., hydras., pinus can., eucalyp., iodine, phenol, boracic acid, alum, peroxide of hydrogen, etc., will be found essential, as well as to make the carrier itself of proper material, size, and form. As I have already published through the Transactions of the American Institute, and the "American Journal of Gynecology," indications for nearly all of the above-mentioned remedies, I will not repeat them here.

These three may not be all, but are among the chief causes of disappointment which has resulted in the unfavorable reports and comments in regard to the value of vaginal tampons in the treatment of uterine diseases. To those who feel confident that they have seen most positive and satisfactory results from this method, the unfavorable reports are evidence of nothing except a faulty application, by those who fail, of a means, which, properly applied, is of great value, and in no degree responsible for their failures.

L. A. PHILLIPS, M.D.

BOSTON, March 22, 1887.

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## GLEANINGS AND TRANSLATIONS.

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### THE ALKALOIDS OF HYOSCYAMUS, AND THEIR THERAPEUTICAL PROPERTIES.

THE most diverse reports have been made with regard both to the dosage and effects of the alkaloids of hyoscyamus. Judging from the contributions to English and American journals, there are at least four different substances which have been used under the names of those alkaloids. These are the crystalline hyoscyamine, commercial amorphous hyoscyamine, Merck's amorphous hyoscyamine, and hyoscine.

According to statements made in a discussion on this subject at a recent meeting of the Neurological Society, the amorphous hyoscyamine of Merck is practically identical with hyoscine.

Physicians should prescribe, therefore, the crystalline hyoscyamine when they desire the effect of this alkaloid, and the amorphous hyoscyamine, or hyoscine, when they desire that of the other; for it seems that the two drugs are not identical in their physiological or therapeutical properties, and that it is only the latter (i.e., amorphous hyoscyamine, or hyoscine) which has pronounced hypnotic properties. With regard to hyoscine, Dr. J. Mitchell Bruce has recently reported his experience with it as a cerebral sedative ("The Practitioner"). The hydrobromate is the salt used, since it is soluble in water. After referring to the researches of Professor Wood, he reports ten cases of his own, which show, he thinks, that hyoscine is a powerful cerebral sedative, relieving mania, delirium, and insomnia. The disadvantages of the drug are that its effects are temporary, and that it sometimes produces great shallowness and weakness of respiration, or even Cheyne-Stokes rhythm. Dr. Bruce has, however, heard of no fatal result from its use. He found the best working dose to be only gr.  $\frac{1}{200}$  hypodermatically, or gr.  $\frac{1}{100}$  by the mouth, which is less than the dose ordinarily used in this country. Hyoscine does not cause dryness of the throat, nor does it relieve night-sweats.

Dr. S. G. Webber of Boston ("Boston Medical and Surgical Journal") has been using hyoscine as a hypnotic with fair success; he gives it internally in doses of gr.  $\frac{1}{100}$  to gr.  $\frac{1}{60}$ .

There seems to be little doubt that it is the amorphous hyoscyamine of Merck, or the hyoscine, which contains the sedative properties of hyoscyamus. It has not been satisfactorily ascertained which alkaloid possesses the more anti-spasmodic properties, though excellent results have been reported from their use in paralysis agitans, chorea, and other convulsive troubles. — *Med. Record.*

PROCIDENTIA AND VESICAL CALCULI. (By L. C. Grosvenor, M.D., Chicago.) — Mrs. C., aged seventy years, was suffering the discomforts of a complete procidentia. She said it had been a case of long standing, and doubted if much could be done for her relief. It was, however, giving her increasing discomfort, and she desired to see if any thing could be done for her relief. I found a complete prolapse, the uterus being entirely outside the vulva. With some difficulty I at length restored the organ to its normal position within the body, when she expressed an urgent desire to urinate. In doing so she complained of pain, and was some time in getting through. Said something was passing beside water. When she was through, what was our surprise to find in the bottom of the vessel this handful of stones!

There are one hundred and five in all, the largest measuring



nearly one-fourth of an inch in its largest diameter, and the smallest, one-sixteenth.

She expressed herself as greatly relieved, and said "something had been irritating her there for several months."

These calculi were doubtless formed and retained in a fold or cul-de-sac of the bladder made by the mal-position of the uterus. — *Medical Era*.

ALLEGED CURE OF HYDROPHOBIA BY SWEATING. — The report from Odessa of a case of cure after the onset of what are said to have been unmistakable symptoms of hydrophobia in a boy, lends some encouragement to Buisson's mode of treatment. The symptoms of the malady began seventeen days after the receipt of the bite from a dog authoritatively stated to be rabid. The boy, at once removed to the hospital, was placed in a warm bath, the temperature of which was rapidly raised to 42° R. (125° F.). At this stage, the boy became unconscious, and continued so for one hour. He was taken from the bath, swathed in cloths, and placed in a room at a temperature of 68°. The same process was repeated in the evening, and twice a day for the following three days, when the patient's appetite was fully restored. So far, the boy has remained well. — *Lancet, Hom. Recorder*.

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## SOCIETIES.

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### ANNUAL MEETING OF MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE annual meeting of the Massachusetts Homœopathic Medical Society was held at the Hawthorne Rooms, Park Street, Wednesday, April 13, 1887.

The meeting was called to order at eleven A.M. by the President, Walter Wesselhoeft, M.D. The reading of the records of the semi-annual meeting was dispensed with, as they were printed in the Transactions. The records of the meetings of the Executive Committee were read and approved.

On motion of Dr. Scales of Newton, the recommendation of the Executive Committee as to the expulsion of two members was accepted, and E. O. Eckert, M.D., of Marshfield, and F. M. Cragin, M.D., of Norwood, were expelled.

### NEW MEMBERS.

Dr. Spalding moved "That by-laws in reference to election of new members by ballot be suspended, and that new members be voted for by hand vote." Carried.

The following physicians were then elected to membership: William J. Winn, M.D., Cambridge; Mary Florence Taft, M.D., Cambridge; J. C. Shaw, M.D., New Bedford, Mass.; Clara E. Gary, M.D., Boston; F. M. Humphrey, M.D., Danielsonville, Conn.; Samuel A. Kimball, M.D., Boston; Susan P. Hammond, M.D., Boston; Mary Morey, M.D., Boston; Arthur Mitchell, M.D., Medfield.

The report of the Treasurer, H. C. Clapp, M.D., and of the Auditor, F. B. Percy, M.D., were read and accepted. The Treasurer's report was as follows:—

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

		CR.	
Cash on hand April 14, 1886	. . . . .	\$1,298	24
collected during the year	. . . . .	817	00
		\$2,115	24
		DR.	
Expenses during year	. . . . .	\$1,205	88
Cash on hand April 14, 1887	. . . . .	909	36.
		\$2,115	24

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

BOSTON, April 14, 1887.

REPORT OF NECROLOGIST.

The Necrologist, C. H. Walker, M.D., presented in a most satisfactory manner a brief history of members of the Society who had died during the past year.

The Committee on Publication offered as its report the printed volume of Transactions of this Society for 1886.

REPORT OF COMMITTEE ON CLIMATOLOGY.

In the absence of Dr. Jones, no report from this bureau was offered.

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

Dr. H. E. Spalding, as chairman of this committee, offered a series of papers on Diabetes Mellitus:—

- I. History of Diabetes Mellitus. H. E. Spalding, M.D.
- II. Etiology of Diabetes Mellitus. D. G. Woodvine, M.D.
- III. Diagnostic Symptoms, Progress, and Duration. E. A. Murdock, M.D.
- IV. Complications. N. R. Morse, M.D.
- V. Chemical Tests. W. P. Defriez, M.D.
- VI. Pathology. Prosper Bender, M.D.
- VII. Treatment. H. M. Hunter, M.D.

The discussion which followed was exceedingly interesting. Dr Spalding spoke of heredity of diabetes. Two sisters were

at one time under his care for the treatment of this disease, their father and two sisters having previously died in consequence of diabetes. One peculiar symptom was bitter exhalation from skin. *Phosphoric acid*, *cantharis*, and *arsenicum* were the remedies used to restore these patients to health.

Neurotic character of disease was exemplified by the case of a young lady in whom the trouble developed after her engagement in marriage was abruptly terminated; also in the case of a widow, in whom diabetes first appeared after death of her husband. One case was occasioned by concussion of brain and spine.

Dr. Phillips spoke of the fermentation test for sugar as having yielded in his hands the best results. He had tried the new remedy, *syzygium jambol*, in several cases. In one case, in which the sp. gr. of urine was 1039, and the patient suffered greatly from pruritus and neurotic symptoms, there was speedy relief from its use. In another case, where lady was passing from nine to ten quarts of urine, *heloma* and limitation of diet cured the patient.

Dr. Lougee said, as a sufferer from this disease, he could speak feelingly. He considers it almost invariably a disease of nervous origin, and does not place much dependence upon limitations in diet. In his own case, he was passing from six to eight quarts of urine, had excessive thirst, and was much prostrated. He decided to eat what he pleased, and took *bromide of arsenic* for three weeks, in increasing doses, until its physiological effects were observed, then lessened the dose until the minimum dose was reached, when he was substantially well.

Dr. Woodvine spoke of evaporating the urine as best test for presence of sugar in urine.

Dr. Ruggles recommended Pavy's modification of Fehling's test, as the most exact, and to his mind, the most satisfactory test.

#### INTERMISSION.

A most ample lunch was served in the rooms of the Woman's Club, and the hour was most agreeably spent in reviving old acquaintanceships and forming new ones.

The annual address by the President, Walter Wesselhoeft, M.D., of Cambridge, was then delivered. His subject was "The History of Homœopathy in New England," and it was treated in a most exhaustive and scholarly manner, commanding the earnest attention of the Society. The importance of the subject at this time, when we celebrate the fiftieth anniversary of the introduction of homœopathy into New England, demanded just such pains-taking effort in its preparation as it received from the President.



Dr. Scales moved, "That election of officers take place immediately after President's address." Carried.

Dr. Henry C. Ahlborn most positively declined the nomination for President.

Dr. Scales of Newton nominated Dr. H. P. Hemenway of Somerville, as a candidate for President, in place of Dr. Ahlborn.

Dr. Sturtevant and Dr. Defriez were appointed tellers.

The Committee on Diseases of Children reported through its chairman, C. L. Nichols, M.D., the following list of papers, four of which were read :—

- I. Cerebral Complications in Catarrhal Pneumonia, Clinical Case. C. L. Nichols, M.D.
- II. Pathology of Catarrhal Pneumonia. F. D. Leslie, M.D.
- III. Diagnosis of Catarrhal Pneumonia. C. N. Rollins, M.D.
- IV. Symptomatology of Catarrhal Pneumonia. E. M. E. Sanborn, M.D.
- V. Treatment of Catarrhal Pneumonia. J. H. Sherman, M.D.
- VI. Capillary Bronchitis. J. H. Sherman, M.D.

The discussion which followed was participated in by Drs. N. R. Morse, Warner, and others.

The Committee on Obstetrics offered three papers, the first of which only was read.

- I. Delayed Convalescence in Puerperal State. G. R. Southwick, M.D.
- II. Septicæmia in the Puerperal State. James Hedenberg, M.D.
- III. Homœopathic Remedies in Parturition. Myra F. de Normandie, M.D.

The Committee on Electro-Therapeutics made no report.

The election of officers resulted as follows: President, Horace P. Hemenway, M.D., East Somerville; Vice-Presidents, J. W. Hayward, M.D., Taunton, Charles H. Walker, M.D., Chelsea; Corresponding Secretary, James Wilkinson Clapp, M.D., Boston; Recording Secretary, Frederick B. Percy, M.D., Brookline; Treasurer, Herbert C. Clapp, M.D., Boston; Librarian, A. J. Baker, M.D., Boston; Censors, Walter Wesselhoeft, M.D., Cambridge; I. T. Talbot, M.D., Boston; E. P. Colby, M.D., Wakefield; H. E. Spalding, M.D., Hingham; H. P. Bellows, M.D., Auburndale.

A paper on Dynamization and Dematerialization, by J. P. Sutherland, M.D., was referred to Committee on Publication.

The meeting adjourned at 5.20 P.M.

THURSDAY, April 14, 1887.

Through the courtesy of N. Emmons Paine, M.D., Superintendent of the Westborough Asylum, an adjourned session of the annual meeting was held at this place. A more propitious day for such an excursion could not have been found; and the members of the Society, many of them with their wives, took advantage of this opportunity to examine this new asylum and

its surroundings. On reaching the building, the members immediately repaired to the chapel, when the scientific session of the Society was resumed, with J. W. Hayward, M.D., in the chair.

Dr. J. H. Smith moved "That a vote of thanks be extended to the President, for the very able address delivered the day before, and also that it be referred to Committee on Publication."

Dr. Paine then presented to the Society some interesting cases of insanity, and read a very carefully prepared paper on "Localization of Brain Diseases, with Illustrative Cases."

After the reading of Dr. Paine's paper, Judge Parke of Newton was introduced, and he spoke very feelingly of the necessity of reform in the matter of public-school education, because his observation showed many cases of insanity as the result of the present system. During menstrual epoch he would enforce rest for young girls.

After a very substantial repast the visitors were taken through the asylum, and the workings of the institution explained.

An institution for the insane, with two hundred and fifty patients of all grades of insanity, and yet no strait-jackets nor other objectionable methods for subjection of the unruly, is indeed a matter of wonder.

At 4.46 the members left Westborough, and at six o'clock were once more back in Boston, full of enthusiasm over this new scion of homœopathy, and assured of its success in the hands of its able superintendent and his co-workers.

FREDERICK B. PERCY, *Recording Secretary.*

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#### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

STATED meeting, April 7, 1887. C. H. Walker, M.D., President, in the chair.

After the reading and approval of the records of the preceding meeting, the following were elected to membership: W. C. Stratton, M.D.; C. M. Fuller, M.D.; H. K. Bennett, M.D.; A. J. French, M.D.

The following were then proposed for membership: Clara A. Congdon, M.D., of Boston; Arthur Mitchell, M.D., of Medfield. Referred to censors.

*Scientific Session.*—The Society was much interested by "An Informal Talk on Physical Exercise, with Practical Demonstration," by R. J. Roberts, superintendent of B. Y. M. C. A. Gymnasium.

Mr. Roberts and his assistant appeared in gymnasium costume, and illustrated the remarks of the former in regard to methods

of exercise, and the results to be obtained; the true object of physical culture being not feats of strength, or circus performances, but the attainment of that perfect physical condition so necessary to the health of body and mind. The speaker dwelt particularly upon the fact that "a man does not live in his arms or his legs," therefore he sought to develop and strengthen the body, especially the lung capacity.

Mr. Roberts also gave his methods and experience in correcting deformities; and presented in a very impressive manner, the manifold benefits of physical exercise.

Dr. Horace Packard then read a paper entitled "The Tricycle as a means of Health, Recreation, and Utility," testifying from his personal experience, to the benefit to be derived from the use of this appliance in cases of rheumatism, gout, etc.

In the discussion which followed, Dr. J. W. Clapp contributed his testimony in favor of cycling as a means of health; urging particularly the merits of the tricycle, in that it possessed, in addition to its other virtues, the element of safety.

Dr. E. P. Colby noticed that Dr. Packard mentioned incidentally the matter of increased desire for water while cycling; this he thought to be a most important factor in the discussion. Most lithæmic subjects drink too little water, and any thing which will lead to an increase in the quantity of fluid taken will undoubtedly benefit the patient.

Dr. L. A. Phillips did not wish to belittle cycling; but it seemed to him that there are other methods as good, which should not be forgotten. First of all, horseback riding; this, he thought, possessed all the advantages of cycling, and gave a more general exercise.

Dr. J. W. Clapp wished to say that the tricycle exercised not only the legs, as some supposed, but also the muscles of the back and arms.

In reply to questions by Dr. Woodvine, Mr. Roberts said that when his pupils left the gymnasium, he certainly did not expect them to abandon all exercise; but advised exercise of a general character, intended to improve the muscular tone of the whole body. The best general exercise, he thought to be walking; and the next, face-swimming.

In response to further questions, many interesting and curious points were elicited, in regard to the difference in measurement between the two sides of the body; the influence of certain trades or business habits in developing certain groups of muscles, and causing atrophy of others, etc.; and the meeting adjourned, after a very instructive and entertaining evening.

F. C. RICHARDSON, *Secretary.*



## BOSTON GYNECOLOGICAL CLUB.

THE Gynecological Club held its annual meeting at the Parker House, Wednesday evening, April 6.

The officers elected for the ensuing year are: Robert Hall, M.D., President; H. K. Bennett, M.D., Vice-President; L. A. Phillips, M.D., Secretary and Treasurer.

The regular session, which was devoted to the discussion of clinical cases, was preceded by an excellent dinner, to which the members of the Club were invited by our President, Dr. Hall.

Dr. Lougee also contributed to the very enjoyable entertainment, and both received a hearty vote of thanks.

Every member of the Club was present, and all enjoyed a most delightful evening.

L. A. PHILLIPS, *Secretary.*

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 REVIEWS AND NOTICES OF BOOKS.
 

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A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part V. *Cantharis* — *Chromium*. London: E. Gould & Son. New York: Boericke & Tafel.

The energy and perseverance of the editors of the "Cyclopædia" are freshly manifested by the prompt appearance of Part V., the first part of the second volume. The part here presented contains the recorded effects of some useful drugs of historical reputation. *Cantharis* and *cantharidin* tell a very impressive story, and one the main features of which are not to be easily forgotten after a careful reading of the records. To the provings of *capsicum* and *carbo animalis*, as reported by Hahnemann, but little has been added. Much interest gathers around the provings of *carbo vegetabilis* which have been made in recent years in an attempt to add to the legacy left us by Hahnemann. These "provings" were reported by Dr. C. Wesselhoeft, and are memorable as being the first on record in which the principle of control or counter test was carefully employed. The "symptoms" (?) produced by blank powders, given during some of these provings, are, of course, omitted from the narratives here related, and only those reported while the drug was being taken are given, it being left to the reader to determine what value shall be attached to them. *Carboneum sulphuratum* next occupies our attention, and will repay a careful study. *Carduus benedictus*, *carduus Marianus*, *caulophyllum*, and *causticum* come

next in order. Dr. Burt's proving of *caulophyllum* is the only one given, and nothing has been added to *causticum* as left us by Hahnemann. The last two drugs are worthy a better fate than this apparent neglect. Carefully conducted re-proving of them is a task which should commend itself to our medical clubs and societies. *Cedron* and *chamomilla* are followed by *chelidonium*, to which nearly fifty-six pages are devoted, some extensive provings being given. A few cases of poisoning by *chenopodium* are related; and then follows a most valuable presentation of the effects of *china* (which, like the "star in the east" in old days, led wisdom to the cradle of truth), and its alkaloids, *chininum* and *cinchoninum*. *Chininum arsenicosum* presents one proving, which is followed by an interesting recital of the effects of *chloralum*. *Chromium* is the last drug considered in the present part, *acidum chromicum* and *chromium oxidatum* being given entire; and *kali bichromicum* is well commenced.

The succeeding parts of the second volume will be eagerly looked for, though biding their appearance there is an abundance of material for thoughtful consideration in the present part. Every new number of the "Cyclopædia" is a fresh *raison d'être* for the great work as a whole, and is, in itself, an invaluable gift to scientific homœopathy.

ORIFICIAL SURGERY, AND ITS APPLICATION TO THE TREATMENT OF CHRONIC DISEASES. By E. H. Pratt, A.M., M.D., LL.D. Chicago: W. T. Keener. 1887. 139 pp.

"This hand-book," we are told, comprises the substance of a series of lectures delivered to the class of the Chicago Homœopathic Medical College during the winter of 1886-87. The author impressively, though concisely, calls attention: I. To the vital importance of a strong and active circulation of the blood. II. To the fact that in chronic diseases the circulation is not free and even, but irregular in force and activity. III. To the wonderful influence, for good and evil, of the sympathetic nervous system. IV. To the many evils produced by reflex action, the primary irritation being situated at the lower orifices of the body. V. To the importance of conserving the vital forces by stopping involuntary nerve-waste produced by orificial irritation. VI. To the close relation existing between the rectum and the lungs. VII. To the hitherto overlooked rectal pockets and papillæ so common in all forms of chronic diseases, and the marked benefit which almost invariably attends their removal. VIII. To the proposition, "In all pathological conditions, surgical or medical, which linger persistently in spite of all efforts at removal, from the delicate derangements of

brain-substance that induce insanity and the various forms of neurasthenia, to the great variety of morbid changes repeatedly found in the coarser structures of the body, there will invariably be found more or less irritation of the rectum, or the orifices of the sexual system, or of both."

Surgical interference, dilatation, and appropriate after-treatment are recommended as a panacea for these innumerable troubles. The book is radical in its recommendations, and of the sort which will awake, in the ranks of the conservative, murmurs over the audacity of the younger generation. A series of fifty-two clinical cases, illustrative of the author's successful application of his own theories, is appended, and forms an eloquent reply to objectors. The work, as a whole, is stated to be but an introduction to a larger volume now in preparation. It is more than abreast, it is in advance of the best practice of the day. It deserves wide and thoughtful reading and consideration.

CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. In four volumes. By Dr. A. Charpentier. Translated under the supervision of, and with notes and additions by, Egbert H. Grandin, M.D. Vol. I. 267 wood engravings and four colored plates. 509 pp. New York: William Wood & Co. 1887.

The subjects considered in this volume are the anatomy of the internal and external genital organs, physiological phenomena (menstruation, fecundation, etc.), normal pregnancy, and normal labor. Each of these four divisions consists of a series of short chapters, of which each presents some special subdivision for consideration.

The author's aim "has been to write a treatise on obstetrics, which, while essentially practical, would give . . . a sufficient although condensed knowledge of modern researches; and thus to fill in the gaps which exist in our classical treatises." The plan of the work, therefore, allows of the introduction and discussion of many interesting theoretical points, — such as the relationship of ovulation and menstruation, the respiration of the foetus, the causes of the attitude, presentation, and position of the foetus, etc., — more fully than a simply practical work could do. Where it is impossible to discuss such theoretical points fully, references are given to the works of other authors, where the subjects may be studied at length.

Although the editor says that "Charpentier's work on Obstetrics is the most complete in any language," it is to be noticed that several additions and changes have been made by him, such as the insertion of Hegar's sign of pregnancy in its proper place, the recommendation of absorbent cotton as a dressing for the cord, and also as a clean and comfortable toilet-article for



the puerpera, in place of the "old-fashioned napkin." When discussing auscultation, in the chapter on "Signs and Diagnosis of Pregnancy," no mention is made of the binaural stethoscope by either author or editor, the directions given relating only to the primitive stethoscope so rarely used in this country.

The author gives adherence to a seemingly unnatural idea, that "lactation interferes with involution," an idea with which the editor cannot agree. The author also recommends the use of vaginal injections in the normal puerperium, a practice which the editor considers unnecessary, and, in the hands of a careless nurse, a possible source of infection.

The author also, it will be noticed, remarks that Credé's method of expression of the placenta "is decried, and with just reason, by a large proportion of the authorities," and that he himself is "opposed absolutely to this method." This opinion seems to be based on a misappreciation of the method as taught and practised by Credé and his followers. The editor, very properly we think, presents a correct version of the method, and gives his unqualified assent thereto.

The section on Embryology, in Charpentier's treatise, has been omitted, and in its place has been substituted the admirable chapter which Professor Milnes Marshall contributed to Barnes's "System of Obstetric Medicine and Surgery."

The work certainly promises to be complete and thoroughly up to date. The illustrations, though in the main very good, are not in many instances, we regret to say, all that can be desired, the lettering and figuring connected with them being often undecipherable, and some of the illustrations themselves being any thing but true to nature.

The remaining volumes will be eagerly looked for, and the completed work will be well-nigh indispensable to the modern obstetrician.

A TEXT-BOOK OF SURGERY: GENERAL, OPERATIVE, AND MECHANICAL. By John E. Wyeth, M.D. New York: D. Appleton & Co. 1887. 777 pp.

This new candidate for place in the world of surgical literature relies wholly on its own merits for a successful introduction, since it comes unheralded by so much as a preface. Its merits, which are very considerable, will doubtless be found equal to this demand upon them. The work will be especially appreciated by students, being eminently concise and practical. The essentials of pathology are given, though not dilated upon; the principal part of the text is devoted to "symptoms and diagnosis," and to the operative and mechanical treatment indicated to remedy the abnormal conditions discovered.

The first few chapters of the book are devoted to surgical dressings, bandaging, anæsthesia, general directions for conducting operations, the use of instruments, etc. The author considers antiseptic surgery so absolutely a necessity as to render argument upon the subject superfluous. Solutions of corrosive sublimate in varying strengths are constantly recommended. Succeeding chapters treat of inflammation, wounds and their consequences and treatment, burns, scalds and allied affections, surgical diseases and surgery of the lymphatics, veins, and arteries, aneurisms, ligation of arteries, surgical diseases and surgery of the bones and articulations. The remainder of the work is devoted to regional surgery of the head, neck, thorax, abdomen, rectum and anus, and genito-urinary organs, and to deformities and tumors. The arrangement and classification are natural and methodical. It is noticeable that in the sections on ligation of arteries, and hernia, the illustrations showing the blood-vessels have these traced in color; the arteries bright red, the veins light blue. This can only be of assistance to the student by his remembering that this coloring is arbitrary, and only intended to fix in his mind the all-important thing: the *position*, not the *appearance*, of the blood-vessels as seen when actually operating. The illustrations, as a rule, are excellent. The press-work is thoroughly admirable, the size and clearness of the type being a comfort to wearied eyes.

SCHOOLROOM GAMES AND EXERCISES. Compiled and written by Elizabeth C. Bainbridge. Chicago: The Inter-State Publishing Co. 135 pp.

To teach pleasantly is often a long step towards teaching successfully; and many valuable hints on pleasant teaching will be found in this unpretending and excellent little book. It suggests how study-hours may be brightened and lightened for little pupils, by simple and instructive games and exercises, which, for the moment, make work seem play, and impart knowledge without effort or weariness to the learner. Teachers of original and progressive mind will accord the work a cordial welcome. The professional eye notes with pleasure a chapter on graded physical exercises.

THE April CENTURY offers such an *embarras de richesse* in the way of valuable and fascinating reading, that it is difficult to single out any contribution for especial commendation. The Life of Lincoln deals with the "Territorial Experiment;" Mark Twain writes, with characteristic humorous zest, on "English as She is Taught;" Edward Atkinson has an instructive paper on "The Margin of Profits," and "Uncle Remus" tells delight-

fully the story of "Little Compton." Poems and shorter essays fill out the exceedingly interesting number. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for April is made a memorable issue to physicians by the appearance of Dr. William A. Hammond's paper on "Brain-Forcing in Childhood," which every physician should read and ponder. Professor Preyer writes on "The True Aim of Physiology;" Dr. Roose, on "Infection and Disinfection;" and there are many contributions to other departments of science. New York: D. Appleton & Co.

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### BOOKS AND PAMPHLETS RECEIVED.

- CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. By Dr. H. Charpentier. Translated by Egbert H. Grandin, M.D. Vol. II. New York: Wm. Wood & Co.
- SPHYGNOGRAPHY AND CARDIOGRAPHY, PHYSIOLOGICAL AND CLINICAL. By Alonzo T. Keyt, M.D. Edited by Asa B. Isham, M.D., and M. H. Keyt, M.D. New York and London: G. P. Putnam's Sons.
- THE DISEASES OF THE EAR, AND THEIR TREATMENT. By Arthur Hartmann, M.D. Translated by James Erskine, M.A., M.B. New York: G. P. Putnam's Sons.
- THE PRACTITIONER'S HANDBOOK OF TREATMENT; OR, THE PRINCIPLES OF THERAPEUTICS. By J. Milner Fothergill, M.D. Third Edition. Philadelphia: Lea Brothers & Co.
- A COMPEND OF SURGERY FOR STUDENTS AND PHYSICIANS. By Orville Horwitz, B.S., M.D. Third Edition. Philadelphia: P. Blakiston, Son & Co.
- A COMPEND OF OBSTETRICS. By Henry G. Landis, A.M., M.D. Third Edition. Philadelphia: P. Blakiston, Son & Co.
- TAKING COLD. ITS NATURE, CAUSES, PREVENTION, AND CURE. By John W. Hayward, M.D., M.R.C.S., L.S.A. Seventh Edition. London: E. Gould & Son.
- THE NURSING AND CARE OF THE NERVOUS AND THE INSANE. By Charles K. Mills, M.D. Philadelphia: J. B. Lippincott Company.
- HOT WATER AND BEEF PLANS IN CHRONIC DISEASES. By Ephraim Cutter, M.D. New York: W. A. Kellogg.

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### MISCELLANY.

REMOVING FOREIGN BODIES FROM THE EAR.—Jonathan Hutchinson, F.R.S. ("British Medical Journal"), says, "I wish to draw attention to the method of treatment which I long ago advocated, and which is so simple and efficient that it almost supersedes the need of knowledge. It is the use of a silver-wire loop, instead of either forceps or scoop. I have never, since I was a student, used either of the latter instruments; and, for the purpose of extracting hard bodies from the ear, I hold that they are most dangerous. With a flexible silver-wire loop, or, if need be, with two placed at right angles, I have repeatedly succeeded when all other means had failed. Thus, not only is the loop quite devoid of danger, but is both more easy of use, and far more efficient, than any other method. It is impossible that it can injure the membrana tympani, or the walls of the canal. The method of procedure is, after having put the patient under an anæsthetic, to introduce the loop gently



into the ear, and turn it about until it is believed to have got behind the foreign body. This it will often do at once, but sometimes a little patience is necessary. In one instance, I took out a piece of heavy lead in this way with very little trouble, using two loops at right angles with each other. The simplicity, safety, and efficiency of the method make it desirable that it should be better known."—*New York Medical Ab.*

**SIMPLE REMEDY FOR COLIC.**—Dr. A. Teplishin recommends a thin stream of cold water from a teapot elevated from one to one and a half feet over the abdomen in cases of colic. He has seen it relieve pain when *opium* and *morphia* failed. In our own case some years ago, the pouring of cold water from a height, not in a thin, but in a pretty full stream, relieved a most excruciating colic, other remedies having failed.—*Calcutta Journal of Medicine.*

**HOW TO ADMINISTER COD-LIVER OIL TO INFANTS.**—A good suggestion has been made by Yeldham, of a plan of administering cod-liver oil to infants. Let the nurse dip the end of her little finger in the oil, and put it into the child's mouth. This may be repeated five or six times in the twenty-four hours. In such small quantities, not only does it never disagree, but the child sucks it off the finger with avidity and evident pleasure. It may be administered in this way to the youngest infant. By this simple and inexpensive expedient Dr. Yeldham says many infants who were absolutely starving for natural foods became fat and plump, and happily in an almost incredibly short space of time. The oil has the effect of enabling the child to digest other food, which it could not retain on its stomach without it.—*Med. Record; Mass. Med. Journal.*

**MISNOMERS.**—"Black lead" is not lead; "copperas" contains no copper; "mosaic gold" has no gold; "German silver" is not silver at all; "carbolic acid" is not acid; "oil of vitriol" is not an oil; "olive oil" is a salt; "rock oil" is neither an oil nor a salt; "cream of tartar" has nothing to do with cream; "milk of lime" is not milk; "butter of antimony" has no butter; "sugar of lead" is not sugar.—*Medical Advocate.*

A TEXAS doctor gave the "Medical Bulletin" an account of the ease with which doctors are made in that State. He took a six-hours' ride with a Texan villager, who asked him a great many questions about the medicines used for certain diseases then prevailing in the locality. On the following week he had occasion to visit a neighboring village, where he found his recent companion with his shingle out as a full-fledged doctor. He had graduated in that six-miles' ride.—*Medical Times.*

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## PERSONAL AND NEWS ITEMS.

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OUR readers are favored with sixty-four pages of reading matter, exclusive of advertisements, in this issue of the GAZETTE.

DR. H. V. REYNOLDS, class '83 Boston University School of Medicine, has returned from Europe, and located at 770 Dudley Street, Dorchester.

DR. F. L. NEWTON, class '84 Boston University School of Medicine, has returned from Europe. During his stay abroad he has given special attention to the study of midwifery, having taken a degree of L.M. at the Rotunda Lying-in Hospital at Dublin. His address for the present will be Provincetown, Mass.

It gives us pleasure to announce that Dr. Angell has recovered from his recent illness, and will receive patients on and after May 2, on Mondays, Tuesdays, Fridays, and Saturdays, from 11 until 2 o'clock. Wednesdays and Thursdays are reserved for out-of-town consultations.

DR. O. A. GEE has removed from Swanton to Brandon, Vt.

DR. FRANK L. VINCENT of Troy, N.Y., has accepted a position on the medical staff of the "Clifton Springs Sanitarium," located in the central part of New York State.

DR. H. L. WALDO succeeds to the practice of Dr. Vincent at Troy.

DR. H. K. BENNETT, oculist, 165 Boylston Street, Boston, has designed a chart for the determination and correction of astigmatism. It is published by Messrs. William K. Miller & Co., opticians, 38 West Street, Boston.

DRS. J. H. GALLINGER and B. D. PEASLEE have removed their office to No. 67 North State Street, in Concord, N. H.

THE annual meeting of the Maine Homœopathic Medical Society will be held in the parlors of the Augusta House, Augusta, on Tuesday, June 7, at ten o'clock A.M.

THE Wisconsin Homœopathic Medical Society will meet at Waukesha, on Wednesday and Thursday, June 22 and 23.

WE learn with interest and pleasure that the author of "Haschish," the novel published under the *nom de plume* of "Thorold King," is Dr. Charles Gatchell, one of the editors of our highly-esteemed contemporary, "The Medical Era." We heartily congratulate Dr. Gatchell upon his successful entrance into the field of general literature, where so many of his medical brethren have won distinguished laurels; and trust that as novelist, no less than as medical editor and as physician, he may "live long and prosper forever."

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FROM DR. E. GUERNSEY,

Senior Editor of the New York Medical Times.

NEW YORK, Oct. 28, 1885.

WELLS, RICHARDSON & CO.

*Dear Sirs,*—I have used your Lactated Food with children and in old age, with very satisfactory results. It is pleasant to the taste, and apparently easily digested and assimilated. It has been especially useful in old people whose powers of digestion were weakened, furnishing them with a very pleasant and nutritious food.

Respectfully,

E. GUERNSEY, M.D.

SOZONE has become a standard remedy in the profession. It is sold only to physicians. If you have a case of asthma that yields to nothing else, try Sozone. It often succeeds where every thing else fails.—*Medical Era.*

THE use of prepared food for invalids and young children has become a recognized necessity the world over. The preparation which most closely resembles mother's milk is confessedly the best food for nursing babes, and the preparation which is most grateful and nourishing to the delicate organism of the invalid or convalescent is destined to win the favor and confidence of the medical profession. Mellin's Food has long since been found to meet these requirements.

THE vacuum stethoscope is looked upon with much favor by many of the leading minds in the medical profession. We would call attention to our advertising columns for further information in regard to this new instrument.

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## OBITUARY.

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HOSEA BALLOU EATON, M.D., of Rockport, Me., died April 19, 1887, from the effects of blood poisoning contracted some years ago. He was born in Plymouth, Me., in 1822, and was the son of Parker Eaton, formerly of Fitchburg, Mass. Graduating at the Brunswick Medical School, Dr. Eaton practised first allopathy and then homœopathy, being President of the Maine Homœopathic Society, and *ex officio* Vice President of the American Institute of Homœopathy. In the army he served as volunteer surgeon during the war. Dr. Eaton was active in politics, serving as a member of the Legislature, representing the Greenback party from 1881 to 1884, and being a candidate for Governor in the last-named year. He pushed forward the prohibition constitutional amendments through the Legislature. He leaves a widow and two sons.

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EDITORIAL.

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CONCERNING BAKED BEANS.

THE lares and penates of New England totter on their pedestals, when, as in recent issues of certain of our esteemed contemporaries, an attack is made on that *sine quâ non* of our New-England cuisine, the Sunday baked beans. In the March number of the Albany "Medical Annals," Dr. Ephraim Cutter, once of Boston, but now of New York, — wisely having fled the coasts of New England before venturing to criticise one of its dearest idols, — speaks in a "serio-humorous medical paper," on the subject of the baked bean, and its possible unfitness as a hygienic article of diet ; even going so far as to acquiesce in the possibility, at least, of Dr. Salisbury's somewhat strained proposition that the baleful bean is at the root of the proverbial New-England consumption. Now, the "consumption of baked beans" is a phrase and a fact very familiar to the New Englander, to whom, on Saturday night, "It might have bean" are far from the "saddest words of tongue or pen ;" but "the consumption of baked beans," as a phrase medical and etiological, rouses in said New Englander the most indignant incredulity. And we think justly so ; for when there are taken into account the atrocities of the New-England climate, which render free out-of-door life impossible for so great a part of the year, and taken into account, also, the deadly and omnipresent pie, the buckwheat cake, and doughnut, and other items of the fried-full and frightful New-England dietary list, we hardly need make room for the bean in



the list of etiological factors of New-England consumption. It is doubtless true, as pointed out by Dr. Cutter, and in an editorial article in the New York "Medical Journal," that if the "tough sacs and stubborn starch granules" of the bean are not thoroughly broken up by long and judicious cooking, ill results may be looked for; and Dr. Cutter's vivid phrase that the bean sacs "explode like microscopic dynamite bombs in the intestines," will wake a reminiscent pang in the confiding bean-eater of the New-England restaurant. But all this militates nothing against the bean, as properly prepared in the domestic kitchen, where wise tradition of the past holds sway. Apropos of such cooking, we cannot do better than to quote Dr. Cutter verbatim:—

"The writer has no idea of influencing the abandonment of baked beans as food; but he would like to put in a plea for better cooking. It goes without saying, that the average cooking is bad. It is no wonder, for this vital matter is often put in the hands of the humblest and most unintelligent members of the household, whose views of doing things are so fixed, conventional, and authoritative, that they may in truth be termed 'queens' of the kitchen. In the days when mothers and grandmothers did the cooking, there was a better chance for good results. Still, as we now know the peculiar physical conditions to be overcome, perhaps the queens of the parlor may join the battle for good cooking, as it is a vital battle. Good cooking means health and life, and bad cooking means disease and death. I hope it will become fashionable for families to cultivate the microscope as they do the piano; then there will be a chance to spread knowledge which will protect the rights of households. I do not know why good cooking is not as inalienable a right as any named in the Declaration of Independence. Why should we go through life with our intestines waging an unequal warfare with any food, baked beans for example, simply because we are too ignorant or inactive to demand that they shall be cooked after a process like the following?

"1st, Soak a quart of beans over night in two quarts of cold water.

"2d, In the morning turn off the water, add fresh water, and boil them till the membranes begin to separate; turn off the water.

"3d, Put the beans in a baking pot, with half a pound of salt pork buried in the beans, add two tablespoonfuls of molasses, and cover the whole with water. Bake in a slow oven all day; a baker's oven is best. Watch the beans, and if they become too dry add more water. When thoroughly cooked it will be known by the softness of the beans in the mouth between the teeth, by the taste, and by the microscope showing the starch grains broken up and mixed in one homogeneous mass that will not polarize light with a selenite plate.

“4th, Take time to eat, and chew thoroughly.

“5th, After eating, go out in the open air, and walk or work. Do not go to church right after eating baked beans; they will stay in the stomach, and their indigestion will do much towards spoiling the enjoyment of the exercises there. Dyspepsia and religion do not go together well, but good digestion and holiness are twins. Holiness, health, whole, and hale come from the same root. A holy man is a healthy, whole man, with all the functions in good order, and no dyspepsia. Dyspepsia is a physiological sin.”

Thus cooked, — and to insure such cooking, our Hibernian “lady helps” must be urged to ascertain, by the aid of the microscope, that the starch grains are “broken up and mixed in one homogeneous mass, that will not polarize light with a selenite plate!” — the bean becomes a most useful article of diet; wholesome for all who can tolerate substantial food, and invaluable to the hard-worked, economically-fed laborer. Nay, more. New Englanders may point with triumph to the fact, that no less an authority than Dr. J. Milner Fothergill, when treating of food in phthisis, says, “The baked beans and pork of New England form a capital food, rich in fat.” Another instance of how “doctors disagree:” one giving the use of the bean as a possible cause of phthisis, the other commending the bean as of use in the dietetic treatment of that malady! Were we to wax bold in rhetoric, we should say that the genius of New England, rising from the Frog Pond, and perching upon the State House dome, extends the right hand of agreement to Dr. Milner Fothergill.

To the old English irony that oatmeal is the food of a man in Scotland, and of a horse in England, the canny Scot rejoined, “And whaur find ye sic a horse and sic a man!” To the sarcasm of New York, that beans, as a food, have their place in the stable, the New Englander may placidly reply that fondness for this article of diet may then explain the stable-ness and bean-evolence of the New-England character.

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#### EDITORIAL NOTES AND COMMENTS.

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THE HIGHER EDUCATION OF WOMEN AS AFFECTING THEIR FITNESS FOR FAMILY LIFE is a question which is of very vital moment to the sociology of to-day, and whose discussion has

received fresh impetus from the presidential address of Dr. Withers-Moore, already alluded to editorially in these pages, and from the protests this address has in many quarters called forth. One of the latest, most effective, and most original of these protests, is that by Dr. Lucy M. Hall, physician to Vassar College, which appeared in the March number of the "Popular Science Monthly," and which we take great pleasure in reproducing elsewhere in our present issue, for the benefit of our readers. Dr. Hall's paper, brief and unpretentious as it is, is exceedingly valuable, in that it deals not with theories born of prejudice, but with facts capable of demonstration. And these facts are drawn from data so definite, though limited, and point to a conclusion so obvious and logical, albeit so opposite to that arrived at by Dr. Moore and his lamenting *coterie*, that the mere reading of them may well give the theorist pause, and force him, as he is a candid seeker after facts, to ask himself what other causes are operative in the physical degeneracy of the women of our generation, besides the higher development of their mental powers; if, indeed, the latter be a factor at all in this lamented degeneracy.

It is passing strange that certain causes of the infertility of the present generation of women, as compared with preceding ones, — causes which must fall under the observation of every keen-eyed physician who is at all capable of exact reasoning, — are not more frequently brought forward and more candidly dwelt upon. We hear much and often of the sins of the mothers of the present generation, in the way of fruitful and enthusiastic study, being visited upon their too few children. Is it not worth while to inquire how far the sins of the much-vaunted mothers of former generations, in the way of disobedience to the fundamental laws of hygiene, homicidal lacing, and physical overwork, are visited upon *their* children, the women of the present generation, taking form, it may be, in the very infertility so much deplored? We hear much and often of the unwillingness of our women to bear children. Is it not worth while to inquire how powerful a factor in the decrease of families is the unwillingness of our men to assume the responsibility of *supporting* children? How often are the tears of the wife at finding herself pregnant matched by the profane grum-



blings of the husband when informed of the discovery? We hear much of the unwillingness of our women to sacrifice years of pleasure and comfort to the bearing and education of a child. Would it not be profitable to inquire into the unwillingness of our men to deny themselves for a far shorter period that indulgence of sexual appetite which wise modern science teaches us so imperils the conduct of pregnancy to a natural and happy conclusion? We hear much of the sinfulness of our women in seeking and causing abortions. Would it be unjust to inquire in how many instances abortion is sought with the husband's knowledge and consent, if not, indeed, at his urgent solicitation? These are but a few of the plain questions which physicians and sociologists are bound to ask themselves and each other. When these questions are as plainly answered, so many causes of the infertility of our women — causes worthy of all exposure, of all condemnation, and of all reform, from a spiritual and material, from a moral and from a physical point of view — will be brought to light, that we shall have little strength left wherewith to foolishly attack that higher education of women, which, while it may in exceptional instances reduce the number of children born, insures an increase in quality more than proportioned to the decrease in numbers; and insures, moreover, for the children born, such a wise and wholesome up-bringing as is impossible to the children of the ignorant, whether they be ignorant through deplorable necessity, or still more deplorable choice.

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THE SEVENTEENTH ANNUAL REPORT of the Massachusetts Homœopathic Hospital, and of the Ladies' Aid Association, for the year 1886, presents two features to which special attention may profitably be directed: —

First, The ever-increasing usefulness of the Hospital, and the success which attends the treatment there employed; and

Second, The necessity of continued effort on the part of the friends of the institution, to so increase its financial resources that its present prosperity and usefulness may be not only permanent, but steadily augmented.

Any doubt, on the part of those unfamiliar with the Hospital,

as to its indispensability and decided usefulness, would be set at rest by glancing at the report recently issued.

The encouraging fact is that the work of the Hospital for 1886 was much larger than in any of the preceding sixteen years. The total number of patients treated was 425, of which number 18 died; being a mortality of less than .044. This is a favorable showing, considering that among the fatal cases were 2 of apoplexy; 2, of phthisis; 4, of Bright's disease; 1, of valvular disease of the heart; 1, of cancer of breast, etc.; and that among the cases treated were many of an acknowledged serious nature, such as 12 cases of typhoid fever without a fatality, cases of pneumonia, bronchitis, diphtheria, scarlatina, dysentery, etc. Among the surgical operations performed were 10 ovariectomies without a death, 13 amputations with complete success, 16 operations for the removal of cancer, 37 for laceration of the cervix uteri, which was producing often entire mental and physical prostration, with complete recovery, etc. From a clinical standpoint, therefore, the success of the Hospital is unequivocal, and can be pointed to with pride.

Turning now to the other feature of the report alluded to, and considering the fact that this is an institution supported wholly by the private subscriptions of generous-minded homœopaths, the financial condition of the Hospital is most encouraging and satisfactory. During the present year, but a slight endeavor will be necessary to increase the annual revenue about \$5,000 in order to prevent further encroachment upon the "General Fund." It is to be hoped that the homœopathic physicians of Massachusetts will appreciate the many advantages accruing to the profession by the success of the Hospital, and will realize that with a slight expenditure of time and energy they can insure to the Hospital a future of unprecedented success financially as well as therapeutically.

This seventeenth report embraces the reports of the trustees, the executive committee, the managing committee of the training-school for nurses, of the medical board, the treasurer and the various aid associations interested in the welfare of the institution; and gives, in connection with the above, much information concerning the management of the Hospital.

We trust that no one receiving a copy of the report will lightly

pass it by; but, appreciating its missionary value, will see to it that others within its influence grasp the significance of its facts.

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AN ERROR OF STATEMENT, to the effect that all mention of *arsenicum iodidum* is omitted from the "Cyclopædia of Drug Pathogenesis," appears on page 108 of the March GAZETTE, in the paper by our much-esteemed colleague Dr. Thomas Nichol. In a recent communication from Dr. Nichol, he requests us to correct this mis-statement, expressing with characteristic courtesy his regret that it should have been made, and so an unintentional injustice done to the pains-taking and indefatigable editors of the "Cyclopædia." The fact is, that the "Cyclopædia" contains the provings of the drug made by Dr. Blakely and Dr. Beebe (pp. 416, 417), and the accidental proving or poisoning reported by Dr. Beebe (p. 451).

It is not, however, odd, that a somewhat hasty search of the "Cyclopædia" with reference to *arsenicum iodidum* should leave an impression of the omission of that drug from its pages. The various preparations of *arsenicum*, with the single exception of *arsenicum hydrogenisatum*, are not arranged under the clear and separate headings which so facilitate reference to the different preparations of *calcareæ*; and in the future editions which we trust that noble work, the "Cyclopædia," will attain, a change in this regard might be made with great advantage.

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## COMMUNICATIONS.

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### HOW TO STUDY MATERIA MEDICA.<sup>1</sup>

BY C. WESSELHOEFT, M.D.

[Third Lecture.]

HERING, in his pamphlet on serpent-venom, compares the study of the materia medica to learning the streets and alleys of a large city. The stranger who has never visited a large city, first notices and remembers the chief thoroughfares, and then the

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<sup>1</sup> This series of lectures (of which the first appeared in the GAZETTE for April) were delivered at the Boston University School of Medicine, and are now published at the request of graduates, and in the hope of being of assistance to present and future students.



smaller streets and landmarks. The plan I shall propose is founded on the observation that each "symptom" or distinct sign of a morbid ("pathological") condition is composed of several parts.<sup>1</sup> Like a sentence or phrase of spoken or written language, each symptom has what may be compared to the parts of speech of a sentence, a subject, adjective, verb, adverbs, prepositions, etc., which are interdependent on each other. Now, when we examine any carefully expressed and qualified "symptom," we shall soon see that it is composed of parts, which may be aptly likened to parts of speech. Every sign of disease, or symptom, if expressed with tolerable perfection, is capable of being parsed, or separated into its component elements, like a sentence in writing. Let me give you an example at once:—

Confusion in the head, and pain in the left frontal protuberance, while walking in cold air.

Let us analyze this:

There is a *part* which is affected.

There is a *manner* of its affection.

There is a *time* of the occurrence of the affection.

There are *conditions* under which the pain occurs.

Not every pathological sign is so completely given; in some the sensation or pain is only stated, and the locality in which it occurred; but every thing is useful when properly examined, and it must strike you at once that looking at the subject in this way will open to you a new and easy method of studying symptomatology, which is really what we are trying to learn when talking of studying *materia medica*.

The best way to gain not only temporary advantage, but permanent good, from your studies in this direction, is by writing, that is, by learning to study your books with pen in hand. But in urging this, let me caution you against dry literary work. A certain amount of this is absolutely necessary, but not until you have done practical work; not until you have tested, felt, experienced upon yourselves, and not until your perceptive faculties have had some training. When this is accomplished, take up the symptomatology, which is the result of pathogenic effects of drugs (*materia medica*); and this, again, may be studied in two ways.

In the first place, you may take up the condensations of drug effects you have noted down. Supposing you had before you a condensed account of the effects of belladonna. This consists of a moderately long list of "symptoms," some of which are given with all their details and conditions, others are very briefly expressed. It makes no difference whether they are anatomi-

<sup>1</sup> See B. Herschel's Grundriss der Homœopathie.

cally arranged, or in what I have termed the narrative form. Next, take an ample sheet of writing-paper (foolscap size is the best), and divide it into four equal parts by ruling lines from top to bottom. Over the first column write the heading, "Kind of sensation;" over the second, "Part affected;" over the third, "Time of occurrence;" over the fourth, "Conditions (under which the sign occurred)." This is the work of a few minutes, and you may now proceed to write each symptom so that each part of it will fill that portion of the ruled columns to which it properly belongs as indicated by the heading.

The following example will clearly illustrate the simplicity and usefulness of the method:—

KIND OF SENSATION.	PART AFFECTED.	TIME.	CONDITIONS.
Dryness . . . . .	Mouth, larynx.		
Hoarseness, collection of mucus, frequent spitting . . . . .	Mouth.		
Tongue adhered to palate . . . . .	Tongue, palate.		
Emptiness of stomach, violent pressure, inclined to vomit . . . . .	Stomach.		
Swelling, flatulence . . . . .	Abdomen.		
Sinking . . . . .	Umbil. region.		
Pimples exanthema, suppurating slowly, dry in a few days . . . . .	Face, skin.		
Redness, burning fauces . . . . .	Fauces.		
Heat that it glowed and became brownish red in . . . . .	Face.		[more walking.
Confusion in . . . . .	Head.	. . . .	By moving head,
Vision obscured . . . . .	Eyes.	. . . .	Better from coffee.
Nose dry, sneezing; mucus mixed with blood blown from . . . . .	Nose.		
Great pressure in . . . . .	Stomach.		
Increased pain in . . . . .	Forehead.		
Injected condition of . . . . .	Lids, conjunctivæ.		
Pain with hiccough . . . . .	Low part of larynx.	. . . .	After eating.
Dilatation of pupils, weariness of lids . . . . .	Of pupils; lids.		
Ringing in ears, sleepiness . . . . .	Ears.		
Dulness of intellect.			
Swallowing difficult . . . . .	Pharynx.		
Pulse rapid . . . . .	(Arteries.)		
Vertigo; staggered in his walk as if drunk; drowsiness; headache; face very red; sight (of letters) multiple, not clear, and irregular, pupils much dilated; great dryness of throat.	Head, eyes, throat.	. . . .	While reading.
Annoying weakness of sight, letters seem to swim, eye as if paralyzed . . . . .	R. eye.	. . . .	While writing,
Pupils (at first) smaller, transient fine shooting pains in, with feeling of heat coming against them . . . . .	Both eyes, pupils.	. . . .	walk'g in open air.
Quivering of . . . . .	Upper lid.	. . . .	Walking in open air.
Violent chill, chattering of teeth; limbs trembled as in cold stage of intermittent; fell asleep; very hot on waking; had wide pupils; glistening protruding eyes, as if swimming in tears, and redness of face . . . . .	Teeth, limbs, pupils dilate, eyes protrude.	. . . .	After a meal, immediate on waking.
Slight humming in ears, flickering before eyes, recurrence of twitching of left upper eyelid; feeling of fulness in abdomen; no appetite; swallowing difficult . . . . .	Ears, eyes. Left upper lid. Abdomen. Pharynx.		
Very frequent urging to micturate; though could only pass a few drops at a time . . . . .	(Spasm of sphinct. vesicæ.)		
Headache which was aggravated by stooping, recurred on moving and stooping for a long time afterwards; though it at first passed off sooner than the eye-affection.		Till 11 P.M. For a long time . . . .	On moving and stooping.
Headache . . . . .		. . . .	
Scraping along anterior wall of larynx causing dry, short cough, and hoarse voice . . . . .	Anterior wall of larynx.	At noon.	Always returns on moving.

KIND OF SENSATION.	PART AFFECTED.	TIME.	C ONDITIONS.
Secretions of glands of mouth, and saliva, entirely suspended. A draught of water, instead of giving relief, seemed only to increase the unctuous clammy state of mucous membrane. The sensation was most distressing. It induced a constant attempt at deglutition, and finally excited suffocation; spasms of fauces and glottis . . .	Mouth, fauces, glands, mucous membrane back of pharynx. (Glottis cramp.)	. . .	Worse on swallow- [ing.
Extravagant language and gesticulations . . . While judgment was sound, nothing could rid his eyes of a legion of disgusting spectra.	Cerebrum.	. . .	Better after coffee.
Passed in an hour three pints of urine, with slight strangury at . . . . .	Neck of bladder.		

## SUMMARY.

The student will see from this that the parts principally affected are the head, mouth, throat, and fauces; that the character of the affection points to the implication of the nervous system, as indicated by spasm and hallucinations; that the mucous membranes are involved throughout their thickness, as indicated by the nervous reflexes of throat and fauces, sphincters, etc.; that the optic nerve as well as motor nerves of the eyes are involved in the effect; and that conditions of aggravation are chiefly motion, open air, etc. The brackets at the side indicate the different narratives from which the above list has been condensed; it embraces the chief characteristics of the effects of Belladonna; but other details are contained in the subsequent pages of Dr. Hughes' Cyclopædia, pp. 526-546. It shows how to condense many pages into a few, and how to arrange the symptoms analytically after having condensed them, which may be done mentally, but to greater advantage in writing.

This will, I trust, give you an idea of the plan proposed. The symptoms have been taken from Dr. Hughes' Cyclopædia, Part III., p. 527; but, by way of illustration, I have added a couple of longer sentences, which, though not in that part of the Cyclopædia, are peculiar to the drug, and show how the symptoms may be arranged in the ruled columns.

The shorter, and yet very practical, way to proceed, is to arrange under the described headings your own condensations; but I assure you that it will be a most profitable undertaking to try your hand at a few, at least, of the long symptom-lists, especially those of the narrative style, as contained in Dr. Hughes' Cyclopædia.

As this work is not yet complete, you may have to content yourselves for a time with the anatomical arrangements of Dr. Dudgeon's translation of Hahnemann's *Materia Medica*, Allen's or even Hering's *Condensed Materia Medica*, or others if you happen to have them.

The great advantages of having arranged your condensed symptom lists in this analytical form are manifold. Some of the principal advantages to be gained are these: First, The student learns to condense into small space that which, in its completeness, covers many printed pages; he thus obtains an abridged *materia medica*, which, though shorter in words, contains the substance of the whole. Such an abridgment is of greater value than any book he can purchase. Secondly, When this abridged symptom-list is arranged in columns according to *place, time, and conditions*, it requires only a glance to take in



the leading features of any remedy, especially the conditions under which symptoms occur. Thirdly, Having accomplished this analytical arrangement, the chief characteristics of a medicine *should be summed up at the foot of each column, which, though very brief, will serve as a life-long memorandum*, which, according to the laws of memorizing, will help the student to recall the whole, with its details.

By such details I do not mean the remembrance of words and phrases, as printed in the book, the memorizing you so much and so justly dread, but I mean the essence and actual meaning of a whole symptom-list. Committing symptoms to memory, verbatim, is useless; it leads to mechanical routine and symptom-covering, which will rarely, if ever, produce desired therapeutic results. It is the inner meaning of a pathogenesis that is to be read between the lines. By the kind of study I have in view, you will be enabled to interpret correctly the meaning of symptoms, as recorded in books, as well as those which you discover in your cases of disease.

Before closing this subject, let me briefly allude to another important step that is worth taking in studying what is ordinarily termed materia medica: *it is the study by comparison*. Though I mention this last, it is perhaps of greater importance than the other methods I have suggested, and is most profitably undertaken as one of the last studies.

According to older methods of study, as proposed long ago by Hering, the medicines were to be assorted, by a kind of random comparison, into those which resembled each other in their effects, and those which differed. But as it cannot be known beforehand what is alike and what different, such comparisons were necessarily tedious and uncertain. Having discovered, at length, what was similar and what different, the members of each class were then to be compared among each other, to discover minor differences and agreements.

In the method presented to you here, you begin with an *a priori* rule, assuring you, to a large extent, of classes which agree and which differ, by following simply botanical, chemical, and zoölogical groups.

The method of making these comparisons is, to take up your self-made, abridged lists; then, if not already taken directly from an anatomical arrangement, they should now be arranged in that order; that is, to place all head, chest, abdominal, etc., symptoms into separate groups. Having done so, compare the various members of a group together. This may be done mentally, but much more advantageously in writing them down in columns, on a large sheet of paper. By thus placing symptoms side by side, you will readily see differences and congruities,

which you may briefly note at the foot of such sections ; e.g., at the foot of head symptoms, abdominal symptoms, etc.

Having compared the individuals of a group, — say the *Belladonna* group, — you may next proceed to compare these, placing them side by side with some other group ; for instance, the *Ranunculus* group, or the *Strychnos* group.

Indeed, the methods which suggest themselves are very numerous. Each student or physician may invent others if these do not suit his mental habits. But I would urgently advise you to select some practical method of this kind ; but not to let things drift along, hoping and trusting that in future practice your reliance on repertories will in time furnish the experience and practical routine you need. All you will get by that is an uncertain habit of groping about ; and this, in turn, will surely lead to want of confidence in yourselves, in an inability to separate that which is reliable from that which is useless. This is a grievous fault to get into, because the *materia medica* is far from perfect : not every thing in it is true, and not every thing that is true is good. Now add to this truism the other, that what is bad, erroneous, or even fraudulently recorded, is to be discarded unconditionally, and you have before you a path which is by no means free from dangers, or at least from failures.

Again, let me assure you that my object is not to lengthen, but to diminish your hours of study, by saving time, but not by leaving undone what ought to be done.

Though this lengthy exposition may call up visions of tedious and long hours of dry work, it may cheer you to know, that, in the time devoted to this discussion, half a dozen remedies might have been studied by each of you, had you followed this, or perhaps a better plan, which your own experience suggested to you.

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#### ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[*Continued.*]

THE CATARRHAL GROUP presents very few symptoms, but these are entirely reliable and are supported by a great array of clinical experience. On the fourth day Dr. Beebe found the nose quite dry ; and Dr. Blakely reports, that on the morning of the fourth day, after moving about a short time, he began to hawk up quantities of thick mucus and clotted blood mixed. This continued for half an hour. It seemed to come from the head, and relieved the pain very materially.

Dr. E. M. Hale remarks, that “ in old *nasal* catarrhs, when the discharge becomes bloody and fetid, scabs and pus come from

the nose, and the irritation extends to the throat, the iodide of arsenic, continued for some time, together with the use of a douche of glycerine and water, effectually cures. In these cases it is superior to silicea, hepar sulphuris, or kali bichromicum, — so highly praised in our text-books.”

Dr. Sandford of Bridgeport, Conn., in the article already quoted, advises its use “in severe coryza, with a strong catarrhal tendency in the system (almost invariably denoting scrofula); when there is a feeling of pungent irritation about the nose and eyes (and, in severe cases, throat and bronchial tubes), with a discharge of irritating watery secretion, with smarting about the eyes, and a morbidly active secretion of all the glands, often with some enlargement and inflammation of the tonsils and posterior part of the uvula, the iodide will almost invariably relieve at once. So, also, in many cases of chronic nasal catarrh it is invaluable.”

“This remedy is applicable to persons with a pale, delicate skin, enlarged tonsils, defective nutrition, tendency to passive œdema, shown by puffiness of the eyelids; in tuberculous diathesis, with discharges copious and thin, sometimes scanty and thick, or tenacious and frothy. The discharge is very irritating, corrosive, watery mucus, attended with alternate chills and heat; with fetid and corrosive otorrhœa.” — *Pennsylvania Transactions*, 1879.

Dr. Lucius D. Morse, in the first volume of Arndt’s “System of Medicine,” remarks that “the iodide of arsenic possesses a very considerable range of action, and is a valuable remedy in many cases in which there exists enlargement of the tonsils and a tendency to induration of the glands. I have also found it of wonderful efficiency in catarrhal affections grafted upon a phlegmatic temperament, where the constitution has received a profound malarial impression. In the treatment of chronic catarrh it is far more useful than the simple arsenic.” This excellent writer adds the following special indications: “Discharge of very irritating and corrosive watery mucus, which burns the nostrils and lips, attended often with alternate chills and heat, epidemic influenza, otorrhœa complicated with catarrh, with fetid and corrosive discharge. A burning sensation in the nose and throat is quite characteristic.”

Dr. G. N. Brigham of Grand Rapids, Mich., in his excellent work, entitled “Catarrhal Diseases of the Nasal and Respiratory Organs,” writes as follows: —

“Corrosive, watery, irritating coryza, which denudes the nostrils and lips, (Arum) often accompanied with chills and fever; complications of the Eustachian tubes, and otorrhœa, a frequent accompaniment. Adapted to epidemic influenza and summer catarrh, or ‘hay fever’; to malarial localities;



to weak and tuberculous constitutions with defective assimilation; enlarged glands and tonsils; pale, and inclined to puffiness of the lids. A burning sensation in the throat and nose quite characteristic. Shuddering and dislike of cold, and amelioration by warmth, as in arsenicum album, support the associating group. It closely resembles, in several leading indications, Arum Triphyllum, but its aggravations are at night, while Arum has the morning aggravation; nor has Arum the arsenicum thirst."

"CLINICAL. — H. B., boy, æt. sixteen, dark hair and dark complexion, fleshy, but small for his age; had suffered with catarrh almost constantly for four years, — sometimes both nostrils, and he was compelled to breathe through his mouth; eyes were weak and watery; *eyelids puffy; had always lived in a malarial region*, and suffered more or less from the usual chills and fever every year. The nasal discharge was nearly always jelly-like, but sometimes watery; *very copious in the morning and after meals*, but at other times much less; color, grayish-white. Tonsils much enlarged, and fauces in a state of sub-acute inflammation. Iodide of arsenic, 3 gr. ii, three times a day for a week, then once a day for another week, then one dose a week for three months, cured the whole trouble. — *Morse.*"

Elsewhere in the same work, Dr. Brigham adds: —

"This remedy, though given under the head of acute catarrh, is even more important in some cases of chronic catarrh. It corresponds to the same pale, delicate complexion as arsenicum album, the same fault of assimilation, with tendency to œdema; and covers more completely the *tubercular diathesis*. Hence, in catarrhs based upon a tubercular habit, it is among the first remedies to be thought of. In ozœna and in otorrhœa with acrid discharges, accompanied with a *burning sensation*, it is the remedy to begin with and often completes the cure. Corrosiveness, fœtor, and burning are guiding indications. Amelioration by warmth, and aggravation by cold and dampness, are characteristic. It is often useful in malarial complications as well as in the tubercular."

The late Professor Small reports the following case in the seventh volume of the "United States Medical and Surgical Journal:"—

"A case of nasal catarrh of long standing, characterized by dull headache on waking in the morning, and great accumulation of mucus in the posterior nares, was cured by daily doses of the third trituration of this remedy, taken persistently for two weeks."

For a number of years the present writer has used *arsenicum iodidum* in accordance with the above indications, and finds it one of our most reliable remedies in this distressing complaint. I have had many cases in which chronic catarrh was ingrafted upon an hereditary tendency to consumption, and in this morbid state, *arsenicum iodidum* is the leading remedy. Even in advanced cases it asserts its power.

CONSTITUTIONAL DISEASES are only seen through a glass darkly in the provings of arsenicum iodidum, but we have an immense mass of clinical experience which has gradually furnished us with some quite precise indications. Prominent among these are Ludlam's indications for this remedy in diph-

theria, which have been a landmark with me since I got his book in the year 1864. In the "Clinical Lectures on Diphtheria," we read as follows:—

"The iodide of arsenic is best adapted to the putrid symptoms, and those alimentary disturbances which follow the disease. It does not appear to be so appropriate to the lesion in and about the throat, in the earlier stages, as some of the remedies already enumerated. When, however, the oral and faucial mucous membranes have become dry and fissured, flaky and offensive; when evidences of putrefactive decomposition are manifest in breath, from the presence of this post-organic matter, retained in contact with the saliva and other fluids, and there is every reason to fear ill consequences from its resorption, you may prescribe this agent with beneficial results.

"Every one familiar with the curative sphere of the arsenicum recognizes its appropriateness to symptoms which result from the absorption of organic poisons. Those physicians who practise in miasmatic districts, and especially if beside bodies of water, or in heavily timbered bottom-lands, make this a chief indication for its employment in many diseases. You are aware of the close similarity of action between the intangible diphtheritic virus and the iodine, in so far as resulting local lesions of the mucous membranes are concerned. This knowledge, in absence of a thorough and reliable proving of the *ars. iod.*, leads us to infer its clinical value just here."

Dr. Hale thinks that in malignant diphtheria, arsenicum iodidum should never be forgotten, adding that it will effect an alteration of the vital processes quicker and surer than any other medicine.

In vol. i. of the "United States Journal of Homœopathy" (1860), Professor Helmuth publishes the following deeply interesting case:—

"On Jan. 14, I was called to visit a child, aged between three and four years, who had been suddenly attacked with symptoms of convulsions. I found the little patient almost comatose, with burning red cheeks, glistening eyes, slight dyspnœa, pulse 130, and at irregular intervals some twitches of the facial muscles. Supposing that, as on the evening previous there had been a large company at the house, the symptoms resulted from dietetic transgression, I prescribed *belladonna* 3°, and *ipêcac* 6°, in solution, to be taken every fifteen or twenty minutes, and promised to return in an hour or two. Upon my arrival, the patient had improved in appearance, but was much prostrated, and complained of some difficulty of deglutition. Upon examination, the throat presented appearances unfavorable to a speedy termination of the ailment. The right tonsil was swollen considerably, and covered with patches of diphtheritic formation, which at once placed the diagnosis beyond a doubt. R *merc. protiod.* 3°, a powder every two hours. Visited the patient at 11 o'clock P.M. Pulse quick and small, the amygdalæ covered with false membrane, which had extended itself to the anterior lateral half arches of the palate. There was great redness of the tongue and mouth, together with much difficulty of breathing, accompanied with that peculiar rattling-whistling sound that is so alarming to the friends of a patient, and so full of meaning to the physician. The right tonsil had increased enormously in size, and in itself appeared to threaten complete suffocation. Blueness of the face, stridulous breathing, and convulsive movements of the chest, indicated plainly that the little patient could not



long survive, if some very prompt measures were not immediately resorted to; indeed, the family had given up all hope, and considered the boy already in a dying condition. After a little consideration, although the false membranes were obstructing the air-passages to a certain extent, I concluded that the tonsil was also greatly increasing the dyspnœa, and that its excision would allow time for the medicines to act, and might also remove a portion of the exudation. I accordingly took off a portion of the amygdalæ, and was gratified to perceive evident temporary relief. Ordered a dessert-spoonful of beef-tea to be administered every hour, and prescribed the first trituration of the *chlorate of potash* in water, a teaspoonful every half-hour.

“Was summoned again at 5 o'clock A.M., and found the exudation increasing, the breathing more impeded, pulse more depressed but very quick, and every symptom becoming aggravated. I then determined to try the treatment of Dr. Madden, as published in the ‘British Journal of Homœopathy,’ and, with some difficulty, succeeded in touching the exudation with the tincture of the *muriate of iron*. It was noticed that wherever the solution was applied, the edges of the isolated portions of the diphtheritic formation appeared to shrivel; and in about an hour, a considerable quantity was thrown off. ℞ *ammonium causticum* 1° in solution; a teaspoonful every half-hour.

“Upon my return, later in the morning, although no improvement was manifest, still the symptoms had not increased in violence. A nutritious diet was recommended, and the same medicine continued at longer intervals. In the evening, the topical application was renewed, and the *caustic ammonia* still prescribed. At twelve o'clock at night, I visited the patient again, and found the breathing about the same, exudation not increased, and the prostration very great. At this juncture, I prescribed the *iodide of arsenic* (a preparation lately brought to my notice by Dr. Weeks of Boston, and highly recommended by him in the treatment of calcareous formations, whether scirrhous or the open sore), and the result was surprising. Although this medicine was used empirically, yet, judging from the pathogeneses of *iodine* and of *arsenic*, and from the very beneficial action of the combinations of *mercury* with *iodine* in these affections, I was led to suppose that the preparation might prove serviceable in this case. My expectations were not disappointed. From this time, the boy began to improve—slowly, to be sure, and without appetite, except a peculiar and almost insatiable desire for gravy. He would eat nothing else; and although cautioned to the contrary, his nurses, supposing that all danger had passed, and allowing their feelings of affection to bias their better judgment, frequently allowed him rich gravies and hashes, of which he often partook freely. Notwithstanding this, however, he began to walk about, and my mind was, for a time, relieved from the anxiety in reference to a case that had so perplexed me. This improvement was but temporary. Great sleeplessness, for several weeks, was the first sentinel that warned of approaching danger. The child appeared quite comfortable through the day; but the livelong night there was no rest, either for the nurses or patient. I could discover no cause for this, excepting unwholesome food, and therefore restricted the diet to the plainest and most nutritious articles, recommended rides into the country, and prescribed the ordinary medicines for insomnia; but there was no improvement. There came on profuse night sweats, with that bright circumscribed red spot upon the pale and wan cheek, that marks the progress of the life-destroying hectic. Emaciation was gradual, but steadily increasing; and it was evident that, although there were some days of temporary improvement, yet, on the whole, the patient was rapidly approaching the grave.”

In the sequel, pus was developed in the pleural cavity; paracentesis thoracis was performed, but when the report was made, the patient, though better, was not safe.



Dr. F. Bigelow reports the following case of diphtheritic croup in vol. ix. of the "Hahnemannian Monthly :"—

"A girl about five years of age, having a very scrofulous diathesis, very weak and sickly from birth, and most of the time afflicted with asthma, was severely attacked with diphtheria. The croupy symptoms were quite prominent. Hoarse cough. The diphtheritic deposit extended over the whole surface, from the fauces to the outer edge of the lips.

"The external auditory canal was also thickly covered with the same thick and tough exudation. The respiration was very short and difficult; pulse decidedly weak and slow, with great prostration, and an almost intolerable odor from the patient; indeed, the stench was very strong throughout the house unless the windows were freely opened.

"Under the use of *ars. iod.*, first trituration, she recovered rapidly, and was in better health after the attack than before."

[*To be continued.*]

## DYNAMIZATION OR DEMATERIALIZATION.

BY J. P. SUTHERLAND, M.D.

*Presented to the Massachusetts Homœopathic Medical Society.*

NEITHER of these words can be found in Worcester's Unabridged; but to homœopathists they have a familiar ring, and a very definite meaning. To one faction amongst us they are as a sacred shibboleth, and as a frontlet between the eyes; to another, their very mention is as the red rag of the familiar saying. The former word is said by Dunglison to be "a favorite term with the homœopathists," and is said by the same authority to mean "certain processes" by which "the dynamic powers of a medicine may be set free and developed;" "dynamic power" meaning an influence "ascribable to neither mechanical nor chemical causes." These processes of "dynamizing," "potentizing," or "developing" medicines are well known; viz., trituration with milk-sugar, and succussion with some diluent; the results are called "potencies," "attenuations," "dilutions," "triturations," according to one's habit or fancy. By certain homœopathists the invention of these processes is said to be "Hahnemann's greatest discovery,"<sup>1</sup> and a recent writer<sup>2</sup> echoes the sentiments of many of his faction when he says that this doctrine of Hahnemann's discovery is a "great truth," "greater than he [Hahnemann] probably knew himself."

The doctrine of the development of drug power remains to-day essentially as it was announced by Hahnemann. His statements concerning it have been many times reiterated, but nothing in the nature of elucidation, of rational explanation of them,

<sup>1</sup> History of Homœopathy, Ameke, p. 131.

<sup>2</sup> Lewis Barnes, M.D., in The Medical Advance for January, 1887.

has been added, notwithstanding the mass of literature on the subject. Perhaps the latest attempt to explain this mysterious process of developing drug energy is that by Dr. Barnes, already referred to; and a brief quotation may be pardoned, as showing the style of this devout modern commentator:—

“If electricity is used to drive machinery, for instance, it is transformed into mechanical power, and cannot produce heat or light at the same time. Two sticks of cold wood may be rubbed together until fire is developed, but wood and muscular energy are not one and the same thing as fire, nor the same as electricity, or chemical affinity, or light. So a piece of flint may be rubbed, triturated, ground, until a kind of vital energy appears, different *perhaps* from the energy that can be rubbed out of any other substance. It is not the same thing as the rubbing, that is, the ‘work.’ But *it may be* the work modified or changed by the medium in which it now appears. Or, *perhaps* the work is not really in it at all. Its influence *may have* wrought the change on the principle that the action, that is, the work, of yeast upon sugar produces alcohol, while none of the yeast is consumed or incorporated.” (The italics are mine.)

A firm, logical, and lucid argument this, and worthy of the thesis it would defend. Much more to like effect might be quoted; and at the end, the author, apparently in a “spirit of love” and not of irony, says, “The wonderful sagacity which founded a system of medicine upon scientific and philosophical principles *thus briefly stated . . . is little short of inspiration*” (italics mine).

It is not my intention, within the brief limits of the present paper, to discuss the possibilities or impossibilities of this question of dynamization from the standpoint of reason and science. It is my desire, rather, to invite your attention to an historical study of the evolution of this doctrine in the mind of Hahnemann its originator; said study to be made from the data obtainable from his own writings on the subject, to the end that we may impartially judge how far this theory deserves the name of “inspiration” bestowed upon it by its devotees.

It is well known that Hahnemann’s wonderfully sagacious power of analysis, and independent accurate thought and investigation, were a trained possession long before he developed and promulgated the principle of similia; and his fondness for simplicity of treatment, and even for the single remedy, antedated the formation of his views of homœopathy. The slow development of the doctrines of homœopathy is easily followed in Hahnemann’s writings, from his comments in Cullen’s “Materia Medica” in 1790, to the last edition of the “Organon” in 1833. The idea of similia probably first impressed him in 1790 in con-

nection with his famous experiments with cinchona bark, though *similia similibus* as a definite therapeutic rule was not advocated until six years later. In 1796 his first remarkable essay embodying the principle *similia*, "On a New Principle for ascertaining the Curative Powers of Drugs," was published. Another notable essay, "On the Power of Small Doses," appeared in 1801. His noted "Fragmenta de Viribus Medicamentorum Positivus" appeared first in 1805, and the first edition of the "Organon" in 1810. From the standpoint of literature, therefore, we note a period of twenty years from the conception to the mature development of homœopathy.

To confine ourselves, however, particularly to the theory of "dynamization." We find even a longer period occupied in the full development of this doctrine. Previous to 1801, many instances can be cited of Hahnemann's use of large doses, — such as from 15 to 40 grs. of camphor daily;  $\frac{1}{2}$  gr. of opium; 8 grs. of ignatia; 6 to 7 grs. of ledum; a few grains of arnica root; 4 grs. of veratrum album; some of these having been used as late as 1798, that is, after he had begun to teach and practise according to the therapeutic axiom *similia similibus curantur*. It is worthy of remark, in passing, that these doses, presumably applied in accordance with the new rule, cured the patients. In a peculiar epidemic of influenza of unusual gravity, for which camphor in large doses was "specific," Hahnemann reports in 1798 that he knew "only one case out of more than a hundred where the camphor failed." <sup>1</sup>

The year 1801 marked the first stage in the development of the doctrine of dynamization. Two essays were then given to the world, — one on the "Cure and Prevention of Scarlet Fever," the other "On the Power of Small Doses," etc. In the treatment of scarlet fever, opium had been given in a dilution, a tincture having been made of opium 1 part to 20 parts of weak alcohol, . . . "shaking it occasionally to promote the solution;" of this tincture Hahnemann says, "I take a drop, . . . and *mix it intimately* with 500 drops of diluted alcohol, and one drop of this *mixture* likewise with other 500 drops of diluted alcohol, *shaking the whole well*" (my italics). One drop of this "diluted tincture" was a dose for a child four years of age. Another remedy was ipecacuanha  $\frac{1}{10}$  to  $\frac{1}{2}$  gr.; or a tincture of 1 part to 20 parts of alcohol, one drop of which was "mixed" with 100 drops of weak alcohol, dose 1 to 10 drops according to age of patient.

As a result of experience, Hahnemann prepared a solution of belladonna in three grades of strength, the third or "weak solu-

<sup>1</sup> Lesser Writings, p. 338.



tion" (as he termed it) being used as a prophylactic against scarlet fever. This solution contained  $\frac{1}{24000000}$  of a grain of the dry belladonna juice to every drop. In the preparation of these solutions we are directed to "*render the union perfect by diligently shaking the liquid*" (my italics). We are further advised to give the dose well mixed with a quantity of fluid, as "it is only by stirring, by *brisk*, long-continued stirring, that a liquid medicine obtains the largest number of points of contact for the living fibre, thereby alone does it become right powerful." In the essay "On the Power of Small Doses," etc., we read, "a very hard dry pill of extract of belladonna produces . . . usually no effect," but thoroughly dissolve a grain in two pounds of water, and have "the mixture . . . made *very intimate* by shaking the fluid in a bottle for five minutes," administer this by spoonfuls within six or eight hours to a healthy, robust man, and "the most violent and dangerous symptoms" will be produced. Of this fact, Hahnemann gives the following wholly scientific and reasonable explanation: "The hard grain-pill finds few points of contact in the healthy body," being undissolved; "very different is it with a solution, and particularly with a thorough solution. Let this be as weak as it may, in its passage through the stomach it comes in contact with many more points of the living fibre; and as the medicine does not act atomically, but only dynamically, it excites much more severe symptoms than the compact pill . . . is capable of doing." Mechanical subdivision for the purpose of increasing the area of contact is, therefore, the stage reached in 1801 in the evolution of the doctrine of "dynamization;" though even here there may be caught a distant glimpse of the germ of the future "vital-force" theory.

An interval now occurs during which Hahnemann allowed experience to accumulate, at the same time diminishing his dosage to decided infinitesimals. For instance, in 1809, we find nux vomica recommended for "the prevailing fever," every drop of the solution to contain "a trillionth of a grain of this seed;" we are also told that a sextillionth of a grain of arsenic in solution is a sufficiently powerful dose. No reference is even yet made to the "spirit-like" nature and action of drugs, as can be seen by a perusal of Hahnemann's remarks concerning arsenic (which had been practically discarded by the physicians of that day as too dangerous a remedy). "But if a tenth part of a grain of this mineral was still often found to be dangerous, in other words too powerful, what was to have prevented physicians, if they had but reflected a little, from trying whether a thousandth, a millionth of a grain, or still less, was not a moderate dose?" . . .

In 1810 the first edition of the "Organon" appeared. It

contained, however, no doctrine of dynamization, or vital-force theory, as we now know them. A methodical system of attenuating drugs had not yet been adopted.

In 1814 a regular method of preparing solutions is suggested. It is to drop one drop of a tincture into a bottle containing six drachms of alcohol, and "shake it strongly for three minutes," this process to be continued through a series of twelve bottles; the last bottle, "like all the preceding ones, is strongly shaken for three minutes." Bryonia and rhus are directed to be thus prepared, while hyoscyamus is "diluted" in the same way, "but only through eight bottles;" one drop from the last bottle of either being considered a dose. In the same essay, "Treatment of the Typhus," etc., sweet spirit of nitre is referred to as having been "shaken up," one drop to one ounce of water, the whole having been administered to the patient in one day. All of these, the last being especially marked, are simple instances of mere mechanical subdivision, according to rational principles susceptible of test and demonstration.

In 1821 directions were given<sup>1</sup> for the preparation of aconite according to the centesimal scale till the octillionth degree is reached, and of coffea till the millionth degree is reached; a portion of a drop forming a dose. And even yet the dynamization theory has not been introduced.

But in 1825-27 the theory is at last and fully developed in Hahnemann's mind.<sup>2</sup> The "development of the spiritual power of medicines" by trituration and succussion is here spoken of as "among the greatest discoveries of this age." The process—shaking or grinding—is said to result not only in a thorough mechanical mixture, "an equal distribution of the medicinal drop," but in "a real spiritualization of the dynamic property, a true, astonishing unveiling and vivifying of the medicinal spirit." An advanced stage has thus been reached, and "dynamization" is advocated, though the idea of the mechanical subdivision of the original medicinal matter is not wholly discarded as unimportant. This, however, may be said to be the period of transition from physics to metaphysics in Hahnemann's teachings,—the decline of the scientific, the dawn of the mystical; the decline of the demonstrable, the dawn of the dogmatic. And it is worthy of note and of consideration, that the time had now arrived when mere dogmatism was not only a possibility to Hahnemann, but a natural temptation, as it is to many a great man in his later years of dignity and success. His utterance was in some sense an *ipse dixit*,—not to pass at once to

<sup>1</sup> On the Treatment of the Purpura Miliaris: Lesser Writings.

<sup>2</sup> How can Small Doses of such very Attenuated Medicine as Homœopathy employs, still possess Great Power? See Lesser Writings.

the close and merciless critical examination of an unbelieving world, but to be immediately received by a circle of admiring and obedient disciples as a something Olympian and infallible. Under these circumstances, what more natural than that neither thought nor word should be weighed with the calm and strait exactitude of earlier, struggling years? The theories of a reformer's successful later life are too apt to be spoilt children, requiring much correction before they are admissible to scientific society. From this time an element of mysticism pervades the writings of Hahnemann. As an example of the unreasonable statements not infrequently to be found in his writings from this notable period, the following is quoted from the essay on "Small Doses," just referred to:<sup>1</sup> "If we wish, for example, to attenuate a drop of the juice of *sundew* [*drosera*] to the decillionth [30th], but shake each of the bottles with twenty or more succussions from a powerful arm, in the hand of which the bottle is held, in that case this medicine, which I have discovered to be the specific remedy for the frightful epidemic *whooping-cough* of children, will have become so powerful in the fifteenth attenuation (spiritualization) that a drop of it given in a teaspoonful of water would endanger the life of such a child; whereas if each dilution-bottle were shaken but twice (with two strokes of the arm), and prepared in this manner up to the decillionth attenuation, a sugar globule the size of a poppy-seed moistened with the last attenuation cures this terrible disease with this single dose without endangering the health of the child in the slightest degree." It hardly need be stated, that this last is purely theoretical; it is not given as the result of experience. Who to-day, among those even to whom Hahnemann is a divinity, is prepared to utter and defend a *credo* to this, his certain statement?

The climax is not even yet reached. In 1832<sup>2</sup> we find Hahnemann using "dynamization" and "dematerialization" — a term which would seem to have the merit of exactitude — as synonymous, and referring to the "disembodiment and spiritualization" of medicinal powers. Von Korsakoff had started the idea "that possibly the material division of the medicinal substance attains its limit at the third or sixth dilution, and that the subsequent attenuations obtain their medicinal properties by a kind of infection or communication of the medicinal power, after the manner of contagious diseases, to the non-medicinal vehicle." Notwithstanding the use of such terms as "dematerialization," "disembodiment and spiritualization," Hahnemann says by way of comment on the preceding, "Who can say that

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<sup>1</sup> p. 733, Lesser Writings.

<sup>2</sup> Remarks on the Extreme Attenuation of Homœopathic Medicines: Lesser Writings.



in the millionth or billionth development [third or sixth centesimal] the small particles of the medicinal substances have arrived at the state of atoms not susceptible of further division, of whose nature we can form not the slightest conception?" This comment, while proving nothing positively, would seem to suggest that Hahnemann believed that drug matter is, or may be, present in the higher attenuations. He seems unwilling to concede a limit to the divisibility of matter, and this in face of his "dynamization" theory, and of the statement in the same essay, that "the material receptacle of these natural forces, *the palpable, ponderable matter, is not to be taken into consideration at all*" (my italics). The only arguments brought forward to substantiate the claim that the potentized remedy has any power — to say nothing of "an actual exaltation of the medicinal power" — are, that arithmetical calculations do not prove the opposite to be correct, and clinical experience does prove the value of the "highest" attenuations. Half a century has witnessed advances in the line of the exact sciences, and accurate methods of experimental investigation. And Hahnemann's tentative query "Who can say" that the divisibility of drug-matter has been reached, is susceptible to-day of so clear and convincing an answer as we cannot even fancy the reasonable and truth-loving mind of our great leader ignoring, or unaffected by. But this entire subject may, for the present, be considered *sub judice*.

It may be interesting to note, in passing, that no longer than one year before this time, — in 1831, — "*pure, unadulterated, camphorated spirit,*" internally and externally, was extolled by Hahnemann as the "infallible" remedy for cholera, if used in season, that being immediately the patient was taken ill. Mark the suggested inconsistency of this recommendation, especially as copper and veratrum album are at the same time directed to be used in high potencies. Appreciation of its full significance is not made less difficult by remembering the claim that "an actual exaltation of the medicinal power" is brought about by the process of "potentization."

There is left but one more phase of the subject to complete the historical review we are so hurriedly making, and to it I most seriously invite your attention. It is the last word we have from Hahnemann on the subject, and has the weight and significance given it by that fact. For his ultimate conclusions I refer you to the "Organon," the last edition, the preface to which was penned by its author in March, 1833. Presumably this last edition was carefully revised. § 270 gives explicit directions for potentizing remedies unto the xx. or xxx. centesimal, "the one commonly to be used." Each phial is to be "shaken twice,"

and that this point may be sufficiently impressed upon the mind of the reader, a special note (137) is devoted to it. This note reads as follows:—

“ [137] § 270. Desirous of employing a certain rule for the development of powers of fluid medicines, I have been led by manifold experiences and accurate observations to prefer two instead of repeated strokes of succussion for each phial, since the latter method tended to potentiate the medicines too highly. There are, nevertheless, homœopathists who carry about with them homœopathic medicines in fluid form, and who still insist that these medicines were not found to have been more highly potentiated, thereby disclosing a want of accurate observation. I dissolved one grain of soda in half an ounce (1 Loth.) of water, mixed with a little alcohol contained in a phial two-thirds of which it filled; *after shaking this solution uninterruptedly for half an hour, it was equal in potentiation and efficacy to the thirtieth development of strength*” (italics mine).

If this be true in regard to soda,—and in this connection “unfaith in aught is want of faith in all,” as far as the infallibility and blind acceptance of Hahnemann’s dicta are concerned,—it must be true in the case of aconite, arsenic, strychnia, and all other medicines. Does such a *reductio ad absurdum* need either pointing out or comment? Can any honest mind fail to admit that indulgence in mystical speculation and metaphysical hypotheses had here tempted Hahnemann’s logic to turn traitor? And if in this particular, why not in the whole theory of dynamization — dematerialization — after it has once cast off its safe anchor of mechanical subdivision?

A brief *résumé* shows the length of time devoted to succussion to have varied greatly according to the stage reached in the growth of the doctrine. For instance, in 1801 the object seems to have been to obtain the largest number of points of contact between the drug and “the living fibres;” accordingly, we are directed to “shake diligently,” to “shake for a minute,” to “shake well . . . mix intimately,” to “shake for five minutes;” in 1814, to “shake for three minutes;” in 1827, to “shake only twice,” as to shake twenty times is dangerous; in 1832, to medicate pellets, shake a medicated pellet with them for five minutes; and in 1833, to “shake only twice,” with the relation of the soda experiment by way of truly dramatic finale.

Is it “inspiration,” or is it scientific retrogression, that is suggested to an impartial and reasoning mind by all this?

In this study of the doctrine of “dynamization,” we have followed its development, step by step, through a period of over thirty years. We have seen that from time to time changes



have been introduced, and it was by no means an "inspiration" perfected from the start. It had its origin in the reasonable desire for a safe and useful dosage, and to have as many points of contact as could possibly be obtained between the medicinal particles and the absorbents. In the course of twenty-five years, however, we see, that, charmed beyond reason and logic by his "vital-force" or "dynamic" theory, Hahnemann was led to consider the *absence* of the original drug-material a matter of no consequence, provided its spiritual or dynamic power had been sufficiently developed or liberated. And as a last conclusion we hear that the *presence* of a crude drug, even in substantial, possibly dangerous quantity, was likewise of no account, provided that force applied through succussion had potentized the drug. Examine this so-called "greatest discovery of the age" in the modern spirit, and with the modern possibilities of exact investigation, and we find, that, as formulated and discussed by its own inventor, it contains within itself, in its absurdities, its easily manifest impossibilities, its own most conclusive refutation.

Upholders of the doctrine of potentization of drugs by trituration and succussion scoff at the revelations of the microscope, chemical re-action, and other tests applied according to recognized principles of the natural sciences, the composite tribunal to which other scientific discoveries are referred for critical examination, and on whose decisions the discovery is accepted or rejected by scientists themselves. Why all these tests should be totally ignored by a faction of the medical profession, can only be explained by the assumption, that, in the eyes of that faction, medicine has no claim to a position among recognized sciences; an assumption we trust the majority of homœopaths, in common with the majority of workers in the profession, are not prepared to support. A chemist, on analyzing a specimen supposed to contain arsenic, is not justified in claiming arsenic to be present unless he can detect it by the recognized accurate chemical re-agents. This is at least the decree of science, — of a science as yet unable to discover the "spirit-like nature" of potentized remedies, "imponderables" as they are called. The only method supposed to be capable of demonstrating the presence of "that immaterial something" is the, as yet, indefinite and unreliable clinical test; and the uncertainty of this test is exemplified by the statements of the founder of homœopathy, Hahnemann himself, who declared that shaking a phial too much transformed an innocuous dose into a dangerous one; and who also, with perhaps equally logical force, if the shaking is the chief factor, stated that after shaking a solution of one grain of crude drug in one-half ounce of diluent, uninterrupted for half an hour, it was equal in potentiation and efficacy to the thirtieth development of strength.



The position of scientists (or materialists, if you will), in this matter, might be outlined somewhat as follows: Arsenic (or any other poison or drug) is a form or kind of matter endowed with a specific kind of force or influence, which is easily distinguishable from the force or influence of all other substances. Without acknowledging a dual nature in arsenic, it may for convenience be stated, that the active or vital principle is inseparable from the crude matter. Even if one's imagination could picture the matter and the essential force as separated, the question would naturally arise, Which is the arsenic? Can it be the mere inert matter that is the arsenic, or is it the uncaged force that is the arsenic? If the latter, then when in combination with inert milk-sugar, or in solution in the any thing but inert alcohol, the vital essence, being arsenic itself, must be discoverable by the usual tests for arsenic.

The materialistic mind may be pardoned for agreeing with Dr. J. P. Dake (see "Therapeutic Methods," pp. 168, 169):—

"The potential medicinal force of a drug-dose is in proportion to the number of medicinal atoms it contains."

"The actual medicinal force is in proportion to the number of medicinal atoms made superficial or free for contact or absorption."

"The pathogenic, as well as curative, power of a drug, resides in drug-matter, and can no more be useful on this earth when separated from it, than may be the vital forces or the soul of man when disembodied."

Hahnemann has little to say about trituration, because, after the third centesimal had been reached by that process, the drug, or its developed spirit-like force, is supposed to be soluble, and it is further developed by succussion. Trituration, by simply overcoming the natural cohesion characteristic of most minerals, and by reducing coarse particles of dry substances to an extremely fine condition, fulfils exactly the requirements considered by Hahnemann, for years, the only necessity in homœopathic therapeutics: viz., safety, in enabling a small dose to be given; and effectiveness, by increasing the area of contact between drug and absorbents,—requirements to which nothing can be added to-day. The results of trituration, therefore, are similar to those of the succussion of a liquid drug in a diluent, an "intimate mixture" being produced.

Taking Hahnemann's latest utterances on potentizing in good faith, what a dangerous "exaltation of medicinal force" must occur during the transportation of drugs from one part of the world to another by steamer and train; not to mention, also, during the constant shaking inevitably connected with the daily routine work of the homœopathic physician, especially if he make his rounds on horseback!

My apology for occupying your time with a study, which I fear has been both fragmentary and tedious, lies in the fact, that the literature of to-day contains articles constantly referring, in fervid phraseology, to the claims of Hahnemann, "the master," in regard to dynamization and dematerialization. My hope has been, to ascertain, by a review of Hahnemann's own writings, exactly what he did think and say. We have found his thoughts and statements on this subject self-contradictory, as well as contradictory of the clear and sound scientific teachings of our day. We have found that their logical reduction is the reduction to absurdity. We have found that the only possible plea that can be urged in their support is the plea that they will bear the clinical test; a plea that is just as weighty, and no more so, when urged in defence of dematerialized medicine, as when urged in defence of the innumerable quack medicines whose "testimonials" flood the daily press.

What our attitude, as lovers of science and healers of men, must be towards dematerialization as a tenet of homœopathy, it would seem to need neither lofty reason nor a super-sensitive conscience to decide.

In the fine address of George William Curtis at the Luther anniversary, he reminded his hearers that to truly honor Luther was not to lavish adulation on his name; far less, by futile advocacy and support to keep alive in the minds of men his errors of exegesis and doctrine: but to be inspired by his example, to seek truth as he sought it, and for truth's sake to make, in face of any persecution and sacrifice, Luther's great "*Hier steh' ich, ich kann nicht anders,*" the motto of their steadfastness. So with our great and truly revered master. We honor him not in thrusting, in his name, upon the intelligent world of to-day, untenable theories, which he lacked our definite means to disprove; but by walking in the brighter light of to-day, as he walked in the light vouchsafed to him, unselfishly, zealously, courageously; and by proving all things, and holding fast to that which is good.

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BRIGHTON BEACH: ITS LESSON.

MR: EDITOR, — It was my fortune to have charge of the Bureau of Obstetrics at the rather famous session of the American Institute in 1881. I had learned by experience at Milwaukee the preceding year, while serving as temporary chairman of the same bureau, that the position is not one of ease, though all necessary papers are ready at hand; that, under the most favorable circumstances, a person must keep very wide awake if he desires his department to make any kind of an appearance. Imagine,



then, if possible, my sentiments on discovering, from a perusal of the programme, that arrangements had been made for the Bureaus of Obstetrics and Gynecology to hold sectional meetings at the same hour! Equally brilliant groupings ornamented nearly every page of the pamphlet, notably that on which the Bureau of Surgery appeared. When, on Tuesday morning, June 14, the Secretary presented the printed order of exercises and moved its adoption, I moved to amend by dropping my bureau to a position with the Bureau of Surgery, and raising the bureau that was to hold its session synchronously with that (the Bureau of Ophthalmology, if I rightly remember) to the prominent position I desired to vacate, for reasons that must be apparent to the most casual reader. I did not think to accomplish my desire, but I did expect to make a point. The Secretary objected that any change in the programme would work serious confusion in the labors of the Institute; and, beside, there is an order of precedence which must be observed. Of course, the motion was lost.

Observe, now, in the Secretary's remarks, a statement of theory and a statement of fact. Granted that at Milwaukee the bureaus reported in a given order, and that at Brighton Beach each must be moved up one, "that each one may come first in its turn in successive years;" was the standing resolution obeyed when the Bureaus of Obstetrics and Gynecology were assigned co-ordinate positions? Was it not the rather most flagrantly violated by appointing them to such a position that either chairman would gladly have dropped to Friday morning, if he could thereby have freed himself from so ill-conceived an alliance? And this is by no means a singular specimen of the match-making that characterized that anniversary!

It remains now but to inquire whether the work of the Institute would have been seriously disturbed if the Secretary had permitted the change to be made, and my bureau been authorized to hold its meeting at the time I desired. Fortunately, I am permitted to phrase the question somewhat differently: *Did* the synchronous sessions of the Bureaus of Surgery and Obstetrics impair, in the slightest degree, the harmony or the usefulness of the meeting? On a certain morning, at eight o'clock, Dr. H. E. Spalding of Massachusetts, acting chairman of the Bureau of Gynecology, met me at the parlor door of the hotel (we had previously agreed to pool our interests), and we decided to hold our meeting at once in that room. The services of an official reporter were secured, and we commenced operations. Dr. Spalding had but one or two papers that he cared to have read, and at his request I waived my right of precedence (whatever that may be), and he at once opened a session of *his* bureau. The



report of the discussion on the paper of the late Dr. Cornelius Ormes, covering well-nigh ten pages of the Transactions, is sufficient proof of the character of that session. About fifteen minutes before the hour for calling the Institute to order, he closed his bureau, and turned the chair over to me, the attendance, at that moment, comprising almost the entire Institute. The first obstetric paper was long, but its introductory character necessitated its prior presentation. Its reading encroached upon the Society's time ten minutes, and I shall never forget how anxiously I watched the commanding form of our President, as it frequently appeared at the door only to disappear; and how, after ascending the platform, he busied himself three or four minutes until the paper was concluded. I have often thought his tardiness on that occasion was due to another cause than lack of preparation on his part, and have felt correspondingly grateful. When it was finished I adjourned the session of the bureau to three o'clock, in that room. The President informed me that the parlor had been promised to the Bureau of Surgery for that hour. I simply changed my announcement to the effect that it would be held at that hour, at such place as I should hereafter direct. The next two or three hours were spent in the vain endeavor to secure one of those elegant private parlors said to have been engaged for the sectional meetings, but all had been taken for some other purpose. At three P.M., Professor Biggar of Cleveland called the Bureau of Surgery to order in the southeast corner of the parlor, and I mine in the south-west. The balance of the obstetrical papers were read, and the discussion followed, which was continued as long as any one had aught to say. The physicians in attendance numbered upwards of forty. Frequently I would glance at the opposite corner to see how the surgeons were prospering. Their number was somewhat in excess of ours, and, such was their interest, none seemed to know other persons were within a mile of them. Moreover, I observed half a dozen doctors (or more), who flitted between the borders of the sections. One of these gentlemen informed me subsequently that he was very glad the two sessions had been held as they were, for he was interested in both subjects, and had gleaned from both meetings. At the same time I cannot recommend a repetition of that experiment merely for a doubtful benefit to so insignificant a number.

This bit of history *proves* the falsity of the statement that Brighton Beach demonstrated the futility of sectional meetings; especially when it is coupled with the fact that four other bureaus had equally successful sessions. (See Transactions.) If, through somebody's blunder (and I care not to go behind the face of the returns and ask whose), related subjects were assigned

to the same hour, the fault is to be charged to the management and not to the system. Until the technical work of the Institute is thus performed, all demands for recognition as a scientific body are but the merest pretence. A few comments on the purposes and methods of the Institute, as indicated by its Constitution and By-laws, may not prove out of place. Its object is declared to be "the *improvement* of homœopathic therapeutics and all other departments of medical science." How shall this be attained? "*Not*," as a distinguished ex-president has recently shown, "by furnishing elementary instruction," or the "presentation of treatises that should appear as monographs in book form," or the "reading of essays and articles that should reach the profession through its periodical literature," and therefore *not* by collecting "exhaustive papers which shall furnish a text-book showing all that might be new and important down to the time of writing;" *the rather* by presenting "reports and brief essays . . . calculated to call out the observations and experiences of busy, thoughtful practitioners who never write books, and seldom contribute to the pages of a journal." *But* these papers should possess authority (derived, for example, from the reputation of the author, or from the character of the evidence presented), dogmatic expression, thereby sharply challenging discussion, and above all the most careful and profound thought of their authors during the twelve months preceding their presentation. Their subject-matter should be, *not* what can be found in appropriate allopathic or in general scientific works, but the stability of accepted statements and dogmas when tested by the law of cure, and the modification of so-called facts and traditional practices necessitated, or at least rendered desirable, by the effects of our improved therapeutics. It is worse than puerile for our able men (by no means few) to follow in the footsteps of any man, however great, in any direction, however laudable in itself, when at his very door are inexhaustible mines, belonging to his own estate and hitherto all unworked, whose opening will enrich the entire profession, and secure unfading laurels for the toiler. Such work must be spontaneous, and in a direction indicated by the previous studies and natural aptitudes of the laborer.

The by-laws direct that "each bureau, in its annual report, shall present a *résumé* of discoveries and progress in its respective fields." Most properly this regulation has been more honored in the breach than in the observance. When every magazine, whether general or special, pretends to report each advance in medical knowledge month by month, it would be the most superfluous and unwarrantable supererogation for any society to compete in that work which is better done and more appropri-



ately elsewhere. Moreover, few persons outside our college faculties are competent to undertake such a task, and it is doubtful if any of those few would care to attempt it, for they must necessarily be sought among our wealthiest, and therefore our busiest associates. For, consider that each abstractor must have perused carefully, at the very least, the entire current literature of the year, whether periodical or permanent, that is published in the English language, and that is likely to refer at all to the department he represents. Also he must be perfectly conversant with all previous literature in that field, else he cannot know the position held the year previous by his special art. All may not discover, but some one will assuredly reveal, the slightest mistake. He who craves an appointment to so delicate and yet so difficult a task, is welcome to it.

Equally wise are the exceptions frequently made to the rule, "No bureau shall submit for discussion any papers not relating to the special subject agreed upon at the beginning of the year." While this section accomplishes an excellent purpose, rigidly to enforce it would seriously fetter the progress and impair the efficiency of the Institute. In this connection it may be remarked that the special subject should be sufficiently broad to afford opportunity for a good general discussion, and especially to relieve any member of the bureau from the necessity of serving up a rehash of other writers.

The office of bureau secretary is, or should be, a sinecure, so far as any duties referred to in the By-laws are concerned. In order to attain the highest possible success, each chairman must be in direct personal communication with each member of his bureau. The attempt to transmit instructions or receive reports through a third person wastes valuable time and frequently occasions disaster. The only possible use for such an official is the preparation of the bureau report contemplated in the resolution at the foot of page 78 of the Transactions for 1886. No chairman, though he be a professional stenographer, could preside properly at a sectional meeting, and prepare an abstract of its doings to read in general session. It does not seem possible that such an idea could have originated with one at all familiar with the work and the needs of the Institute, for a considerable portion of its valuable time must thereby be frittered away, each member meanwhile being subjected to the insulting innuendo of possessing more than childish impatience in being unwilling to await the official report for information therein more broadly and more accurately given.

Fraternally yours,

GEO. B. PECK, M.D., *Providence, R.I.*



*HIGHER EDUCATION OF WOMEN, AND THE FAMILY.*<sup>1</sup>

BY LUCY M. HALL, M.D.,

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THE address of Dr. Withers-Moore, President of the British Medical Association, delivered before a general meeting of that body, Aug. 10, 1886, has attracted very wide attention. The importance of the subject with which the paper deals cannot be over-estimated. A few quotations will best show what it is, and what are the views of the author upon it:—

“Education is very expensive physiologically as well as pecuniarily, and growing girls are not rich enough to bear the expense of *being trained for motherhood*” (the *Italics* are my own), “and also that of being trained for competition with men in the severer exercises of the intellect. Woman should be protected from the rude battle of life, by the work and labor of man. . . . It is not good for the human race that women should be freed from the restraints which law and custom have imposed upon them, and should receive an education intended to prepare them for the exercise of brain-power in competition with men. . . . Bacon, for want of a mother, will not be born. She who should have been his mother will, perhaps, be a distinguished collegian,” etc.

The report goes on to say that “Dr. N. S. Davis of Chicago cordially sympathizes with these sentiments, and said that in America they had abundant evidence of their truth.” And a late number of “Science” adds: “There are two channels of expenditure of physiological force in woman, — the *terrible strain* of higher and professional education, . . . and the expense of being properly trained for motherhood.”

Surely no one would be more ready than I to accept the conclusions of Dr. Moore and his supporters, could I but be convinced that they have been drawn from reliable data, and presented in an unprejudiced manner.

It is true beyond question, that in America the small and rapidly diminishing numbers in the family is a matter of grave national import. Dr. Nathan Allen has written much upon this subject, especially in connection with the New-England States; but the difference in this regard between those States and other localities where the families are purely American is very slight. Presuming that physical laws operate much in the same manner upon both sides the Atlantic, we shall confine our discussion to American soil, and thus endeavor to find just what basis we

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<sup>1</sup> Reprinted from “The Popular Science Monthly,” March, 1887.

have for accepting the theories which have been forced upon our notice, to discover in what the "abundant evidence" of Dr. Davis lies; or, failing in this, to seek for the kernel of truth in some other direction.

A short time ago I began collecting facts, intending to show the great falling-off in numbers in the American family, taken without regard to location or worldly circumstances. These I will now present (although they are as yet quite incomplete), because they have a direct bearing upon the subject which we are considering. In some of the tables only one or two lines of descendants could be traced; in others, all or nearly all appear.

[The tables, which we regret being unable to reproduce, may be condensed into something like the following: 6 families are represented, in the last of the last century and the early part of the present, in which there was a total of 65 children, or  $10\frac{5}{8}$  per family. 63 families, later in the present century, direct descendants of the families just referred to, contained 199 children, or an average of about  $3\frac{1}{6}$ , and this average is obtained without counting the childless marriages. — EDITOR GAZETTE.]

Nearly all grades of American life have been included here, excepting, perhaps, that found in extreme poverty. The women were, for the most part, simply educated, — some in the district school only, while others were instructed with due reference to the limitations considered proper in female education, and with the usual surfeit of "accomplishments." A few were more highly educated; and yet as large a proportion of the latter as of the former have married, and the *largest families of the present generation belong to the most highly educated of the women.*

Within a stone's-throw of where I sit, are half a dozen well-to-do American families. Taken together, there are not as many children in them as there are parents, and in none of them will there presumably be any increase. Not one of these mothers is in any sense a highly educated woman.

In one hundred and seventy-five American families I find an average of 3.2 children (now adults in most cases) to each. In one-sixth of them there is but one child each. (No childless families are included.) Of the few really large families, the evidence seems to be that the mothers were, in most cases, well educated; in a few cases, exceptionally so. Taken as a whole, they represent a very wide range of female education, from the most ordinary to the highest which the time afforded. I have made many inquiries as to the proportion of children in American and foreign families in the schools of Brooklyn and New York; and I find that in the German, Irish, and Italian families

there are two, three, and four times as many children, upon an average, as there are in the American family.

It would be difficult for even the most prejudiced observer to attribute these maternal deficiencies to the "higher education of women;" and it is a little singular that we are so often treated to a bald statement of the "higher education" theory, without any facts being adduced by which to prove it. The diminishing and vanishing native family is a fact, but a fact which must be accounted for in some other way than the one proposed.

In turning elsewhere for an explanation, we will leave out of our present discussion those men — and their name is legion — who have brought to their wedded lives only the remnant of a vitiated or shattered constitution, or those in whom the instinct of fatherhood seems to be so nearly wanting that they are not willing to make any of the sacrifices incident to the rearing of a family; and will consider the question solely from conditions which obtain with the other sex.

Here the two great primary causes are, — 1. Physical disability. 2. Disinclination to bear and rear children. We will briefly consider these in their order, though their order could well be reversed if in that lay any indication of their relative importance.

There is something almost ludicrous in the spectacle of a physician, educated, and professedly observing, passing over without a word all the death-dealing follies which are making invalids of tens of thousands of women all about him, while he lifts his voice in dismal croaking over the awful prospect which looms before his jaundiced vision, of a time when more women shall be educated. Forgetting all else, he might have spared one thought for that doomed multitude, shut off forever from honorable motherhood, gone to dire destruction, because untrained in any thing which would insure to them a self-respecting independence.

Just what is meant by the term "being trained for motherhood," or why this training should be designated as "one of the two great channels of expenditure of physiological force," I find myself unable to understand. But it may safely be asserted, that *any* training which exhausts without more than correspondingly strengthening a part, no matter where applied, or for what purpose, should straightway be condemned. The "competition" and the "terrible strain" theories seem to me to have but little foundation. In my university life, I saw nothing to confirm them. The work was pleasant and inspiring, and I am sure I can safely say that, for the most part, we enjoyed it. We did not trouble ourselves about the relative weight of our brains, and



as in the district school or the high school, so here, it mattered little whether it was Jane or John who stood best; and it was quite as likely to be Jane as John.

As I recall the animated faces, the healthy bloom, and high spirits of the young women, I fail to find any ground for the assumption that their work was in any sense done at the expense of their vitality. On the contrary, I know that in many cases there was decided improvement in health from the beginning to the end of the course.

All this much-talked-of "physiological expenditure" is a myth. The intellect is quickened and strengthened by proper use, not at the expense of any other organ, but in and for itself. It is with this as with the muscles: strength comes with use. The fault has lain, not in the training of one set of organs, but in the neglect of others. The balance of health has thus been lost, and all parts have suffered in unison. To correct this, to establish a harmonious development of mind and body, is what true higher education aims to accomplish; and in doing this, it is striking at the very root of woman's disabilities.

Seeing daily, as I do, young women in college in far better health than young women in society, or living in pampered idleness at home; seeing them healthier as seniors than they were as freshmen; knowing that my records tell me that they average a smaller number of excuses because of illness, than do those of the men's colleges with which I am able to compare data; and knowing from statistical evidence that women college graduates enjoy a sum total of twenty per cent better health than the average woman, how can I conclude otherwise than that college-work, *per se*, is not injurious to health, nor incompatible with the best good of the sex and the race?<sup>1</sup>

Where is there a physician who does not know of countless numbers of women among the wealthier classes who are beset by all manner of ailments, for no other reason than because they have nothing to do, or rather because they have brought nothing into their lives which called forth the strong motive forces of their natures? The petty, selfish considerations which have dominated them have been too shallow to float them out into the broader channels, and they have become poor, stranded wrecks, with no interests but their aches and pains, no comfort but in the doctor's daily visit. The contemplation of these wasted lives, powers for good gone to rust and decay for lack of use, should make the angels weep. God forgive the man or woman

<sup>1</sup> President Bascom, of the University of Wisconsin, says, on the same point, "The young women do not seem to deteriorate with us in health, but quite the opposite. . . . It has long seemed to me plain that a young woman who withdraws herself from society, and gives herself judiciously to a college course, is far better circumstanced in reference to health than the great majority of her sex."

who would wish to keep alive the baleful thrall of old prejudices and customs, which work such irremediable evil to the human race! John Stuart Mill has said that "there is nothing after disease, indigence, and guilt, so fatal to the pleasurable enjoyment of life as the want of a worthy outlet for the active faculties." He might have added that nothing so tends to promote disease and physical poverty as such a want.

Of the barbarous inflictions of fashion, of the effects of social dissipation upon the impressionable nervous system of a young girl, of the neglect of such exercise as is necessary to her vigorous health, I have no time to speak more fully; but among these are found some of the greatest hinderances to health, some of the most serious obstacles to motherhood.

One of the greatest of living physicians, Sir Spencer Wells, says, "As for the outcry against women taking up men's work, it is breath wasted. For my own part, I think women capable of a great deal more than they have been accustomed to do in times past. If overwork sometimes leads to disease, it is morally more wholesome to work into it than to lounge into it; and if some medical practitioners have observed cases where mental overstrain has led to disease, I cannot deny that I also have, *at long intervals*, seen some such cases. But for every such example, I feel sure that I have seen at least twenty where evils, equally to be deplored, are caused in young women by want of mental occupation, by deficient exercise, too luxurious living, and too much amusement."

That a strong disinclination to bear children is manifested by many American women, no one can deny; and the rich, even more than the poor, seem averse to giving themselves to the cares and deprivations incident to the rearing of a family. These women are ready and willing to marry, but they have no intention of burdening themselves with the laudable results of matrimony.

Women with one or two children, wealthy, living in palatial residences, will tell you that they cannot *afford* to have more children; also, that they are quite worn out with their present cares, and that to have a large family would *break them down completely*; so by their manifold arts, all tending to thwart the divine laws of their being, coupled with the selfishness and inanity of their lives, they succeed in bringing themselves to a state of physical disability which one of our prolific great-grandmothers would have been horrified to behold!

The root of the whole matter lies in the purposeless drift of every thing which has been wont to enter into a woman's training. She has been made to feel that "woman should be protected from the rude battle of life, by the work and labor of

man," and these women have boiled down the sentiment into a selfish disregard of every obligation which they owe to the world. They most decidedly approve of all the limitations to "woman's sphere." They marry because they want to be taken care of, and their estimate of the value of life lies in the getting of the greatest amount of creature comfort with the least possible personal outlay; so "Bacon, for want of a mother, is not born." Not, however, because "the woman who should have been his mother is a distinguished collegian," but because she will have none of him; and his unwelcome existence is cut short, long before it is time for him to appear upon this mundane sphere.

The poor woman has the same aversion to having a family that the rich one has, and for much the same reasons. Trouble and expense are to be avoided; and, worse than all, it is unfashionable to have a large family. I well remember hearing in my childhood a healthy young married woman held up to ridicule, because she had so many children. Strange to say, her husband was commiserated in the same breath as a much-afflicted individual! At length, in an evil hour, the poor wife listened to an evil counsellor, and the handsome, rosy-cheeked woman was from that time only a sallow, sad-eyed wreck of her former self. But she was no longer a target for the idle jests of her neighbors; the cradle was empty, and ever after remained so.

This is the kind of sentiment which openly or covertly prevails with us, and this is the Moloch to which are being sacrificed, not only the health of so many of our women, but the lives of unborn millions who should stand crowned the sons and daughters of our glorious land.

It is in the higher, broader education of women, that our hope for the future lies. The alarmists, who cry that women will not marry if educated, know full well that they are firing blank cartridges into empty space. There will always be plenty of women with brains, and plenty also without brains, from whom to choose, so that no man need go without a wife. If he prefers one who has a knowledge of Greek verbs stowed away somewhere in the neighborhood of an adorable pair of eyes, so much the better for him; for no amount of education will ever prevent a woman from marrying the man of her heart when he appears; and her education will be the best surety of her marriage resulting in all that which a true marriage should bring.

I do not mean to say that every girl should have a college education. What I do mean is, that the colleges are becoming centres for the training of girls to more healthful ways of living, both mental and physical; and the only thing to do for women of the wealthier classes, to lift them out of the ruts of idleness and destructive obedience to fashion's vagaries, is to educate



them, and give them broader interests, and a mental grasp of the value of life because of its obligations to other lives.

Men and women must ever be one in every interest which affects the public good. It is difficult to see how even individual welfare can be made distinct. Women with low ideals, selfish, and untrained; women with feeble, undeveloped physiques, as well as women whose high moral and intellectual worth is enhanced by bodily perfections — all have an influence that puts its stamp upon the household of which each forms a part. And to “train a girl for motherhood” can be done in no better way, than by building her from day to day upon the noblest plan which the grand and growing facilities of our time have made possible to us.

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#### *WOMEN IN MEDICINE.*

[“Women shall not be admitted to Medical Practice.” Extracts from a thesis by Dr. FELIX SKUTSCH, presented to the medical faculty at Jena, and opposed by Dr. AUGUST A. KLEIN of Boston.]

THE following statements were made by Dr. Skutsch, in his thesis that women should not be admitted to medical practice in Germany:—

1. Women are not strong enough to endure the hardships of the medical profession. The physician is liable to be called at any time, be it rain or sunshine, day or night; he has no time to himself; many times he does not get out of his clothes for two or three days, and sometimes longer, which requires great physical force; and this, women do not possess.

2. Their construction makes them unfit, especially during menstruation; it is injurious to themselves and others, to attend patients with infectious diseases, or be exposed to hardships, while menstruating.

3. The great amount of study required, to become a physician, the continuous mental strain, is hurtful to the development of women, and makes them unfit to become mothers. Their nerve-power is exhausted; they will become nervous and break down before they reach the average age, as is shown in countries where they have been admitted to practice.

4. It is not in the interest of the state, to admit women to the medical profession, as it is more important that women shall become mothers, good householders, and bear healthy children, than to overfill the country with physicians, of which there are already five thousand too many.

5. Women are wholly unfit to be gynecologists; their sympathy with their own sex would cause them to shrink from using the more firm interference when needed, and thus they would do more harm than good by their well-meant sympathy.

6. It will lead to immorality, when men and women attend the same medical and surgical clinics. And at some places where women are admitted, there is no question of the bad influence it has on them. At a certain medical school, the women students have their own clubs; they will drink, smoke, and carry on just like men; they have their uniforms, and perhaps sit up late at night as male students often do. This makes them unfit to become wives; and if married, they become unhappy, and cause unhappiness all about them.

Dr. August A. Klein of Boston, who performed the duties of second assistant at the clinic of Professor Kuhnt, at the Ophthalmic Hospital at Jena, being present at the discussion of the above thesis, opposed it by saying: My personal acquaintance with a great many lady physicians entitles me to say a few words in their defence; and I hope you will pardon me if I, as a foreigner, take the liberty to oppose your thesis.

Your statement, that women do not have physical strength to bear the burdens of a physician, is contrary to what experience has taught. The endurance of women as nurses in time of peace or war has amply shown their ability to bear any amount of strain. And often, when men come home tired from a day's work, they will be so tired that they are unable to sit up at night. Many women who have worked all day will sit up night after night with their sick children or sick husband; and often nurses do not get any rest for weeks.

In regard to their construction, especially relating to menstruation, it certainly also holds good for nurses and midwives; if women doctors are not fit to attend the sick, or be called out, during their menstruation, why should nurses and midwives be considered capable of doing so?

The great strain on the nervous system by continuous study, such as is required to become a physician, is no more of a strain than any other study; for instance, that required of an actress, a sculptress, or any other student. Many young ladies study until they are eighteen or twenty years of age, in boarding-schools, and the strain on their nervous system by attending balls and parties is often far greater than that of the study of medicine would be.

In comparison with male physicians, as to their breaking down before reaching a proper average age, I think the favorable balance is on the side of the female doctors.

As to its not being in the interest of the state to have women admitted to practise medicine, I think the contrary. I think a woman can take far better care of her children and of herself, if she has a medical education; and many diseases can be better

checked at the beginning by a woman who understands anatomy, physiology, and chemistry, than by one who only knows how to cook a good meal. Many mishaps also could be warded off, if women knew the construction of the generative organs. The influence of women doctors in spreading such knowledge amongst their sex cannot be over-estimated. And as to overcrowding the state, men should not be so selfish as to exclude women from the practice of medicine on that account, even if there should be a doctor to every family.

That women should be unfit to attend women in sickness, I do not see. If you permit uneducated peasant-women to attend your mothers, sisters, or wives in confinement, why should a well-educated lady doctor not be competent to attend to diseases of her own sex? I think their sympathies will not hinder them from doing their duty; and a little sympathy is often very pleasing to the patient.

As to the immorality it will cause by admitting both sexes to the same clinics, I, for my part, have never seen any. And if ladies choose to amuse themselves, why should they not have the same privilege as men? If a man who sits up all night drinking and smoking is capable of becoming a father, why should not a woman become a mother under the same circumstances?

After some more discussion by Dr. Skutsch, the Dean closed the proceedings; and thus ended another effort to uphold the principle of our school, to admit women on equal terms to the practice of medicine.

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#### REVIEWS AND NOTICES OF BOOKS.

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TAKING COLD (THE CAUSE OF HALF OUR DISEASES). By John W. Hayward, M.D., M.R.C.S., L.S.A. London: E. Gould & Son, 1887. pp. 186.

This excellent little work by our much-esteemed colleague has reached its seventh edition. The popularity thus indicated is well deserved, and doubtless has not yet reached its zenith. Physicians would do well to recommend the book to their patients, with the suggestion that it be occasionally loaned to friends unacquainted with homœopathy, that these, while learning much about the nature, causes, and serious effects of "colds," may also learn how these may be prevented, and how cured "speedily, safely, and permanently;" thus preventing serious results to the best welfare of the patient in body and in pocket.



THE NURSING AND CARE OF THE NERVOUS AND THE INSANE.  
By Charles K. Mills, M.D. Philadelphia: J. B. Lippincott  
Company, 1887. pp. 147.

This little book consists of four chapters, in the first of which are considered some of the personal qualifications of nurses for nervous invalids, and certain miscellaneous matters connected with the nursing of such cases; the second chapter treats of massage, movements, bathing, etc.; in the third, electricity is discussed, and directions are given for the working and care of batteries; the dangers of this powerful agent are pointed out, and the moral of the chapter is, that non-professionals are not to use the battery, except under explicit directions from the physician in charge of the case. A probable typographical error is found on p. 85, second line from top, where  $s'''$  should be  $s'$ : otherwise the text is unintelligible. The concluding chapter is devoted to the care and nursing of the insane. The book is well worthy its place in the excellent series of "Practical Lessons in Nursing," and will, like its fellows of the series, doubtless accomplish useful and needed work.

THE PRACTITIONER'S HANDBOOK OF TREATMENT; OR, THE PRINCIPLES OF THERAPEUTICS. By J. Milner Fothergill, M.D. Third American, from the third English edition. Philadelphia: Lea Brothers & Co., 1887. pp. 660.

Although this work differs widely in arrangement and scope from the ordinary text-books of medicine, it cannot be considered, for practical purposes, in the least inferior in usefulness, or merely supplementary to them. It has a field distinctly its own, and that a highly important one. In the words of the author, it "is a work on medical tactics for the bedside, rather than the examination-table." Its design is to furnish the practitioner "reasons for the faith that is in him;" to elucidate and analyze the *modus operandi* of measures in common use; to explain the rationale of "orthodox" therapeutic methods. Physiological knowledge is used as a working basis, though the pathology of each subject, as far as it bears upon treatment, is reviewed; the action of remedies, of sialagogues, stomachics, tonics, hæmatics, purgatives, alteratives, antipyretics, depressants, narcotics, astringents, sedatives, cathartics, diaphoretics, anhydrotics, diuretics, expectorants, etc., is examined, and their application according to the light of experience or of "rational" principles is discussed. When, in a given malady, to give one remedy or another, or a combination of remedies; when to select the remedy from one or another class; how to combine remedies in proper proportions; how "to apply remedial agents intelligently and success-

fully," — these things the book teaches, from its own standpoint, in a lucid and satisfactory manner. By way of aiding the young practitioner, typical prescriptions are furnished in connection with the treatment of the different maladies considered.

Dr. Fothergill insists upon the importance of a comprehensive "genuine" diagnosis,—a thorough understanding of the patient's constitution and its tendencies, as well as "the mere physical diagnosis" of the existing trouble.

It is not necessary to agree with the distinguished author in such statements as that the use of an aperient pill at bedtime "might with advantage obtain still more largely," in order to fully appreciate the most excellent chapters on "Public and Private Hygiene," "Food in Health and Ill Health," "The Dietary in Acute Disease and in Mal-assimilation," "The Management of Convalescence," and the many other practical and useful hints on diet, climate, etc., frequently found in the book.

The author's graceful literary style adds to the pleasure afforded by the reading of this work, and his reputation and experience as a successful and eminent practitioner and author add to the value of his recommendations.

The publishers' presentation of the work is every thing desirable. Price in cloth, \$3.75; in leather, \$4.75.

A PRACTICAL TREATISE ON OBSTETRICS. Vols. II. and III. (4 vols.) By A. Charpentier, M.D., Paris. Illustrated with lithographic plates and wood-engravings. These are also Vols. II. and III. of the "Cyclopædia of Obstetrics and Gynecology" (12 vols.), issued monthly during 1887. Price of the set, \$16.50. New York: William Wood & Co.

Volume II. of this very interesting work is devoted to a consideration of the pathology of pregnancy. Chapter i. is devoted to diseases not dependent upon the gravid condition, such as epidemic, eruptive, and sporadic diseases; chapter ii., to the many lesions and functional disturbances dependent upon or found in connection with pregnancy; chapters iii. and iv., to diseases of the ovum and fœtus; chapter v., to miscarriage; and, to conclude the volume, chapter vi. discusses extra-uterine pregnancy. The volume is a worthy successor to the first, being marked by the same characteristic of thoroughness. As in the first volume, additions of value have been made by the editor, who has been able to bring the work completely up to date, and has also, by annotations, been able to give expression to the views held by American obstetricians. For instance, the author makes unfavorable mention of Copeman's method of dilatation of the cervix in obstinate cases of vomiting, while the editor refers to the successes reported by obstetricians in this country.

Again, the original work omits all mention of the simple and effective method of replacing the retroverted, flexed uterus by having the patient assume the knee-chest position ; an omission which the editor supplies. Other instances need not be mentioned to illustrate the thoroughness and ability brought by the editor to his congenial task.

Volume III. deals with the pathology of labor, chapter i. being devoted to maternal dystocia from all causes ; chapter ii., to dystocia due to the fœtus. These chapters, covering three hundred and thirty-five pages, will be found instructive as well as entertaining reading. A short chapter on "Ergot and its Uses" (the editorial annotations being of special usefulness) concludes the volume. The illustrations on p. 122, through some error, retain the numbers given them in their original source, and differ materially from the numbers given them in the description found on p. 123, and referred to elsewhere.

Careful reading leaves no room for doubt as to the substantial value of this work.

A COMPEND OF ELECTRICITY, AND ITS MEDICAL AND SURGICAL USES. By Charles F. Mason, M.D., Assistant Surgeon U.S.A. Philadelphia : P. Blakiston, Son & Co., 1887. pp. 108.

This little book presents to the reader such an array of selected and classified facts and principles in relation to electricity as give a clear outline of the uses and possibilities of this "important and so illy-understood branch of therapeutics." It may serve as an introduction to, and a stimulus to further study of, the subject. In this little volume are considered the principles of electro-physics, the forms of electrical apparatus for medical and surgical use, electro-physiology, electro-diagnosis, electro-therapeutics, and electricity in surgery. It forms No. 3 of the series of "Medical Briefs" published by P. Blakiston, Son & Co. Our only criticism would be, that in it the virtue of brevity is, perhaps, carried to something of an extreme. An introduction is furnished by Charles H. May, M.D.

HOT WATER AND BEEF PLANS IN CHRONIC DISEASES. By Ephraim Cutter, M.D. New York : W. A. Kellogg.

This small volume presents two essays, one on "The Therapeutical Drinking of Hot Water," — written in 1883, — in which the origin, usefulness, and methods of use of this treatment are dealt with ; the other essay, on the "Origin of the Salisbury Plans of Diet in Chronic Diseases, with Directions for preparing Beef Pulp," — written in 1886, — is designed to show the rise and progress of this method of alimentation, and to place the



credit of its origin where it belongs, viz., with Dr. J. H. Salisbury, whose studies of camp diarrhoea, chiefly during the civil war, led to a series of carefully conducted experiments in diet with the result of the introduction of, first, unchopped beef, and later, chopped broiled beef, into the dietary for chronic diseases. Directions for chopping and broiling, description of methods, machines for chopping, stoves, etc., are given by Dr. Cutter. Dr. Cutter's idea seems to be, not only to establish Dr. Salisbury's claim to priority in the use and introduction of hot water and broiled-beef pulp into dietetics, but to call the attention of the profession to what he believes may prove a useful aid in the treatment of many chronic and serious diseases.

A COMPEND OF OBSTETRICS. By Henry G. Landis, A.M., M.D. Third edition, thoroughly revised, with new illustrations. Philadelphia: P. Blakiston, Son & Co., 1887. pp. 118.

A COMPEND OF SURGERY. By Orville Horwitz, B.S., M.D. Third edition, thoroughly revised, enlarged and improved, with ninety-one illustrations. Philadelphia: P. Blakiston, Son & Co., 1887. pp. 210.

That these quiz-compendes have a decided field of usefulness, is attested — if, indeed, testimony were needed — by the fact that the two under consideration have reached their third edition, the first having been issued only about three years ago. By their use a student or physician can quickly satisfy himself whether or no he is thoroughly “up” on a given subject, and on what points his knowledge is particularly defective. By their use, also, the student is enabled to give clear and concise answers to questions that may be asked him, instead of wandering aimlessly about in rhetorical ambiguities. Such books naturally are not intended to replace systematic text-books; they present merely the outline or the skeleton of a subject, which, by itself, would prove of little service; but the brief outlines given prove valuable means of recalling to mind the fuller and more complete teachings on the subject derived from previous lectures or other sources.

The books are finely printed, and serviceably bound.

PRACTICAL CHEIROSOPIHY. By Edward Heron-Allen. New York and London: G. P. Putnam's Sons, 1887. 125 pp.

This little book would be found a congenial companion in that late evening hour when one's practical beliefs and convictions begin to drowse, and the mystical ceases to seem the impossible. Mr. Heron-Allen, whose fame in connection with hand-reading is now nearly as wide-spread in America as in England, here summarizes the lectures on that new-born — or must we

say new-interpreted? — science which he delivered to American audiences in 1886–87. Under his teaching we find hand-reading quite as interesting a study as physiognomy, and one whose possibilities of revelation to us of the characters, actual and potential, of our fellow-creatures and ourselves, will repay experimentation; if not in usefulness, then in quaint and original amusement.

AN exceedingly important announcement is made by Messrs. Lea Bros. & Co., of a work now in press, whose first volume is promised early in July. This work is *THE AMERICAN SYSTEMS OF GYNECOLOGY AND OBSTETRICS*, to be edited by Matthew D. Mann, A.M., M.D., and which is to number among its contributors such names as Drs. Egbert H. Grandin, Paul F. Mundé, William T. Lusk, William Goodell, George J. Engelmann, For-dyce Barker, Theophilus Parvin, J. Lewis Smith, and many others no less distinguished. The various departments of obstetrics and gynecology are to be treated in separate monographs, each complete in itself, and giving all that is latest and soundest on its individual theme. Such a work can need no heralding beyond the mere announcement of its appearance. It will be published in four volumes, and sold, by subscription only, at from five to seven dollars a volume, according to style of binding.

*THE CENTURY* for May deals in the life of Lincoln, with the days of border conflicts; the “war papers” tell the story of the campaign for Chattanooga; Octave Thanet has a very touching story of Southern life; Lieut. Schwatka gives an interesting sketch of the Apaches; and many essays and poems enrich and complete the issue. New York: The Century Company.

*THE POPULAR SCIENCE MONTHLY* for May has a suggestive paper on “The Influence of Snow-Masses on Climate,” by M. A. J. Woikoff; F. E. White, M.D., treats of “Hygiene as a Basis of Morals;” John Burroughs, from a materialistic standpoint, discusses “The Natural and the Supernatural;” and the full contributions, to the number of twenty, offer a varied feast. New York: D. Appleton & Co.

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#### *BOOKS AND PAMPHLETS RECEIVED.*

A *TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS*. By Professor Ernst Ziegler. Translated and edited by Donald Macalister, M.A., M.D. New York: William Wood & Co.

*MEDICAL ELECTRICITY: A PRACTICAL TREATISE ON THE APPLICATIONS OF ELECTRICITY TO MEDICINE AND SURGERY*. By Roberts Bartholow, A.M., M.D., LL.D. Philadelphia: Lea Brothers & Co.

- A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, A.M., M.D., LL.D. Philadelphia: Lea Brothers & Co.
- PRACTICAL LESSONS IN NURSING: MATERNITY, INFANCY, CHILDHOOD. By John M. Keating, M.D. Philadelphia: J. B. Lippincott Company.
- EARTH AS A TOPICAL APPLICATION IN SURGERY. By Addinell Hewson, M.D. Philadelphia: The Medical Register Co.
- A STATISTICAL CONTRIBUTION, AND A COMPARISON OF METHODS IN THE TREATMENT OF TUBERCULOSIS OF THE JOINTS. Reprint from the New England Medical Monthly.

"GOOD-MORNING, children," said a physician as he met three or four little children on their way to school. "How do you do this morning?"

"We darn't tell you," replied the oldest of the crowd, a boy of eight.

"Dare not tell me," exclaimed the doctor, "and why not?"

"'Cause papa says that it cost him fifty dollars last year to have you come in and ask how we were." — *Medical Record.*

### PERSONAL AND NEWS ITEMS.

THE commencement exercises of the New-York Homœopathic Medical College were held in Chickering Hall on the afternoon of Thursday, April 14. The exercises were interesting throughout, being not too long to be tiresome, and yet long enough to show the excellent work which the college is doing, and the high grade of scholarship which it aims to maintain. Professor T. F. Allen, the dean of the faculty, in his introductory address, briefly reviewed the work of the year, and then announced to the audience the pleasing fact that two citizens of New York had already promised him \$25,000 each for a new college building and free hospital, and that other donations would swell the fund to \$100,000, with many friends of homœopathy yet to hear from. The degree of M.D. was then conferred by Hon. Salem H. Wales, president of the Board of Trustees. The graduating class numbered forty-six, having entered upon the year with fifty-three. Professor St. Clair Smith, president of the faculty, presented the senior prizes for the best averages throughout the entire course. The first faculty prize, a \$100 microscope, was awarded to E. D. Fitch of Worcester, Mass.; and the second prize, a \$50 microscope, to James Crooks, jun., of Paterson, N.J. The honor men were B. W. Stilwell, J. J. Russell, W. W. Johnson, R. P. Fay, and S. I. Jacobus. The Wales prize, a Helmuth pocket-case, for the highest average in all the junior and middle studies, was awarded to F. W. Hamlin of the middle class. The class valedictory by George B. Best concluded the exercises of the afternoon. The annual alumni dinner at Delmonico's occupied the evening. Dr. Selden H. Talcott of Middletown was the toastmaster, and proved as usual the right man in the right place. Toasts were happily responded to by Dr. Fisk of Brooklyn, Elihu Root, Dr. Dowling, and Rev. Dr. McArthur. Dr. Helmuth read one of his inimitable poems, and B. W. Stilwell spoke for the new graduates. A handsome subscription from the alumni and faculty, for the building fund, was a prominent feature of the occasion.

L. L. DANFORTH, M.D., *Secretary.*

THE annual meeting of the Alumni Association of the Hahnemann Medical College of Philadelphia was held on Thursday evening, April 7, 1887, at the new college building. There was a very large attendance, and a lively interest was exhibited in the association, which augurs favorably for its future success.

One hundred names were proposed for membership, and all were duly elected. The present number on the roll of the association is four hundred and forty.



The annual election for officers resulted as follows: President, Professor John W. Dowling, M.D., '57, New York; Vice-Presidents, J. C. Budlong, M.D., '63; J. F. Cooper, M.D., '53; H. Noah Martin, M.D., '65; Permanent Secretary, W. W. Van Baum, M.D., '80; Provisional Secretary, C. Bartlett, M.D., '79; Treasurer, W. H. Bigler, M.D., '71; Executive Committee, J. K. Lee, M.D., '51, Samuel Starr, M.D., '69, Joseph C. Guernsey, M.D., '72.

At the conclusion of its business meeting the association adjourned to Alumni Hall for supper, where it received and entertained the graduating class of '87.

The association hopes before its next annual meeting to receive at least two hundred applications for membership; also that every alumnus will make a special point of being present at the yearly meetings.

In behalf of the Executive Committee.

W. W. VAN BAUM, M.D., *Secretary.*

LONDONDERRY LITHIA.

THE AMERICAN ANALYST has been investigating lithia waters. In an editorial in its issue of May 15, it gives a history of the Londonderry Lithia Spring, and concludes as follows:—

“Only during the present decade, was it carefully examined in the laboratory, and its exact nature and constituents determined by the analytical chemist. The reason of its action upon the human system was then disclosed, and its wonderful composition made known to the medical and scientific world.

“Its constituents are found to be as follows, per imperial gallon:—

Lithium bi-carbonate . . . . .	13.20
Aluminum sulphate . . . . .	4.80
Magnesium carbonate . . . . .	3.27
Iron carbonate . . . . .	2.60
Calcium bi-carbonate . . . . .	4.28
Sodium chloride . . . . .	1.03
Silicic acid . . . . .	1.50
Organic matter, nitrites, ammonia, etc. . . . .	a trace
	<hr/>
Carbonic acid gas . . . . .	30.68
Atmospheric air . . . . .	75.40
	2.00

“Of the four or five other lithium springs of the United States, the salts of that metal range from a fraction of one per cent, to four per cent,—an amount which in the maximum is but one-quarter as strong as the Londonderry, and in the minimum one-fifty-second as strong.

“In comparing it with a noted European lithia spring, it manifests the same superiority, if not a greater one, as it has over its American rivals.

Lithium carbonate . . . . .	4.01
Aluminium sulphate . . . . .	2.55
Magnesium carbonate . . . . .	5.68
Iron carbonate . . . . .	2.83
Calcium carbonate . . . . .	4.42
Sodium chloride . . . . .	3.50
Magnesium sulphate . . . . .	2.19
Potassium sulphate . . . . .	1.02
Silicic acid . . . . .	1.83
Organic matter . . . . .	traces
	<hr/>
	28.03

“This water is more drastic, but contains only one-third as much lithia. The question naturally arises at this point, What is the effect of lithia when used internally, and what medicinal properties does it possess?

“The different salts of lithia were prominently brought under the notice of the medical profession about thirty years ago, by Dr. Garrod, a French chemist and physician of high standing, who recommended them in cases of uric acid diathesis, connected with gravel, and also in chronic gout and rheumatism. This recommendation was based upon the chemical fact that lithia possesses great affinity for uric acid, and hence, when mixed with urate of soda, it decomposes the latter, and unites with the uric acid, forming a soluble urate of lithia, and leaves the soda free. There are various derangements of the system which produce an excess of uric acid, which, if not eliminated from the blood, causes gouty deposits, gravel, and a long train of symptoms pointing toward the kidneys and bladder as the

seat of the disease. This production of uric acid and its various salts, and their gradual deposition in the kidneys, bladder, and stomach, upon the joints, more especially those of the hands and feet, and within the terminal cells of the locomotor muscles, indicate a serious derangement of the blood and the vital organs, which if not remedied in time, directly or indirectly, will lead to serious if not fatal results. The unhealthful action of uric acid and the urate salts upon the body has been well described by Dr. Dowling of New York City."

FROM AN ARTICLE ON

### THE FEEDING OF INFANTS DEPRIVED OF THE BREAST-MILK.

By J. LEWIS SMITH, *Clinical Professor of Diseases of Children,  
Bellevue Hospital Medical College.*

No physician should recommend a food, as he would not a medicine, without knowing its composition; and the composition of most of the recent dietetic preparations, ending with Carnrick's, has been announced. Carnrick's Food contains a large percentage of the solid constituents of milk, the casein of which has been partially digested so as to resemble the casein of human milk in its behavior under the digestive ferment. The other ingredient is stated to be wheat flour subjected to prolonged baking, so that its starch is to a considerable extent converted into dextrine. This food has the advantage of easy preparation in the nursery, and easy digestion. Used alone it is sufficiently nutritious for the infant. It will probably supersede some of the older foods of the shops. Poor families who cannot afford to use it as the sole food, will, according to my observation, find it useful, made into a thin gruel and employed in diluting the cow's milk with which these infants are fed.

THE eleventh annual session of the Missouri Institute of Homœopathy was held in St. Louis, April 26 and 27. The convention was the largest and most successful in every respect in the history of the Institute. No less than twenty-six papers were read, embracing a variety of practical subjects, and eliciting in discussion an exchange of opinions that was no less instructive than entertaining, and at times exciting. A social reception was tendered the members, on the evening of the 26th, by Dr. J. Martine Kershaw, which added greatly to the enjoyment of the session. Dr. S. B. Parsons of St. Louis was elected President for the ensuing year; Dr. F. F. Cassidy, vice-president; Dr. Moses T. Runnels, secretary; and Dr. L. J. Olmstead, treasurer. The next meeting is to be held at Kansas City.

THE annual meeting of the American Institute of Homœopathy will be held at the Grand Union Hotel, Saratoga Springs, N.Y., on Monday, June 27, and continue until Friday afternoon, July 1.

THE Wisconsin Homœopathic Medical Society will meet at Waukesha, Thursday and Friday, June 23 and 24.

DR. F. E. HALE has located in Gardner, Mass.

DR. PHIL. PORTER has been appointed professor of gynecology in the Pulte Medical College.

DRS. SARAH A. COLBY and ESTHER W. TAYLOR have removed from 17 Hanson Street, to 658 Tremont Street, Boston.

DR. F. W. HALSEY has removed his office from Columbus Avenue to his residence 231 West Newton Street, between Columbus and Huntington Avenues. His office hours are from 8 to 9 A.M., 1 to 3 and 6 to 7.30 P.M.

DR. DARLING has removed from 313 Madison Avenue, to No. 6 East Forty-third Street, between Fifth and Madison Avenues, New York City.

UNTIL further notice, DR. H. K. BENNETT will be at his office No. 165 Boylston Street, Boston, Mondays, Wednesdays, and Saturdays, only from 2.30 to 5 P.M.

By the showing of scientists, and the experience of parents, physicians, and nurses throughout the country, the claims of Mellin's Food have been thoroughly established. It is in the form of a dry powder, the concentration of nourishing properties, consisting entirely of soluble and assimilable matter; the bran, husks, and bulky indigestible portions having been extracted by careful scientific process.

THE  
New-England Medical Gazette.

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EDITORIAL.

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*NOTES ON THE INSTITUTE MEETING.*

THE fortieth annual session of the American Institute of Homœopathy has now, like its predecessors, passed into history. As it is to the experienced and authorized historian we must look for the complete and permanent account of the Institute's annual meeting, we must "possess our souls in patience" until the volume containing this history makes its due and welcome appearance. But while waiting on the dignities of history, the lighter records of journalism may not be unwelcome to readers, many of whom were doubtless unfortunately unable to attend the meeting of the Institute, and not a few of whom, we fear, have the real, though not irremediable, misfortune of non-membership.

The attendance on the late session was, on the whole, excellent; though it cannot but be matter of regret that fewer physicians were present than attended last year. Many familiar faces were sadly conspicuous by their absence; and almost hourly one heard it regretfully remarked that some whose names are inseparably connected with the history of homœopathy, and whose presence is, in itself, an assurance of the social and scientific success of the meeting, were unavoidably detained at home. A place of meeting as easily accessible as Saratoga should have insured the presence of very many more than were actually in



attendance. About four hundred names were registered, but hardly more than half of this number were physicians. That so many members were accompanied by their families, testifies to the pleasant fact that these meetings are regarded as being in no slight degree holiday occasions. All sections of our broad country were represented, there being present physicians from States so widely separated as Maine, Florida, and California. Canada also was not without representation. When one considers the vast territory embraced within the United States, and that the majority of homœopathic physicians are so situated that medical assistance is hard to obtain, and that without such assistance their patients must remain uncared for, at least a week, the fact that about one in fifty of the homœopathic physicians of the United States was present at the meeting, speaks well for the interest felt by all in the prosperity of the Institute.

The necessity of "sectional meetings" was long ago demonstrated. We anticipate no contradiction in saying that the success of "sectional meetings" was equally well demonstrated at the late session. Such abundance of room was provided, that three bureaus could hold session simultaneously and quite without interruption. This feature of sufficient accommodation should be kept in view as of immense importance in making arrangements for future gatherings. There was not the slightest deficiency either in the number or length of the papers presented; so much to the contrary, indeed, that the reading of the papers not infrequently occupied the full time of the session, to the exclusion of that discussion which is so undeniably valuable. This, however, can be remedied in future by adherence to the excellent resolution introduced by the vice-president, "that papers read in general session be limited to fifteen minutes, and that not more than half the time in sectional meeting be occupied by the reading of papers."

The position of the Institute on the question of medical education is satisfactory to a noteworthy degree. The discussions gave evidence of the prevalent sincere desire to maintain the highest attainable standard. Sound preliminary education, and thorough and prolonged courses in medical colleges, were strongly urged. Post-graduate courses were also advocated with no uncertain voice. The necessity of united action on the

part of the profession and the colleges was recognized, and a joint committee of conference was established, said committee to consist of three delegates each from the intercollegiate committee and the committee on medical education, and to report the results of its deliberations to the Institute at its next meeting.

As an illustration of the interest in the prosperity of the Institute manifested by the older members, it may be noted that nine or ten ex-presidents, eighteen seniors, and three of the founders of the organization were present at the opening of the session. There were no more active and earnest participants in all the doings of the Institute than the wearers of the red badges significant of "grave and reverend" seniority. May their numbers, energy and effectiveness never grow less through many and honored years!

No less than eighty-one applicants were elected to membership, many of them experiencing for the first time the pleasure and stimulation born of meeting socially and in scientific session colleagues whose names and deeds are famous.

In the evening devoted to social recreation, the chronic grumbler will find his brilliant opportunity. The most ascetic among the physicians present might well grudge the name of "banquet" to the modest refection of ices and cakes set forth on the occasion thus magnificently characterized; and whether from the depression consequent on this fact, or from the fact that the solid brains present were not duly balanced by light heels, the "mazy," as dear Dick Swiveller says, was not "trodden" with any conspicuous zest.

These few notes, as is evident, are only words by the way. Elsewhere in the present issue we offer a detailed and systematized account of the scientific proceedings of the session.

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*DR. HOUGHTON ON COALITION.*

THE possibilities of a coalition between the old and the new schools of medicine occasionally forms the subject of discussion in private conversation, in society meetings, and in medical literature, there being a limited faction in each school apparently

in favor of such a move. It is also not infrequently urged by an "esteemed contemporary," that the distinctive appellation "homœopathy" be "speedily, safely, and permanently" dropped, and the homœopathist realize the Brahman ideal of bliss, by complete fusion of his individuality with something larger and loftier.

Our purpose, at this time, is not to add our mite of opinion to those, as already expressed, of "many men of many minds," but to call our readers' attention to a brief quotation on this subject from the conclusion of an eloquent address, entitled "The Homœopathic Medical Society of the County of New York. Query: Have the causes which led to its organization ceased to be active?" by our active and well-known colleague, Dr. Henry C. Houghton. The address in full may be found in the May issue of our honored contemporary, the "North American Journal of Homœopathy," and we regret that the crowded state of our own pages prohibits our testifying to our appreciation of the value of the address by reprinting it in its entirety. Our readers, however, can gather from the following quotation, what Dr. Houghton thinks of the blending of the two schools; and, we are sure, will give the words of so candid and earnest a thinker the weight to which they are justly entitled:

"In view of the work that has been done by this society in thirty years, what reply shall be made to those who ask us to abandon our distinctive organization? The 'new code' departure of the allopathic wing of the profession is the result of a demand, voiced in public sentiment, rather than professional conversion. The spirit that has resisted the new-school idea is not dead; it is repressed, but similar in nature, and is manifested whenever it is warmed into temporary activity: if you doubt it, go and study medical legislation at Albany. The old-school society of this city is not ready to reconsider the action which compelled our veteran members to organize this society, that they might have an opportunity to confer with each other without being subjected to ridicule. The standing rule of the old-school society is a menace to free expression of our views. He who enters there must abandon all hope, at least of being listened to with respect, if he advances any statement of therapeutics based upon the truth as held by the members of this society.

"Well did Dunham say, in 1863, 'Now, as in the days of Hahnemann, there is an *antagonism* between the homœopathists and



the old school. The former hold out to the latter what they believe to be that method which has ever been a *desideratum* in medicine. The latter refuse even to examine it, and expel the homœopathists from all associations over which they hold control. We cannot unite with them in any associated labors without ignoring and disavowing what we believe to be the true theory and practice of the all-important part of medical science, — the science of therapeutics. *They will not unite* with us in associated labors for the development of this science.'

"Some one may suggest that physicians who were members of this society have withdrawn, and have been cordially received by the old-school society. The fact I admit; but the terms!!! A virtual admission that they have no belief to guide them in the practice of the healing art; possibly some were not strained by that admission; but we know that others did practice — do now practice — as we do, guided by a law, a principle; yes, a dogma, if one is dogmatic. As to the matter of cordiality, if one can judge from the reports of Dame Rumor, it is like in kind with that manifested in a Modoc council, where the pipe of peace is held out with the right hand, while the tomahawk is grasped under the blanket with the left, and negotiations for peace are mingled with plans for a future massacre.

"I am reminded of the cartoons issued during Greeley's historic campaign, in which Brown always appeared in diminutive contrast, labelled 'Me, too.' We respectfully decline any '*Me, too,*' relation. A stranger may be invited to a friendly game of cards in a miner's cabin, but if the tender-foot insists upon his views of methods, there come a lively time and the possibilities of an autopsy. We respectfully decline. I sympathize with the views of the most liberal men on both sides who desire a union of the profession. No one likes to be under a ban. Principle may interfere with progress of a certain sort, for a time; but good, and only good, can come from faithful adherence to truth. In the mean time, we may rest assured that the transformation will go on. We invite the practitioners of medicine to be students of physiological medicine, to read the books of our best authors, to put our remedies to the test at the bedside, and they will find, what thousands of old-school men have found, that the new methods of practice are true, sure, safe!

"What of the outlook? I am not a prophet, although a seventh son. I cannot say when the two schools will unite; they may be two lines separated by a radicle, always approaching, yet never to meet, at least organically. I can see a possible outlook. When *similia* is admitted to be a law of practice, a truth which any medical man can hold without being subject to contempt; when it is taught in all medical schools, leaving the option

with the student ; when the public hospitals are open for service without discrimination against us ; when remedies prepared according to the '*Fuller*' method are furnished in the hospitals, and can be dispensed, with the guaranty that the test of results shall be clear and untrammelled ; when service in the army and navy is open to us, — then we will abandon our separate organizations, into which our fathers were forced ; and we can then do so without fear, because the truth will demonstrate itself.

“ I can find no more fitting words with which to close than those of Hahnemann, used by Dr. Dunham on a similar occasion. His prophecy has already been partially fulfilled : —

“ ‘ Our art needs no political lever ; no worldly badges of honor in order to become something. Amid all the rank and unsightly weeds that flourish round about it, it grows gradually from a small acorn to a slender tree ; already its lofty summit overtops the rank vegetation around it. Only have patience ! It strikes the more certainly, and in due time it will grow up to a lofty, God’s oak, stretching its great arms, that no longer bend to the storm, far away into all the regions of the earth ; and mankind, who have hitherto been tormented, will be refreshed under its beneficent shadows ’ (*Dudgeon, Lectures, Introduction*). ”

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#### EDITORIAL NOTES AND COMMENTS.

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A LATE UTTERANCE OF DR. LAUDER BRUNTON ON THE SUBJECT OF HOMŒOPATHY has at least the merit of startling novelty ; and to give forth any thing at all novel in the way of old-school comment on the old school’s *bête noir*, shows an originality of mind worthy of wide notice and cordial praise. Through the pages of our much-esteemed contemporary, the “*Homœopathic Review*,” we hear that Dr. Brunton, in the third edition of his work on “*Therapeutics, Pharmacology, and Materia Medica*,” incidentally remarks, — raising the suggestion, it may be, as a sort of precautionary umbrella against the anticipated rain of comment on his recommendations of remedies long recommended for similar cases by homœopaths, — that “ the mere fact that a drug in small doses will cure a disease exhibiting symptoms similar to those produced by a large dose of the drug, does not constitute it a homœopathic medicine ” !! Shades of the newspaper editors who, from time immemorial, have in-

structed war-worn veterans in what constitutes the art of warfare! Shades of the landsmen who, from time immemorial, have "given points" on navigation to famous captains and admirals! Wholly worthy to join your goodly fellowship is this nineteenth-century allopathic teacher, who, modestly laying no claim to the utterance of any thing remarkable, in a single sentence informs the medical world that homœopathy has not, nor ever has had, a right to the name it has borne and honored for a hundred years: since the "mere fact" which Dr. Brunton sets forth with an exactness of phrase which no homœopathist, defining homœopathy, could improve upon, gives a medicine no claim at all to rank as homœopathic.

One's mind grows dizzy before the magnitude of the questions which logic must deduce from this latest *ultimatum* of our ancient adversaries. If it be true that a medicine prescribed after the rule indicated by Dr. Brunton is not a homœopathic medicine, and to thus prescribe medicines is quite regular, and, as Mr. Weller would say, a "werry capital" method of practice, why, in the name of justice, ostracise the homœopathist, whose distinctive and openly avowed method of practice this has been, lo, these many years? If to practice thus does not constitute a man a homœopathist, then — since on nothing else rests any man's claim to be a homœopathist — are we no longer that accursed thing, but "regulars" of the regular, and entitled, like our brother regulars, to win individual and everlasting glory by "discovering" the efficacy of the medicines chronicled by Samuel Hahnemann as efficacious, in books no "regular" may dare to read. There is but one point on which we are still tremulous. Will Dr. Brunton, drawing on his stores of affirmative wisdom, as late on his stores of wisdom negative, inform us what DOES constitute a medicine "homœopathic"?

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THE OUTCOME OF THE CONTROVERSY AT THE MARGARET-ST. INFIRMARY, LONDON, between the "champions of intolerance" and the champions of liberty of medical opinion, has declared itself, we rejoice to chronicle, as a victory for the latter. As the readers of the April GAZETTE may remember, this controversy turned



on the efforts of certain "regular" physicians on the infirmary staff, to ostracise and banish from its service certain other physicians of education and social and professional standing equal to their own, for the sole reason that the latter gentlemen practised, and openly acknowledged that they did so, according to the law of *similia*. These efforts having, thanks to the courage and fair-mindedness of the board of governors, signally failed, the seven "regulars," in a rash moment of wrath, sent in their resignations, which were promptly and courteously accepted. There, at the time of our comment upon it, two months ago, the matter rested. We now have the pleasure of reporting that the places of the "resigned" seven—"resigned," by this time, let us hope, in all senses of the word!—have been filled by qualified physicians; that as at present constituted, the medical board numbers more homœopathists than ever before; and, what is quite as much in the interests of true medical ethics, numbers among its allopathic members, only gentlemen tacitly pledged to the support of liberty of medical opinion. The inglorious aim of the champions of intolerance has been ingloriously missed. As to the methods employed by them to achieve that aim, Dr. Dudgeon, in a recent speech at the Hahnemann dinner of the British Homœopathic Society, humorously said:<sup>1</sup>—

"In this endeavor to stifle freedom of opinion, their opponents in the infirmary had looked across St. George's Channel for a plan of campaign, but, after the manner of allopaths, they had employed a mixture of two plans. Thus they had practised boycotting, intimidation—for they sent to the governors a circular, threatening that if their motion for expelling their homœopathic colleagues was not adopted, they would all resign; they also endeavored to practise mutilation of the medicinal resources of the infirmary by cutting off the supply of homœopathic medicines in the dispensary; but they had, besides, endeavored to evict the legitimate tenants of the infirmary, Drs. Jagielski and Marsh. This mixture, like most allopathic mixtures, did not succeed in effecting the object desired."

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IN London there is a temperance hospital, from which all alcoholic medicines are excluded, "without incurring any risk or delay in recovery, and with advantage rather than detriment." The death rate from the first establishment of the hospital has been but six per cent, — a rate far below that of other hospitals. Of more than three hundred surgical cases, which are generally supposed to especially demand alcohol, not a single one proved fatal without it. — *Medical Times*.

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<sup>1</sup> The Monthly Homœopathic Review, May, 1887.

## COMMUNICATIONS.

## ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., B.C.L., MONTREAL, CANADA.

[Continued.]

DR. S. K. BECKWITH of Cleveland, O., reports the following case in the Transactions of the American Institute of Homœopathy for 1881:—

“March 22, 1880, I removed an ovarian tumor from a lady of as good health as the average of such patients. During the operation a portion of the fluid from the tumor fell upon the clothing of my right ankle and leg. As I had the day previous abraded the surface of that portion of the limb, I felt anxious as to the result, and took the precaution to apply a solution of *carbolic acid* to the wounded part. I felt no inconvenience from the accident (the abrasion soon healed) until April 9, when I was taken with a sudden and severe chill, lasting for five hours, followed by active fever and delirium. The first thirty hours of my attack, I was entirely unconscious. When I came to partial consciousness I found my attending physician in great alarm, who informed me that I had putrid erysipelas of the right leg, and it was extending rapidly towards the body. He had summoned absent members of my family home, and was expecting momentarily an experienced surgeon in consultation. On his arrival he inquired if I had been bitten by any venomous animal, stating that the limb appeared to him similar in appearance to one suffering from the poison of the rattlesnake. As soon as I related the accident I have mentioned, both physician and surgeon were ready to inform me that I was fatally poisoned. The limb became enormous in size; the inflammation and swelling reached the thigh in a few hours. At the point of inoculation, active caustics were applied, and deep sloughs occurred. Free discharge of bloody, putrid pus oozed from the walls of the slough. For several days there was no increase of swelling or extension of inflammation. It seemed as if the disease were being controlled by the discharge.

“During this time the constitutional symptoms were not very severe. Occasional chills and fever, followed by cold sweat, loss of appetite, general prostration, inability to sleep, frequent attacks of nausea, feeble circulation, depression of the nervous system, temperature  $103^{\circ}$  to  $104^{\circ}$ , inaptitude of the mind: this makes up a fair picture of the case.

“The tenth day the swelling increased rapidly, and approached the abdomen. The whole limb was more actively inflamed; a severe chill occurred; the pulse-rate increased from 110 to 125 beats per minute. The body was frequently covered with cold, clammy, offensive perspiration. The mouth was dry, tongue parched.

“On the eleventh day free and deep incisions were made in the upper portion of the thigh. At this time there was an increase in the severity of all the symptoms, and for three or four days local treatment was abandoned. The muscles of the face became stiff and partially rigid; articulation was difficult, and to me it was very evident that trismus was near at hand.

“Deep cuts were made about the hip until at last a large clot of blood intermingled with pus was found behind the joint. After its removal the tetanic symptoms subsided, the limb began to regain its color and natural

shape; the severe constitutional symptoms abated. But in a week swellings occurred in the cellular tissue of the abdomen, along the course of Poupart's ligament, metastatic abscesses formed in the axilla and groin of the opposite side. Incisions were made along the semilunar lines of the belly on the affected side, and pus was found infiltrated in the tissues. It now seemed impossible (so said the surgeon) for recovery to take place; and while I have but little remembrance of any thing save severe pain, great weakness, and a constant desire to end my distress, I verily believe, had not arsenicum iodidum and crotales been administered, I would not have recovered."

At a meeting of the Central New-York Homœopathic Medical Society, in the year 1874, Dr. Young reported a case of scrofula, patient a girl of five years, cervical glands greatly enlarged, cured by arsenicum iodidum 3d; and at a meeting of the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties, Pennsylvania, in the year 1872, Dr. W. M. Williamson stated that in his experience, for enlargement of large glands, with heaviness, as if pus were forming, the *arsenicum iodidum* was very useful.

Dr. Hale thinks that marasmus ought to be cured by this preparation more speedily than by iodine or arsenic alone.

Dr. C. Fessenden Nichols, formerly of Honolulu, Sandwich Islands, but now of Boston, Mass., seems to have been the first to suggest the use of this remedy in syphilis. Writing to the "Hahnemannian Monthly," vol. vii. (1871), he gives the following indications: —

"In secondary and tertiary syphilis, arsenicum iodidum 2x relieves the following symptoms, especially when a good deal of mercury has been taken: caries of the nasal bones with offensive coryza (two cases); pains in thighs and knees, worse from heat (two cases); worse from motion (numerous cases); relieved by heat (four cases); worse at night (numerous cases); worse when stiff (many cases); pain in nodes on tibiæ (one case); nodes on head and tibiæ diminished in size after ars. iod. (two cases). Many syphilitic eruptions on the head, trunk, and limbs (also congenital) removed, with general improvement in appetite and strength."

Dr. W. M. Williamson of Philadelphia writes that "in buboes he has found it very beneficial."

In THE NEW-ENGLAND MEDICAL GAZETTE for April, 1873, Dr. Nichols reports the following interesting cases: —

"*Syphilis and Leprosy.*— In the 'Hahn. Monthly' for October, 1871, I spoke of *ars. iod.*, which gave no permanent relief to five subjects called leprosy by the Island physicians, but proved useful in eruptions, etc., which seemed to be merely syphilitic.

"I. A native woman, æt. 25, says she has been diseased ten years; has scars on both legs, which she says occasionally open and discharge. She lives in a damp house, — her bed a few mats on the earth floor. Has taken mercury.

"Feb. 23, 1871. — In both hips darting, burning, heavy pains, on lying down at night, from motion, in rainy weather; flushes of heat, then chilly;



micturition frequent at night; sleeps little; constipation; vomits often; has no appetite. On os uteri are two small, soft ulcers, with irregular edges, depressed centres, yellow pus, and points of blood. *Ars. jod.* 2 dec.

"March 30. — A sore throat, intensely red, with ulcers on the palate; *ars. jod.* has relieved the pain in thighs, which returns whenever she discontinues the medicine. To take *merc. prot.* 2 dec.

"April 3. — Throat no better, and pain in hips has returned. *Ars. jod.* 2 dec. Apr. 5, *puls.* 3 dec.

"April 11. — Pain has left the hips; it is violent in the left leg, at night, when cold, from motion; the ankles swell. A fine, papular eruption, 'like one ten years ago;' burning and itching has appeared on both legs. The ulcers on the os uteri are smaller. Continued *ars. jod.*, stopping its use a few days in May, to rub in mercurial ointment. She discontinued the *ars. jod.* in June or July. She took *puls.* 3 dec., Jan. 4, 1872.

"Feb. 2, 1872. — For some months she has had no pains in the hips; feels strong, and can bear night air; has no fine eruption; the ulcers on legs and womb are healed; the bowels regular. Has a tendency to sore throat.

"II. An American man æt. 40, dark, slender, has had syphilis, gonorrhœa, and intermittent fever; he has resorted to mercury, injections, quinine. The bones of the nose, or their periosteum, swell; for several years he has had a thin, scanty discharge from the nostrils, offensive, sometimes containing blood and portions of carious bone. The vessels in the throat are congested; a yellowish discharge trickles into the fauces, and an eruption of a dingy-red color is visible on the roof of the mouth. He complains of dull pain in nodes on both legs. The liver is enlarged, sensitive to pressure, and he has dull or darting pains in the right hypochondrium. Acids and fats disagree with him; he has a tendency to diarrhœa, and suffers from sore, burning hæmorrhoids. He has dull pain through the eyes, and lassitude.

"From Feb. 9 to Feb. 17, 1871, he took *ars. alb.* 3 dec., *merc. sol.* 2 dec., and *sulph.* 5; from Feb. 17 to March 15, *ars. alb.* 3 dec., and *ars. jod.* 2 dec. March 15, the ozæna was much less offensive. At this time his gonorrhœal discharge returned. He took *acon.*, *cann.*, *puls.*, and *thuja*.

"May 2. — He had chills and fever, resembling former attacks. The fever was predominant, followed by chilliness in the back, also general shaking, without sensation of cold. *Ars. jod.*, *china*, *nux.*, *calc.*, etc., gave very tardy relief to the lassitude, restlessness, and fever-pains in back and limbs. I gave so many medicines that it was thus in one sense an unsatisfactory case, except illustrating the action of *ars. jod.* in checking the destructive process in the bones, while symptoms of former diseases returned under its use. The man was under treatment a year, at the end of which time the bones of the nose and leg were of normal size, and the discharge, which continued in diminished amount from the nose, was no longer offensive.

"III. A native woman, aged about sixty, had venereal disease first many years ago. For a long time past she has had an eruption on the head. The occiput is covered with thick scabs, which have matted the hair where it has not fallen out (the front hair is much less scanty than the back); the scabs are mostly dry, and there is but little itching. Pain in the occiput, throat, and upper chest; a loose cough; pain in the thighs, day and night. Gave *Arsen. jod.* second dec., and then third.

"July 19. — Much itching; the crusts are thicker. *Merc. sol.* 2 dec.

"July 27. — Hoarse, loose cough, less pain in thighs, less discomfort and itching of the scalp. *Sulph.* 5 once. Later, *carb. veg.* 5, morning and evening, a week.

"July 31. — *Ars. jod.* 2 dec. was continued a few weeks; hair cut short. A few months later she appeared to be better in every respect; the skin was

soft, clean, and free from scales, and the hair grew fine and thick on the previously diseased portion.

“IV. *Ars. fod., Nux V.*—Nov. 6, 1871. A young native man has nodes on head, arms, and legs; dried ulcers, and a tuberculous eruption on the right leg; has taken a great deal of medicine. Feels cold at 4 P.M., and at night; vertigo at 4 P.M. Drawing pain in the nape of the neck; vomiting, pain in abdomen, constipation. He first took castor oil, with a little *nux v.*, since it sometimes seems necessary to give the natives a cathartic to gain their confidence. Nov. 10, *ars. fod.* 2 dec. Nov. 12, he felt but little pain. Reported himself next spring quite well; the eruption and nodes had disappeared.”

Dr. Hale commends this remedy in tumors of a malignant character, probably cancerous in their nature, and he quotes the following case:—

“Dr. L. B. Wells of Utica, N. Y., cured a lady of forty-nine of a swollen gland in the left axilla, size of a hen’s egg, hard, and exuding a fluid which formed a hard, brown crust. The tumor was very painful, and sensitive to the touch. The breast of the same side was also enlarged, indurated, and very sore. She also had yellow, bloody, and irritating leucorrhœa, with swelling of the labia. Iodide of arsenic 6th cured the whole in a few weeks.”

Dr. Hughes remarks that an indurated condition of the cervix uteri, suggesting scirrhus, has more than once disappeared under its use.

Dr. G. A. Hall thinks that in cancer of the breast this remedy is especially applicable in epithelioma and cancer having an origin in eczema, and Dr. Clarence M. Conant remarks that in cancer of the tongue it is to be preferred to arsenicum album when a painful diarrhœa exists.

The following valuable cases are reported by Dr. J. K. Culver in the publications of the Massachusetts Homœopathic Medical Society, vol. ix. (1886).

*Case No. 1.*—A widow of fifty-eight years. Never a mother. Business woman, of active temperament and strong constitution. She had been a victim, two years previous, to an attack of hemiplegia, from which she had not fully recovered.

She accidentally received an injury in the left breast, which at the time gave her some pain, but in the course of a few days passed off, and the injury was forgotten, until several weeks after, a dark red spot appeared above the nipple. It was three-quarters of an inch in diameter, and covered a portion of the mammary gland, which, upon examination, seemed hard, like cartilage. It was extremely painful, and she described the pain as clawing, drawing, burning, giving her little rest by day or night. The pain passed to the dorsal surface, and down the arm of the affected side. The axillary glands were sensitive; and from loss of sleep, and the great anxiety lest she was the victim of a cancer, her general health was impaired.

From recent success with arsenicum iodidum in a case of skin-disease, I was led to employ the drug in this case. The sixth was given in grain powders. A slight improvement. We were both encouraged. Its administration was continued (omitting occasionally as other remedies were indicated for a cold, or other slight disturbances) for a period of eighteen months,



when the gland appeared entirely healed. It is now three years, and we have heard no note of alarm.

*Case No. 2.*—A young woman. Single. Also of habit active. Age, thirty-three. Scrofulous diathesis. Victim to varicose veins in both legs. Always overworked. Right lateral side of right mamma indurated. Painful. No discoloration of skin. Burning, heavy pain extends to dorsum. Arm of side affected weak. Motion increases pain. Axillary glands sensitive, enlarged. "Cannot remember any fall or bruise," but thinks it possible she may have felt some sensitiveness in the whole side since she made a desperate effort to save a friend from falling from a railroad bridge over which they were walking. Four months persistent effort was put forth in her behalf, during which time she received *ars. iod.* From time to time other remedies were made use of, but we were led to return to the first named, and we always felt rewarded. The result was satisfactory to both.

*Case No. 3.*—Single woman, thirty-five years of age. Worked in a chocolate-factory. Had to use her arms rapidly and constantly. When the case came under observation, a portion of the breast had been removed by a friend applying a plaster which she had in her possession, supposed to be efficacious in the removal of cancers, this person supposing she had one. The breast was entirely healed on the affected side, but for two years she had been treated by a quack for a tumor upon the inner side, towards the sternum. Upon examination and consultation with Dr. Talbot, the portion of the gland affected was decided *not* to be in a cancerous condition. It was indurated, gave her pain in the arm of the affected side, was weak and almost useless; but the axillary glands were not enlarged or sensitive. He advised perfect rest, and remedies to be given, *phytolacca*, *conium*, and *asterias rubens*; the three to be given, one following the other; the administration of each remedy to be continued a week. The progress was satisfactory until necessity drove her to her work again; then appeared more acute symptoms than before. *Ars. iod.* was given, with success. No further trouble has been experienced. The whole treatment occupied the most of two years.

*Case No. 4.*—This was a case of cancer; the patient, eighty years old; of scrofulous diathesis, but of active temperament and cheerful disposition. Had been fighting the terrible suffering very privately, not allowing her best friends to come into the secret, until the diseased mass was sloughing off and becoming offensive.

It occupied the left breast, and already a large portion of the gland had disappeared. *Ars. iod.* relieved the burning pain, gave quiet sleep, and greatly mitigated her sufferings to the end.

[*To be continued.*]

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*OXALIC ACID IN STRANGULATED HERNIA; AND SIMILIA  
SIMILIBUS CURANTUR, AS TAUGHT BY A NOTED ALLO-  
PATH.*

TRANSLATED BY A. H. CARVILL, M.D., SOMERVILLE, MASS.

DR. V. POULET in "La Thérapeutique," 1886, writes: In an article published in the "Concours Médical" (April and May, 1884) I endeavored to demonstrate that oxalic acid exercises an action elective and remarkably curative on certain diseases affecting the three great departments of the economy to which



the branches of the pneumogastric are distributed; viz., the throat, the thorax, and the abdomen.

As to the latter, of which I here exclusively treat, I recall that the first symptom which results from the ingestion of oxalic acid is the vomiting accompanied by an intense epigastric pain; that this accident manifests itself independently of all phenomena of irritation of the gastric mucous membrane, as when the acid taken is very dilute; and that it persists oftenest until the approach of death, with a tenacity and a violence most remarkable.

If such is the action of the toxic dose, what are we to think of the medicinal dose? Is it not rational to conjecture that this will impress the same organs in a sense diametrically opposed to the manifestations of toxic symptoms, conformably to the adage *similia similibus curantur*? *This is the case with a great number of medicines, and this is the most precise indication which is able to serve for a guide in experimentation.*

The use of oxalic acid in the vomitings of pregnancy and of peritonitis has been many times crowned with success; and my experience, still very restricted it is true, proves that cases of strangulated hernia are amenable to the same therapeutic agent.

I have already cited in the same paper (p. 244) a case of strangulated crural hernia, the accidents of which were rapidly amended under the influence of oxalic acid. Since then I have treated four cases of strangulated hernia. In one which dated back some forty-eight hours, it appeared to me that there was no time to lose; I proceeded at once to operate, without even attempting taxis, my assistant having perseveringly employed it, but without success. In the three others where I was called soon after the accident, the giving of oxalic acid resulted in relieving the symptoms and assuring recovery. (Here follow the notes of the cases.)

REFLECTIONS. — One sees that at the beginning of the accident of strangulated hernia, oxalic acid in the dose of one and a fourth grains hourly results admirably in driving away the terrible consequences of strangulation of the intestine. I cannot, then, too much entreat my *confrères* to try this simple treatment whenever the conditions and the general state will permit it. It does not establish an immediate cure, but it calms the terrible pain and the vomitings. It surely prevents gangrene, and causes so much improvement in the general and local state that the next day the physician finds no necessity for an operation. The reduction of the tumor effects itself only very slowly; the constipation persists invincible during eight days, but the final result is most happy.

*THE TRICYCLE AS A MEANS OF HEALTH, RECREATION,  
AND UTILITY.*

BY HORACE PACKARD, M.D.

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

MR. PRESIDENT, — The following article is presented to the Society for the purpose of bringing before the medical profession a means of inestimable value in the treatment of certain diseases, a medium of health-giving and invigorating recreation, valuable alike to both physician and layman, and an easy, economical, and rapid means of locomotion for the physician in his professional rounds. Such is the tricycle.

The first thought may be, "Surely, a mechanism including so many virtues cannot be without many faults." This is true of nearly every human invention since the dawn of civilization. The utilization of the horse as a means of locomotion is fraught with danger to life and limb; and yet, who for a moment thinks of universally discarding that valuable animal? Railroad accidents cause more deaths and produce more cripples than any other agency in civil life; but yet every one realizes that the community at large derives benefits from railroads far in excess of the injury from occasional smash-ups.

So with the tricycle. On its introduction to popular use in England a few years ago, a cry went up, that our young men would be emasculated, — that in riding the machine, perineal pressure would result in abscess, stricture, enlargement of the prostate, disease of the kidneys, varicocele, varicose veins, hernia, etc. In spite of all this, the tricycle has steadily gained in favor, until it is now used all over England by physicians in their business, and by clergymen, and thousands of others in all walks of life, as a health-giving, invigorating recreation. In America, it has steadily gained in favor, and is apparently destined to become as popular as it now is in England. As regards the induction of the above-mentioned diseases, I can discover no evidence to show that they are more prevalent than before the tricycle came into use. We know that strictures, perineal abscesses, prostatitis, and cystitis are the results of causes far less innocent than tricycle-riding, and that varicocele, varicose veins, hernia, and various diseases of the kidneys occur in persons who have never indulged in any severer form of exercise than riding "shank's mare." I do not say but that an improperly adjusted seat, or too long continued and violent exercise, might work injury to the rider; but the same is true of horseback riding and other forms of exercise; but these are matters which can be easily adjusted to the needs of each individual, and no injury need result.



The disease, which, from my investigations, so far, seems most amenable to the beneficial effects of tricycle-riding, is gout, otherwise known as chronic rheumatism, persistent gout, gouty rheumatism, etc. Cases of acute gout have not come under my observation; but I doubt not, complete immunity from this distressing malady may be obtained by the systematic adoption of some suitable form of physical exercise, such as is afforded by the tricycle. A brief glance at the pathology of gout may be of service in understanding the rationale of its cure by tricycle-riding.

“In 1848,<sup>1</sup> Dr. Garrod brought forward the fact, that in true gout, an excess of uric acid exists in the blood prior to and at the period of attack.

“From the circumstance that a molecule of uric acid can be split up into a molecule of a non-nitrogenous acid, and two molecules of urea, it has been assumed, that when the process of oxidation is imperfectly performed within the body, uric acid will be found in excess in the blood; and this assumption has been further strengthened by the supposition that uric acid is one of the substances through which each particle of albumen passes before it is thrown out of the body. This view has for many years dominated urinary pathology. Now, however, since it has been shown that uric acid is not a necessary antecedent of urea, which is largely formed from kreatine in muscle, and leucine and other bodies in the alimentary canal, the view has gained ground that uric acid in the human body, in health, is only formed in minute quantities, and that even in disease it is not formed in any thing like the amount formerly supposed; and that when it is deposited from the urine, or in the tissues, the fact of such deposit may be generally referred to its insolubility, rather than excessive production in the system.

“It is now taught, that while uric acid is met with in small quantities in the large glands, like the liver, spleen, etc., in health it is never found in the blood; so that uric acid is probably oxidized as soon as formed; and that the small quantity found in the normal urine (only 0.5 gram, or about 7 grains, a whole day's excretion) is not derived from the blood, but from the kidney; which, instead of being oxidized, as is the case with other organs, passes away with the secreted urine.

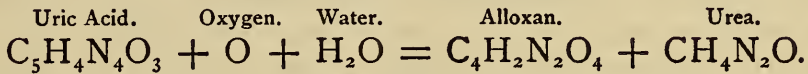
“In many diseases attended with considerable tissue metamorphosis, the amount of uric acid formed in the large organs is increased, and a portion, not completely oxidized, passes into the blood, and from thence into the urine—though even then the amount is never large; rarely exceeding 1.5 grammes in the twenty-four hours, as an outside average. In these cases, there is, as well, generally an increase in the amount of urea excreted. In gout, there may be an increased production; but most likely, as Dr. Garrod suggests, it is due rather to an accumulation in the blood, caused by a resorption in the uric acid formed in the kidney not being excreted with the urine, but taken up by the blood and carried the round of the circulation in combination with soda, and deposited in the least vascular parts,—the cartilages of the joints, the cartilages of the ear, the straight tubules of the kidney, etc.,—as sodium urate. Uric acid is the most insoluble of all the substances formed in the body, requiring fifteen thousand parts of water for its solution; whilst urea is soluble in its own weight. Owing to this insolubility, whenever the amount of water in the urine required to keep uric acid and its salts in solution falls below a certain point, then uric acid or its salts are deposited.”

<sup>1</sup> *Vide* Ralfe's Clinical Chemistry, p. 125.



As hinted in the above, uric acid is readily changed to urea, by the addition of oxygen and water.

CHEMICAL FORMULA.



Given, then, a blood surcharged with uric acid, it only remains to introduce into the blood current an increased supply of oxygen and water, and the uric acid is changed to urea.

Gouty subjects are usually persons of sedentary habits, whose business confines them a large portion of the time in the vitiated atmosphere of counting-room, factory, or study. Respiration, digestion, and excretion are sluggishly performed; little or no exercise in the open air is taken; brisk walking is impossible, from pain produced in the joints affected; and thus cut off from that resource which would otherwise cure him, viz., daily use of his two legs in active open-air walking, he gradually becomes a hobbling cripple.

It is to this form of disease especially that I believe the tricycle affords means of cure. It would seem that the muscular movements necessary in propelling the tricycle would be as productive of pain in tender joints of the feet as walking; but personal experience proves the contrary.

The beginner should introduce himself to this form of exercise carefully, with no thought of rapid or long-distance riding until he has become accustomed to the machine, and the groups of muscles brought into play have been thoroughly limbered up. One to two miles per day, or every other day, for the first ten days or two weeks, is enough. After that, a gradual increase until a circuit of ten or twelve miles can be made without undue fatigue, is advisable.

When this stage is reached, the rider will find, on analyzing his feelings, that he will look forward to each day's exercise with eagerness, and will feel considerable disappointment if the weather be unpropitious for his accustomed ride.

During the ride he feels a state of exhilaration such only as the deep full inspirations of oxygen which he finds himself taking in, can give. A gentle perspiration is induced. He thirsts for, and drinks, increased quantities of water. Any feeling of fatigue which may have been felt at first soon gives way to one of buoyancy, and the tricyclist finds himself bowling along with no thought on the muscular effort he is putting forth, and a circuit of twenty miles is made with as little effort as a walk of five.

The gouty patient will find the brick-dust sediment fast dis-

appearing from his urine, and the swollen and tender joints resuming their normal condition. If after riding regularly two months he test his lungs, he will find his breathing capacity has increased several cubic inches, his leg muscles are like withes, appetite excellent, and sleep refreshing. My personal experience may serve to give weight to this article.

I was a sufferer from chronic or persistent gout (in contradistinction to the acute or transient form) for two years. It first made its appearance in the right great toe joint with swelling and exquisite tenderness, then in the tendo Achillis insertion of both heels, and later in the tendonous insertions of the muscles attached to the pelvis. I used every internal remedy in succession, that ever was heard to have any influence over gout. I used local applications of every conceivable description, and I became a rigid vegetarian; but all to no purpose. I found myself rapidly becoming a cripple, and to such an extent that even going up and down stairs was accomplished only by holding firmly to the banister, and a walk of a single block was thought of with dread. Complete rest only made matters worse. I soon found the leg muscles wasting away, calves flabby, and symptoms of the gouty deposit began to appear in hands and arms. All this time the urine was loaded with uric acid. I felt I was drifting into a hopeless state of bodily inactivity. None but those who have suffered from this affliction can realize the amount of resolution and determination it requires to drag about and attend to daily duties.

It was finally suggested that tricycle-riding offered a hope of relief. I adopted it, mounted the tricycle, rode it daily, and in three months found myself well. The details of cure were exactly as I have described above. The relief seems permanent, as through the winter months just past, though the weather has precluded the use of the tricycle, yet I have experienced no return of the trouble. I shall, however, continue the use of the tricycle, on account of the invigorating effect such exercise produces upon the whole system, and the pleasure derived from this delightful mode of locomotion.

Brief reports of four other cases of "rheumatism" (probably gout) cured by riding the tricycle have reached the writer of this article; one through the columns of the London Lancet, in which a man, after receiving treatment from nineteen physicians, was advised by the twentieth to ride the tricycle; another, a lady who had suffered long from "rheumatism," was riding through Tennessee on a tandem tricycle, in company with her husband, with complete relief; and two others (males) in a Massachusetts town, who found their panacea in riding the bicycle.

I regret that detailed reports of the above cases cannot be secured.

As to the beneficial effects upon other forms of disease from tricycle riding, a few hints have come to the writer's knowledge which may serve to indicate at least in what direction future experiments should be made.

A man, occupation dentist, suffering from, apparently, incipient phthisis (cough, expectoration, occasional hæmoptysis, night sweats, emaciation), was advised to ride the bicycle. He was relieved of all symptoms in one season's riding. This occurred upwards of two years ago; and the gentleman is now in very good health, and vigorously engaged in the practice of his profession.

There are very many professional and business men who suffer extremely from dyspepsia, insomnia, and brain fag. Clergymen spend ten months of the year in most active brain-work, with little or no thought of the well-being of the physical part of the system, and languish at some mountain or seaside hotel the remaining two months with the hope of recuperating. Merchants, in the press and worry and struggle of business, totally neglect the needs of the physical portion of the organism, and work the brain under high pressure, until exhausted nature rebels, and a transatlantic voyage is taken as a restorative.

To such, I believe an hour's exercise on the tricycle three times weekly would be of inestimable value, and would maintain the equilibrium between body and brain.

To the busy physician who scarcely has a moment he can call his own, the tricycle offers a most convenient means for making short-distance calls, and at the same time gives him the much-needed exercise, which he does not get riding about in his cushioned, easy-riding buggy.

The most satisfactory use of the machine is in such localities as are provided with fairly smooth roads, and are not extremely hilly.

The benefits to the health from cycling accrue from the use of the bicycle equally with the tricycle. The tricycle has been made the subject of this paper, because it seems to the writer the more practical machine for the three purposes mentioned in the title; viz., health, recreation, and utility. The bicycle is a very unstable machine, and thereby carries with it the element danger; while the tricycle is as safe as walking.

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A SCHOOL BOARD recently asked the following question of a little girl, "What is the plural of man?" — "Men." — "Very well; and what is the plural of child?" — "Twins," immediately replied the little girl. — *Arch. of Pediatrics.*



## SOCIETIES.

*THE AMERICAN INSTITUTE OF HOMŒOPATHY.*

THE fortieth annual session and forty-fourth anniversary of the American Institute of Homœopathy convened at the Grand Union Hotel, Saratoga Springs, N.Y., Monday, June 27, 1887. Subjoined is an outline of the proceedings of the four-days session, full justice to which cannot be done in any ordinary journal report.

President F. H. Orme of Atlanta, Ga., called the assemblage of about two hundred to order at 8.20 o'clock, P.M., of Monday, June 27, in the elegant ball-room of the hotel, and announced the opening of the fortieth annual session of the Institute. Rev. Dr. Joseph Carey of Saratoga was called upon to open the session with prayer. He concluded with the Lord's Prayer, being joined therein by the assemblage, after which Dr. S. J. Pearsall, on behalf of the local Committee of Arrangements, extended a cordial welcome to the Institute, as follows:—

"MR. PRESIDENT, — I was much pleased one year ago to welcome this society to our beautiful village, and I am more than gratified to think that you thought so well of our accommodations as to return to us the second time. In addition to the privileges that we had last year, we have the monument at Schuylerville in remembrance of the surrender of Burgoyne in the Revolutionary times, one of the decisive battles in our American independence. We not only welcome you twice or thrice, but as many times as you are willing to come to our world-famed health resort." (Applause.)

To which President Orme responded, saying:—

"We know your hospitality. Our Institute has shown the best evidence of its appreciation of your beautiful village as an annual meeting-place, by returning to it, and in throwing itself again into the hospitable and broad arms of the glorious Grand Union. We accept your welcome, knowing it to be cordial, and we shall abide with you for our pleasure and our privilege, and we shall depart with the most pleasant impressions of Saratoga Springs."

The President then delivered his address, which was listened to throughout with respectful attention, and frequently interrupted by marks of approbation on the part of his audience. He prefaced his address by a feeling allusion to the high compliment paid him by the Institute in electing him president last year, when he was not only not at the meeting, but was on a bed of illness at his home in Atlanta. He characterized the announcement at that time as "medicine by telegraph."

Somewhat liberal extracts from this entertaining and thoughtful address are appended for the benefit of those who were unfortunate enough to be deprived of hearing it.

After referring to statistical and other evidences of progress in the growth of homœopathy, President Orme said : —

“It is not enough to consider that the number of our practitioners has increased in a marvellous degree during the past forty years, and that all of our institutions have sprung up within this time, but we must also take note of the wonderful mitigations in the severities of old-school practice, which we all claim have been largely due to the influence of our school. We may also claim, with pride and pleasure, that we have contributed largely to the improvement of the therapeutic methods of ‘old physic’ — albeit these contributions have too often been appropriated without thanks, or even acknowledgment of their source.

“It is no honor to prominent teachers of another school, that while they have endeavored to belittle our art, pretending that we have contributed little to the general store of medical knowledge, they have made large and important drafts upon our improved therapeutics — presenting them as original discoveries. The distinguished physicians referred to are well, very well known to us all. Some men have been immortalized by their genius, some by their folly, some by their research and knowledge, and some by their audacious plagiarisms.

“The increasing general respect shown to our system, with the larger share of official positions held by members of our school, are not among the least of the evidences of the progress we are making; while the large bequests and contributions, state and private, for the establishment and endowment of hospitals and asylums, to be under homœopathic administration, show appreciation of the merits of our method of practice, and are certainly encouraging. That the dominant school has failed to obtain the desired control of medical legislation in many of the States, is another indication of the strength of our influence.

“The wonderful progress of the new school in this country, as compared with that in Europe, is due in large degree to our freedom from the military domination which prevails there. With us, that succeeds which appears reasonable, and can show its superiority; while there, if a new method does not chance to meet with the approval of the medical department of the military system, — which controls all such matters, — no quarter is likely to be shown.”

President Orme expressed himself as follows concerning “sectarianism :” —

“The fundamental law of our land, the Constitution of the United States, properly secures the rights of its people to assemble together in bodies, as sectarians, if they choose; for it is one of the natural, inalienable rights of those who hold peculiar views, especially when persecuted, to unite themselves together for their common objects and their common good. Sectarianism, of which history is full, should rather be encouraged than suppressed, the people being benefited, if parties differ; and it is a marked evidence of weakness in the opposition, that the best point they can make against us is the pitiful one that we bear a special name, when we have a reason for it that is so good. Let us then be a sect, if we must, and continue to advance the cause of medical science as we have done; but let us not be factious, as have some of our prejudiced opponents. Let us be a liberal sect, working in our own sphere, holding the even tenor of our way, while we treat with respect, and wish God-speed, to all other sects who think they can do better work by laboring honestly upon other lines; and let us use no undignified or unbecoming epithets.



“Who can estimate the loss to medical science, especially in the departments of *materia medica* and therapeutics, if the work of homœopathsists as a sect could be stricken from the record? We may be a sect, striving in our own way for the advancement of the profession that we love so well, but we need not be a faction, obstructing others, defaming others, bringing reproach upon us all, and retarding general progress. We should be liberal, as our Institute is liberal, tolerating a variety of views upon various subjects. . . . That it is reprehensible to be a member of a sect *per se*, is a preposterous proposition. Notwithstanding all the affectation of holy horror upon the subject, it is not a sin, it is not a crime, it is not a vice, to be one of a sect united in an honorable cause.

“Specialization is in accordance with the laws of development and of progress; and a liberal profession should not unreasonably oppose the formation and existence of as many sects or schools as can be found to do good work, but all of these should be regarded as parts of one brotherhood, all alike laboring for the common benefit of humanity. But the era of the charge of sectarianism, a charge that is weak in itself, and that accomplishes no purpose, must soon pass,—indeed is passing,—and we now see the dawn of the era of toleration, when we may look for more of common-sense, more of courtesy, more of consistency.”

After citing quotations to illustrate the position occupied by the more liberal and rational minds in the “traditional” school as regards the treatment of adherents of the new school, the President continued:—

“And now, what response are we to make to the overtures of the liberal and progressive members of the old school, that large, growing, and respectable portion who adhere to the ethics of the ‘new code’? A very simple one:—

“Your new code is our old code, the code of the Golden Rule, the code of common-sense and of humanity, the code we have held to, and have been controlled by, all the while. Our Institute defines the term ‘regular physician’ as ‘a graduate of a regularly chartered medical college. The term also applies to one practising the healing art in accordance with the laws of the country in which he resides.’ Any one thus belonging to the profession is in duty bound to respond to calls for assistance from any medical brother, or from patients who may wish his counsel in connection with another physician, and he has not a right to decline on the pretext that he is of a different school. The medical profession has long been divided into schools—probably always will be; the laws of the land recognize it as one thus divided; but it should not be divided in purpose, nor should its members fail to answer with alacrity calls to co-operate in the interest of suffering fellow-beings. Whatever our differences may be, or whatever alignments we may choose to make, let us all remember the object of our art; and let us all, eschewing bickerings, so act as to uphold the dignity and honor of our profession, and thus command the respect of the world at large.”

Pursuing this theme to a conclusion, President Orme said, —

“Homœopathsists, then, having no thought of relinquishing their distinctive title, under present conditions, what is the true basis of harmony?

“First, the Golden Rule; second, the acceptance, by the profession at large, of the definition adopted by the American Institute of Homœopathy, of the term, ‘regular physician;’ third, the recognition of the aids furnished by experience, and the co-operation of the members of different schools, under the above conditions. These three articles constitute the basis,



and the only sound basis, for the future harmonization of the medical profession."

The wholly admirable and dignified address concludes as follows :—

"The duty of making suggestions is one which I shall allow to rest lightly upon me. There are, however, several recommendations which seem called for, and which it would show a remissness to omit. All along through the controversy concerning homœopathy, charges which are entirely in conflict with the truth have been made against those represented by this national body. These have been repeated from the chairs of medical professors, through medical journals, by the general press, and from mouth to ear among the laity. Our journals have not so general a circulation, and our personal denials and disproofs of these unjust aspersions cannot reach so far; so that, with many, the representations of the enemy have passed unchallenged, and with some it is not even known that the false statements referred to have met with the repeated and emphatic refutations which they have received. In view of these and other facts, I recommend the adoption by the Institute of a declaration or resolutions in effect, as follows :—

"Resolved, First, That the American Institute of Homœopathy adheres, as it has always done, to its object, as declared by its founders in the first article of its constitution; namely, 'the improvement of homœopathic therapeutics, and all other departments of medical science,' and that it is proud of its achievements up to this time.

"Second, That the imputations cast upon the character and intelligence of the early homœopaths (who were converts from the old-school practice), by many of the profession, were the result of ignorance and prejudice, were unprofessional, and unworthy of the members of a scientific and liberal profession.

"Third, That the charge made at a later date by the American Medical Association that members of the homœopathic school 'practised upon an exclusive dogma, to the rejection of the aids furnished by experience, and by the sciences of anatomy, chemistry, physiology,' etc., is absolutely devoid of foundation in fact.

"Fourth, That the still later charge by some of the profession (the above having been demonstrated to be untenable), that homœopaths 'trade upon a name,' is not only a slurring attempt to check a winning cause, but is a positive calumny.

"Fifth, That the most recent and present position of a portion of the medical profession, that homœopaths are blameworthy for consorting under a denominational name, thus constituting a 'sect,' is a flimsy pretext, and an insufficient excuse for refusing to extend to them the usual courtesies of the profession.

"Sixth, That the responsibility for the division of the profession into schools, as far as homœopaths are concerned, rests upon those who, by an illiberal and unprofessional course—refusing to examine into the doctrines of the new school, and aspersing and ostracising its followers—rendered the closer association of these latter a necessity.

"Seventh, That there is no demerit in belonging to a sect, provided it be engaged in a good cause, and its methods be tempered with liberality; and that it will be expedient for homœopaths to continue to be a sect until their work shall have been accomplished, in securing a proper consideration of the doctrine of *similia similibus curantur*.

"Eighth, That inasmuch as the position of the homœopathic school has been largely misrepresented, all fair-minded editors of medical and other journals are requested to give space in their pages for these resolutions."

The motion having been carried, Vice-President A. R. Wright, M.D., appointed a committee of three to consider the recommendations embodied in the President's address. It consisted of William Todd Helmuth, M.D., G. A. Hall, M.D., and Bushrod W. James, M.D.

A vote of thanks to President Orme for his able address was unanimously passed.

The treasurer, Dr. E. M. Kellogg of New-York City, presented his report, which, briefly stated, showed a balance on hand a year ago of \$340.21; receipts during the year, \$3,375.50; expenses, \$3,209.63; balance on hand, \$506.08.

On account for the "Cyclopædia of Drug Pathogenesis" he had received \$730.75. Of this amount he had expended for Part IV., \$255.25; for Part V., \$279.18; thus leaving a balance on hand of \$196.32.

The report was accepted, and referred to the following Auditing Committee: Dr. D. S. Smith, Chicago; Dr. J. H. McClelland, Pittsburg; and Dr. H. Packard, Boston.

The General Secretary, J. C. Burgher, M.D., Pittsburg, Penn., presented the report of the Executive and Publication Committee. In this it was stated that the Transactions of last year were printed in a volume of 938 octavo pages. Copies were sent to medical schools, journals, and to twenty-one public libraries, also to all the members entitled thereto.

It was also recommended, and subsequently adopted, —

That all papers presented in each section, together with the discussion thereon, shall be referred to the Committee on Publication.

That the President shall appoint the chairmen of all bureaus for the ensuing year, and shall announce all such appointments no later than the Thursday-morning session.

That Sect. 14 of Art. 7 shall not apply to sectional meetings, but for this session each section may adopt rules governing its own papers and discussions.

Dr. T. F. Smith of New-York City, chairman of the Bureau of Organization, Registration, and Statistics, then presented the report of the bureau. This consisted of a valuable compilation of statistics concerning societies, hospitals, colleges, journals, etc., under the management of homœopaths; and also of a recommendation that the bureau should be aided to complete, during the coming year, a list of all those who have been and are members of the Institute, their relations to it, and such other biographical facts as may be interesting. The report was adopted.

T. M. Strong, M.D., Ward's Island, N.Y., reported that he had nearly completed an index of the proceedings of the Institute from the beginning. The report, and the question of the



completion of the index, were referred to the Committee on Publication.

Reports of delegates from other organizations and institutions were then presented, revealing many interesting facts, and offering convincing testimony to the activity and progressive spirit of adherents to homœopathy.

The opening session then adjourned.

TUESDAY, JUNE 28.

The general session, owing to a lack of promptness on the part of members, was not called to order until nearly half-past nine o'clock A.M.

Dr. George B. Peck, Providence, R.I., called attention to the fact that publishers of directories of physicians encountered a great difficulty in presenting a complete list, from the fact that many inquiries were not responded to. Non-respondents are, therefore, frequently designated as quacks. He offered a resolution that members of the Institute, when supplied with a postal card by directory publishers, be requested to answer the same.

Dr. Owens amended that the entire profession be included.

Dr. Allen spoke in approval of the resolution.

Dr. O. S. Runnels said that if he thought any good could come from the movement he should be in favor of it.

The motion was put on the resolution, and carried.

A list of forty-nine applications for membership was read, after which it was moved by Dr. T. Y. Kinne that the list be posted in some conspicuous place at least six hours before election, and, by Dr. H. C. Allen, that applicants be given the privileges of the floor pending their election. Both motions were carried.

The report of the Committee on Drug Provings was then taken up. Three drugs have been tested by twelve provers during the year, and under the strict rules adopted by the committee. The suggestion was offered, that better provings could be made by graduates in medicine of one or two years' standing, than by students. As the report consisted chiefly of lists of symptoms, it was referred to the committee for final disposition. Dr. Martin Deschere was appointed a member of the committee, Dr. E. M. Hale's term of service having expired.

C. W. Butler, M.D., chairman of the Committee on Pharmacy, then made his report. He stated that the line of work during the past year had been a continuation of the investigations concerning the physical properties and the pathogenetic power of drugs. Dr. C. Wesselhoef presented to the Institute a tabulated record of a series of provings by ten provers, the briefest summary of which only was read. Different potencies and prepara-



tions of Merc. Sol. Hahn. had been used in the provings, sacch. lactis being used as a control test. Dr. Wesselhoeft also presented a paper entitled "Discovery of the Cause why Prolonged Grinding makes Triturations Dark." As a result of varied experiments he had reached the conclusion that prolonged trituration of small quantities only, produced a darkening in color, this discoloration being produced by an admixture of mortar detritus with the substance triturated. Experiments performed and results exhibited seemed to prove the correctness of these conclusions.

Dr. Lewis Sherman then read his paper containing a summary of work done during the past two years in investigating the physical properties of triturations. He stated, as among the conclusions he had reached, that metals grow darker and darker the longer they are ground, that no two metals are alike in the degree of discoloration produced by prolonged trituration, that drugs become more and more suspensible the longer they are triturated; and he exhibited samples showing the contrast between triturations made according to the rules laid down in the British Pharmacopœia, by following Hahnemann's method, and according to his own method.

Dr. Butler moved, and it was adopted, that a vote of thanks be extended to the provers who have so generously aided the committee in their investigations.

The interest manifested in the report of the Committee on Medical Education, which was offered by the chairman, T. Y. Kinne, M.D., of Paterson, N. J., was decidedly marked. A paper on the "Relation of the State to Medical Education" came from A. I. Sawyer, M.D., of Mich.; and one from J. P. Dake, M.D., of Nashville, Tenn., on "Post-Graduate Education." The report advocated the necessity of uniformity in the standard and requirements of our colleges, the necessity of preliminary education, and the adoption of graded courses. Dr. Kinne thought the three difficulties in the way were the following: 1. We are too much engrossed in self. 2. We do not maintain our rights. 3. We do not realize that in union there is strength. We should be positive about what we want, and insist strenuously that it be carried out; then will the Institute be a mighty power which will work for good to all concerned. Sundry resolutions were presented relating to the re-organization of the committee, which, after a lengthy discussion, were re-committed to the committee, and the following motion, by B. W. James, M.D., prevailed: "That the Committee on Medical Education, and the Inter-collegiate Committee, should be instructed to appoint a conference committee, consisting of three members from each standing committee, and that the results of the deliberations of this con-

ference committee should be reported to the Institute at the next session."

Next in order was the address of Millie J. Chapman, M.D., of Pittsburg, Penn., chairman of the Bureau of Obstetrics. It consisted of a résumé of the work done by the bureau during the year, and a brief epitome of the papers to be read at the sectional meeting.

The bureau address by L. H. Willard, M.D., Allegheny, Penn., chairman of the Bureau of Surgery, was then delivered. He gave an able résumé of recent progress in surgery, referring, in passing, to the wonderful advancement in abdominal and cerebral surgery, the former, of course, including operations about the liver, duodenum, stomach, and kidneys, the suprapubic operation for calculi, etc. He spoke of the exalted position of surgery in the past, and in the present, remarking that "the shedder of blood is on the way to glory." Speaking of the honorable position of homœopathy in surgery, he said that, so far as treating surgical diseases with internal medication was concerned, he thought Hahnemann might be ranked as a surgeon, but he regretted that some of his followers had not devoted a greater attention to operative surgery, since it would have benefited the standing of our school in their own times, and hurried forward by many years the position now occupied by our school.

The general session then adjourned.

In the afternoon sectional meetings were held, both of which were not only lengthy but extremely interesting. The Bureau of Surgery discussed "Hip-joint Disease," and several papers were read, the subject having been divided among the members of the bureau; a paper on the "Etiology, Diagnosis, and Prognosis," by Dr. Willard; the "Pathology," by Dr. W. L. Jackson of Boston; "Mechanical Treatment," by Dr. G. A. Hall; "Medicinal Treatment," by Dr. J. E. James. The discussion was particularly interesting. Dr. Helmuth treated at some length the operative treatment. He said he is not called on to operate in cases of hip-joint diseases so often as previously, because the mechanical treatment of the disease in early stages has been improved so much. Very many cases are now cured in the early stage that formerly went on to operation and death.

Dr. Schneider considers rest an important feature in the treatment of the disease, and believes that the recent improvement in the results of treatment is due largely to the use of homœopathic remedies, which are widely used even outside of our ranks.

Drs. J. H. McClelland, S. B. Parsons, J. C. Morgan, and others, joined in the discussion.

The Bureau of Obstetrics opened its session promptly, and proceeded to the reading of papers on the Complications—Renal, Nervous, Mechanical, and Accidental—of Gestation, written by Drs. Phoebe J. B. Waite of New York, Emily V. D. Pardee of South Norwalk, Conn., C. G. Higbee of St. Paul, and G. B. Peck of Providence. Dr. Peck also presented his completed report on "Post-Parturition Annoyances." These were all excellently prepared papers, and reflected great credit upon their authors. The discussion was quite widely participated in.

The Bureau of Clinical Medicine and Special Therapeutics occupied the evening general session, "Diseases of the Kidney and Bladder" being the subject under consideration. The chairman of the bureau, Dr. J. W. Dowling, read a paper on the "Diseases of the Kidney and Bladder." He gave a clear statement of the rapid strides made in the study of these diseases, and of the advancement made in their treatment. Surgery has been particularly fortunate. The abdomen is now opened with impunity, and in some cases the whole kidney has been removed. He was convinced that more could be done in arresting the progress of diseases of the kidney and bladder, and the establishment of a fair condition of health, by a proper diet and by properly regulating the habits of life than by merely medicinal treatment.

A paper by J. M. Schley of New York, entitled "Are Senile Changes in the Kidney a Necessary Concomitant of Old Age?" was read. It summarizes as follows: Few persons, male or female, reach the stage of profound senile changes in this section of the country without manifesting some form of nephritis; also that after we pass the age of forty-five we meet with changes in the kidneys, and the higher we climb on the ladder of age the more frequently are these morbid conditions found. After seventy it is one of the greatest rarities to find a healthy secreting kidney. By appropriate diet and clothing such troubles may be held in abeyance for years. The microscope is the surest means to rely on for diagnosis and prognosis.

Dr. Clarence Bartlett of Philadelphia read a valuable paper on the "Nervous and Ophthalmic Complications of Renal Disease." He called attention to cases in which albuminuria exists from nervous exhaustion, or cerebral disease, no organic changes occurring in the kidneys.

Dr. A. L. Kennedy of Boston read an interesting paper on "Heredity as a Factor in the Etiology of Bright's Disease." Other papers were presented by this bureau, showing evidences of thoughtful work on the part of its members. Some of these papers were referred to the Publication Committee, as the rap-



idly-vanishing hours suggested adjournment. Dr. W. J. Martin had a paper on "Chronic Cystitis;" Dr. Asa S. Couch, one on "Clinical Cases;" Dr. J. S. Mitchell, one on "Pyelitis;" Dr. G. H. Wilson, an excellent paper referring to urinary disorders dependent on malarial origin, and observed in New England; and Dr. E. B. Hooker sent a paper of no little value on the "Significance of Albumen, Blood, Pus, Casts, and Epithelium in the Urine."

In the limited discussion which followed the reading of the papers, Dr. Dillow emphasized the following point: viz., that the specific gravity of urine examined was an unreliable test, unless there was taken into consideration the total quantity eliminated within a given time.

Drs. T. F. Allen, J. C. Morgan, B. W. James, and others, made brief remarks, and the meeting adjourned.

WEDNESDAY, JUNE 29.

The morning general session was duly called to order. The Auditing Committee reported the Treasurer's accounts correct.

The Committee on the President's Address reported that they were heartily in sympathy with the sentiments expressed in the address, and recommended that the suggestions of the President should be adopted.

The report of the Committee on Medical Literature, presented through its chairman, Pemberton Dudley, M.D., was of a satisfactory character.

It was moved, and carried, that the New York "Medical Times" be stricken from the list of homœopathic journals, as being a constant opponent to all the interests of our school.

Dr. A. R. Wright, Vice-President, formally presented to the Institute, in the name of the President, the gavel so discriminately wielded by the latter during the deliberations of the Institute. It is a handsome piece of workmanship, made from Georgia pine, with side transfer impressions of the bust of Hahnemann from the great seal of the Institute, and bearing a silver plate inscribed, "Presented to the American Institute of Homœopathy, by F. H. Orme, M.D., 1887."

On motion of Dr. T. Y. Kinne, it was unanimously resolved that the hearty thanks of this Institute be tendered President Orme for his gift of this beautiful gavel.

Dr. T. L. Brown of Binghamton, N.Y., presented the following:—

*Resolved*, That when one homœopathic college refuses to graduate a medical student, knowing him to be incompetent, every other college of our school should carefully respect that decision.

*Resolved*, That by so doing the colleges protect the people, and deserve their support and confidence.

On motion these resolutions were referred to a committee consisting of Drs. H. D. Paine, Joseph E. James, and T. Y. Kinne.

Dr. J. C. Morgan of Philadelphia offered the following, which was adopted :—

*Resolved*, In cases of vacancy occurring in any bureau or committee, after the announcement of the same by the President, the chairman shall have authority to fill the same, giving prompt notice thereof to the general secretary of the Institute, who shall include such names in subsequent publications.

Bureau addresses being in order, they were delivered by Dr. S. P. Hedges of Chicago, for the Bureau of Gynecology; by Dr. C. D. Crank of Cincinnati, for the Bureau of Pædology; and by Dr. George S. Norton of New York, for the Bureau of Ophthalmology, Otology, and Laryngology. These addresses presented reviews of the literature, improved methods of treatment, and general progress made in these departments during the past year.

#### *Afternoon Sectional Meetings.*

The Bureau of Gynecology held a most successful and enthusiastic meeting. The papers presented were numerous, and as interesting as numerous. The secretary, Phil. Porter, M.D., read a communication on "Dilatation of the Cervix Uteri as a Curative Measure," from the pen of Dr. E. T. Blake, London, Eng.; and one by himself on "Pessaries: their Application." Papers were offered by Drs. L. A. Phillips of Boston, R. Ludlam of Chicago, O. S. Runnels of Indianapolis, C. G. Higbee, and C. B. Kinyon, on "Surgical Treatment of Uterine Disorders," "Hot Water as a Topical Application in Uterine Disorders," "The Local Action of Iodoform, Iodine, Tannin, Hydrastis," etc., "Topical versus Internal Treatment," etc.

The Bureau of Pædology met at three P.M. in the club-room of the hotel, and was presided over by Dr. C. D. Crank of Cincinnati. Dr. B. F. Dake, the secretary, read papers furnished by Dr. W. E. Leonard of Minneapolis, Dr. P. E. Arcularius of New York, Dr. T. E. Duncan of Chicago, Dr. W. H. Bigler of Philadelphia; and Dr. William Owens of Cincinnati read a review and critique of all the papers. An extended discussion followed.

The Bureau of Ophthalmology, Otology, and Laryngology met in the upper club-room at three P.M., Dr. George S. Norton of New York presiding. Papers were read as follows :—

“Sarcoma and Carcinoma of the Choroid,” by Dr. C. H. Vilas of Chicago.

“A Clinical Study of the *Verbascum Thapsus*,” by Dr. H. P. Bellows of Boston.

“Fibroid Polypi of the Nose and Throat,” by Dr. E. H. Linnell of Norwich, Conn.

“Importance of the Ophthalmoscope in the Diagnosis of the Diseases of the Brain,” by Dr. George S. Norton of New York.

These papers were discussed by Drs Joseph E. James, George S. Norton, E. Linnell, A. M. Cushing, B. W. James, Clarence Bartlett, A. B. Norton, and John C. Morgan.

The Editorial Association held its annual meeting. The address was read by Dr. Bushrod W. James of Philadelphia, on “Successful Medical Journalism.” The officers elected for the ensuing year are: President, Dr. Reuben Ludlam of Chicago; Secretary and Treasurer, A. L. Chatterton, Esq., of New York.

Dr. George M. Dillow, of the “North American Journal of Homœopathy,” was selected to prepare the annual address for 1888.

The general session in the evening was under the control of the Bureau of Materia Medica and General Therapeutics, the subject under consideration being “Drugs causing Disturbed Sleep.”

The following papers were presented:—

“Physiology of Sleep,” by Dr. H. M. Hobart of Chicago.

“Delirium, Coma, and Other Forms of Abnormal Somnolence,” by Dr. George W. Winterburn of New York.

“Remedies for Ordinary Sleeplessness,” by Dr. George W. Winterburn.

“Causes and Results of Sleeplessness,” by Dr. C. L. Cleveland of Cleveland, O.

“Groups of Remedies for Disturbed Sleep from Reflex Troubles,” by Dr. A. C. Cowperthwaite, Iowa City, Io.

“Groups of Remedies for Sleeplessness from Diseases of the Brain,” by Dr. T. F. Allen of New York. A conclusion reached by Dr. Allen was, that sleeplessness due to chronic cerebral over-activity could only be cured by prolonged hygienic treatment.

“Dreams,” by Dr. S. Lilienthal, San Francisco, Cal.

The adjournment was not announced quite as early as might have been expected, considering the wise recommendations of some of the papers.

THURSDAY, JUNE 30.

The morning general session was opened as usual.

The special committee, to which was referred the resolution of T. L. Brown, M.D., reported that “This Institute condemns



the action of any college which graduates an unsuccessful candidate from another school unless he attends, at least, one full course of lectures at the college where he applies for a degree." On motion the report was accepted and adopted.

Dr. T. M. Strong presented his report on foreign correspondence, showing increased activity among the members of the homœopathic school throughout foreign countries.

O. S. Runnels, M.D., presented his report as delegate to the International Convention held during the past year at Basle, Switzerland. This Convention will meet in this country in 1891. President Orme appointed Drs. I. T. Talbot of Boston, J. P. Dake of Nashville, J. W. Dowling of New York, B. W. James of Philadelphia, R. Ludlam of Chicago, O. S. Runnels of Indianapolis, Ind., and T. G. Comstock of St. Louis, as a standing committee to make arrangements for this Convention.

The special Committee on the Pharmacopœia presented its report through Dr. A. C. Cowperthwaite, in the absence of Dr. Dake, chairman, recommending that Drs. Lewis Sherman, J. W. Clapp, and F. E. Boericke be appointed a committee to confer with the Committee of the International Convention, the British pharmacopœia to be the basis for a new one.

Bureau addresses, as announced on the programme, were then delivered, and the Institute proceeded at noon-time to the election of officers for the ensuing year, with the following result: President, A. C. Cowperthwaite, M.D., Iowa City, Io.; Vice-President, N. Schneider, M.D., Cleveland, O.; Treasurer, E. M. Kellogg, M.D., New-York City (for the twenty-second time); General Secretary, Pemberton Dudley, M.D., Philadelphia, Penn.; Provisional Secretary, T. M. Strong, M.D., Ward's Island, N.Y. The Board of Censors was re-elected.

After a very thorough discussion, Niagara Falls was selected as the next annual meeting place.

Three sectional meetings were held during the afternoon hours.

The Bureau of Sanitary Science had for a subject "Climatology," and the following papers were read:—

"Ocean and Seashore Climate," Bushrod W. James, M.D., Philadelphia, Penn.; "The Study of High Altitudes in Relation to Disease," A. S. Everett, M.D., Denver, Col.; "Observations on Florida Climate," H. R. Stout, M.D., Jacksonville, Fla.; "Influence of Climate in Bronchial Affections," Charles E. Jones, M.D., Albany, N.Y.; "Influence of Climate in Pulmonary Affections," Joseph Jones, M.D., San Antonio, Tex.; "Influence of Climate in Disturbances of the Nervous System," William Owens, M.D., Cincinnati, O.; "Influence of Climate in Diseases of Alimentary Canal and its Appendages," G. H. Wilson, M.D.,

Meriden, Conn. ; "Influence of Climate in Disturbances of Circulation, Secretion, and Excretion," George M. Ockford, M.D., Lexington, Ky.

The Bureau of Psychological Medicine was, in the absence of the chairman, presided over by Dr. Selden H. Talcott, who read an impressive paper on "Habits which tend to the Production of Insanity." Dr. J. D. Buck also read a paper, the subject being "The Physio-Philosophy of Habit."

The Bureau of Anatomy, Physiology, and Pathology was presided over by the chairman, Dr. J. C. Morgan of Philadelphia, who presented an exhaustive study of the subject under consideration, "Malarial Pathology." The papers and discussions testified to the fact that the members of this bureau had not been unmindful of their duty toward the Institute during the past year.

The festivities of the evening were of a somewhat quiet order, consisting of a promenade concert, a reception held by the President with the graceful assistance of Mrs. Orme, dancing, which was but slightly participated in, and a light collation. Dr. and Mrs. Danforth of New York added much to the pleasure of the evening by their skilfully rendered musical selections.

#### FRIDAY, JULY 1.

The closing session of the Institute was well attended. The final report of the Board of Censors was made, and several names were added to the roll of membership. The total number of new members elected to membership was eighty-one.

The report on medical legislation was made by Dr. J. B. G. Custis of Washington. The report showed the legislation enacted in different States, on medical matters, during the past year.

On motion, the Executive Committee was given authority to change the next place of meeting, should circumstances seem to justify it; and Drs. A. R. Wright, D. G. Wilcox, E. S. Coburn, Phil Porter, and E. H. Wolcott were appointed the local committee of arrangements.

On motion by Dr. A. R. Wright, it was resolved that hereafter papers in general session shall not consume more than fifteen minutes in the reading; and that not more than half the time allotted to bureaus in sectional meeting shall be occupied in the reading of papers, — papers whose authors are present being given precedence in reading.

The committee on a testimonial to Dr. J. C. Burgher reported as follows:—

WHEREAS, John C. Burgher, M.D., has rendered faithful and efficient service as secretary of the American Institute of Homœopathy for the past seven years:

*Resolved,* That on his retirement from this office, the Institute desires to place on record its high appreciation of the laborious work thus accomplished; its recognition of the uniform courtesy extended to its members, and the promptness in performance of the various duties of his office.

*Resolved,* That these resolutions, properly engrossed, be sent to Dr. Burgher.

(Signed)

HENRY D. PAINE.  
HENRY M. SMITH.  
D. S. SMITH.  
R. LUDLAM.  
PHIL PORTER.

It was resolved to continue the publication of the Transactions of the Institute in the customary form.

Mrs. Emily Talbot, wife of Dr. I. T. Talbot of Boston, in recognition of her long devotion to homœopathy, and her fruitful labors in its service, was unanimously, by rising vote, elected to honorary membership.

A small phial from Hahnemann's pocket-case, the last one he used, was presented to the Institute by Dr. Phil Porter, who obtained it, while abroad, from Dr. Schwabe. The phial is less than an inch long, accurately corked, and with an exquisitely-fitting ivory cap. It contains the smallest-sized pellets, medicated with borax 30c.

Henry D. Paine, M.D., necrologist, presented his report, mentioning the deaths, during the past year, of the following members: C. Theo. Liebold, New York; R. Sargent, Philadelphia, Penn.; J. P. Dake, jun., Nashville; Henry Detwiller, Easton, Penn.; A. E. Small, Chicago, Ill.; H. B. Easton, Rockford, Me.; R. R. Gregg, Buffalo, N.Y.; David Cowley, Pittsburg, Penn.; Charles Bossert, New York. This was followed by a memorial service, during which tributes of respect and affection were offered in memory of deceased members.

Dr. T. Y. Kinne moved, and it was adopted by a unanimous rising vote, that the hearty thanks of this Institute are due our esteemed President for the uniform courtesy and impartiality with which he has presided over our deliberations.

Votes of thanks to the hotel proprietors and to the press, for courtesies extended, were passed; and, on motion, the Institute adjourned.



BUREAUS AND COMMITTEES OF THE AMERICAN INSTITUTE OF  
HOMŒOPATHY FOR 1888.

**BUREAU OF ORGANIZATION, REGIS-  
TRATION, AND STATISTICS.**

T. Franklin Smith, M.D., New York.  
I. T. Talbot, M.D., Boston, Mass.  
R. B. House, M.D., Tecumseh, Mich.  
C. E. Fisher, M.D., Austin, Tex.  
H. M. Smith, M.D., New York.  
William E. Leonard, Minneapolis, Minn.  
C. S. Hoag, M.D., Bridgeport, Conn.  
C. B. Fager, M.D., Harrisburg, Penn.

**COMMITTEE ON DRUG PROVINGS.**

Charles Mohr, M.D. (one year), Philadelphia.  
C. Wesselhoeft, M.D. (two years), Boston.  
L. Sherman, M.D. (three years), Milwaukee.  
A. W. Woodward, M.D. (four years), Chicago.  
T. F. Allen, M.D. (five years), New York.  
H. R. Arndt, M.D. (six years), Grand Rapids,  
Mich.  
Martin Deschere, M.D. (seven years), New York.

**COMMITTEE ON PHARMACY.**

Lewis Sherman, M.D., Milwaukee.  
Conrad Wesselhoeft, M.D., Boston.  
W. Boericke, M.D., San Francisco.  
H. M. Smith, M.D., New York.  
C. W. Butler, M.D., Montclair, N.J.

**COMMITTEE ON MEDICAL EDUCA-  
TION.**

Dr. T. Griswold Comstock, St. Louis, Mo.  
Dr. T. Y. Kinne, Paterson.  
Dr. R. W. McClelland, Pittsburg.  
Dr. D. H. Beckwith, Cleveland.  
Dr. L. H. Willard, Allegheny.  
Dr. O. S. Runnels, Indianapolis.  
Dr. C. B. Kinyon, Rock Island.

**BUREAU OF SURGERY.**

SUBJECT: "*Surgery of the Intestinal Tract.*"

John E. James, M.D., Chairman, Philadelphia.  
William Todd Helmuth, M.D., New York.  
J. H. McClelland, M.D., Pittsburg.  
Charles M. Thomas, M.D., Philadelphia.  
L. H. Willard, M.D., Alleghany City, Penn.  
I. T. Talbot, M.D., Boston.  
N. Schneider, M.D., Cleveland, O.  
George A. Hall, M.D., Chicago, Ill.  
S. B. Parsons, M.D., St. Louis, Mo.  
Sydney F. Wilcox, M.D., New York.

**BUREAU OF OBSTETRICS.**

THEME: "*Accidental Complications of Gestation.*"

George B. Peck, M.D., Chairman, Providence, R.I.  
Julia Holmes Smith, M.D., Secretary, Chicago, Ill.  
Sheldon Leavitt, M.D., Chicago.  
C. G. Higbee, M.D., St. Paul, Minn.  
W. C. Richardson, M.D., St. Louis, Mo.  
T. F. H. Spreng, M.D., Buchanan, Mich.  
L. P. Sturtevant, M.D., Conneaut, O.  
J. B. G. Custis, M.D., Washington.  
E. V. D. Pardee, M.D., South Norwalk, Conn.  
E. P. Scales, M.D., Newton, Mass.

**BUREAU OF CLINICAL MEDICINE  
AND SPECIAL THERAPEUTICS.**

SUBJECT: "*Results from Homœopathic Medica-  
tion.*"

George E. Gorham, M.D., chairman, Albany, N.Y.  
C. W. Butler, M.D., Montclair, N.J.  
Prosper Bender, M.D., Boston.  
A. K. Crawford, M.D., Chicago.  
A. L. Fisher, M.D., Elkhart, Ind.  
E. M. Hale, M.D., Chicago.  
D. A. McLachlan, M.D., Ann Arbor.  
C. H. Goodman, M.D., St. Louis.  
W. C. Goodno, M.D., Philadelphia.  
Charles H. Lawton, M.D., Wilmington, Del.

**COMMITTEE ON MEDICAL LITER-  
ATURE.**

J. C. Burgher, M.D., Pittsburg, Penn.  
T. S. Verdi, M.D., Washington.  
H. M. Smith, M.D., New York.  
S. Lilienthal, M.D., San Francisco.  
C. H. Hofmann, M.D., Pittsburgh, Penn.

**BUREAU OF GYNÆCOLOGY.**

SUBJECT: "*Uterine Therapeutics.*"

Philip Porter, M.D., chairman, Detroit.  
L. A. Phillips, M.D., Boston.  
E. M. Hale, M.D., Chicago.  
T. G. Comstock, M.D., St. Louis.  
R. A. Ludlam, M.D., Chicago.  
S. P. Hedges, M.D., Chicago.  
J. Claypool, M.D., Toledo.  
M. Betts, M.D., Philadelphia.  
L. L. Danforth, M.D., New York.  
N. Schneider, M.D., Cleveland, O.

**BUREAU OF PÆDOLOGY.**

B. F. Dake, M.D., Pittsburgh, Penn.  
 C. D. Crank, M.D., Cincinnati, O.  
 Clarence Bartlett, M.D., Philadelphia.  
 R. N. Tooker, M.D., Chicago.  
 Martin Deschere, M.D., New York.  
 C. H. Goodman, M.D., St. Louis.

**BUREAU OF OPHTHALMOLOGY,  
OTOLOGY, AND LARYNGOLOGY.**

SUBJECT: "*Acute Inflammation of Eye, Ear,  
Throat, and their consequences.*"

J. E. Jones, M.D., chairman, Westchester, Penn.  
 H. C. Houghton, M.D., New-York City.  
 H. H. Crippen, M.D., Detroit, O.  
 B. W. James, M.D., Philadelphia.  
 H. K. Bennet, M.D., Fitchburg.  
 F. Park Lewis, M.D., Buffalo.  
 George S. Norton, M.D., New-York City.  
 J. William Harris, M.D., St. Louis, Mo.  
 Charles Deady, M.D., New York.  
 W. H. Winslow, M.D., Pittsburgh.

**BUREAU OF MATERIA MEDICA AND  
GENERAL THERAPEUTICS.**

A. R. Wright, M.D., chairman, Buffalo.  
 H. M. Hobart, M.D., Chicago.  
 J. J. Mitchell, M.D.  
 H. C. Allen, M.D., Ann Arbor.  
 W. S. Gee, M.D., Hyde Park, Ill.  
 Sarah N. Smith, M.D., New York.  
 J. C. Guernsey, M.D., Philadelphia.  
 S. Lilienthal, M.D., San Francisco.  
 C. J. Canfield, M.D., Chicago.  
 G. W. Winterburn, M.D., New York.

**BUREAU OF PSYCHOLOGY, MENTAL  
AND NERVOUS DISEASES.**

J. D. Buck, M.D., chairman, Cincinnati, O.  
 S. H. Talcott, M.D., Middletown, N.Y.  
 F. W. Boyer, M.D., Penn.  
 N. E. Paine, M.D., Westborough, Mass.  
 Helen M. Bingham, M.D., Milwaukee, Wis.  
 C. S. Kinney, M.D., New Jersey.  
 A. P. Williamson, M.D., New York.  
 W. H. Holcom e, M.D., New Orleans, La.  
 J. G. Baldwin, M.D.  
 W. M. Butler, M.D.

**BUREAU OF SANITARY SCIENCE.**

SUBJECT: "*Influence of External Agents upon  
Disease.*"

H. R. Stout, M.D., chairman, Jacksonville, Fla.  
 H. M. Pomeroy, M.D., secretary, Cleveland, O.  
 J. W. Dowling, M.D., New York.  
 Joseph Jones, M.D., San Antonio, Tex.  
 A. S. Everett, M.D., Denver, Col.  
 T. Y. Kinne, M.D., Paterson, N.J.  
 G. H. Wilson, M.D., Meriden, Conn.  
 H. K. Macomber, M.D., Pasadena, Cal.  
 H. E. Beebe, M.D., Sydney, O.  
 Charles E. Jones, M.D., Albany.

**BUREAU OF ANATOMY, PHYSIOL-  
OGY, AND PATHOLOGY.**

William Von Gottschalck, M.D., Providence, R.I.  
 George E. Percy, M.D., Salem, Mass.  
 W. H. Dickinson, M.D., Des Moines, Io.  
 R. C. Olin, M.D., Detroit.  
 Harlan Pomeroy, M.D., Cleveland.  
 D. A. McLachlan, M.D., Ann Arbor.  
 W. B. Lukens, M.D., Dalton, Ga.  
 W. G. Hanson, M.D., Everett, Mass.  
 Charles L. Greene, M.D., Providence.

**COMMITTEE ON MEDICAL LEGIS-  
LATION.**

J. H. McClelland, M.D., chairman, Pittsburg,  
Penn.  
 F. H. Orme, M.D., Atlanta, Ga.  
 J. Heber Smith, M.D., Boston.  
 C. E. Fisher, M.D., Austin, Tex.  
 H. M. Paine, M.D., Albany, N.Y.  
 Hugh Pitcairn, M.D., Harrisburg, Penn.  
 W. J. Murrell, M.D., Mobile, Ala.  
 Selden H. Talcott, M.D., Middletown, N.Y.  
 H. R. Stout, M.D., Jacksonville, Fla.  
 J. B. G. Custis, M.D., Washington, D.C.

**COMMITTEE ON PROGRAMME FOR  
SECTIONAL MEETINGS.**

I. T. Talbot, M.D., Boston.  
 A. R. Wright, M.D., Buffalo, N.Y.  
 T. Y. Kinne, M.D., Paterson, N.J.  
 O. S. Wood, M.D., Omaha, Neb.  
 J. V. Hobson, M.D., Richmond, Va.

The announcement of subjects, and any changes in the above list of bureaus and committees, will be made in the near future through the pages of the GAZETTE.

**BOSTON HOMŒOPATHIC MEDICAL SOCIETY.**

STATED meeting June 2, 1887. C. H. Walker, M.D., President, in the chair.

The records of the preceding meeting having been approved, the following candidates for membership were elected: Clara A. Congdon, M.D.; F. L. Babcock, M.D.

Frances Henrietta Cole, M.D., of Boston, was then proposed for membership. Referred to Censors.

The following delegates to the American Institute of Homœopathy were appointed to represent the various homœopathic institutions in Boston and vicinity: Boston Homœopathic Medical Society, C. H. Walker, M.D.; Homœopathic Dispensary, College Branch, A. L. Kennedy, M.D.; Homœopathic Dispensary, West End Branch, Clara C. Austin, M.D.; Homœopathic Dispensary, Central Branch, F. D. Stackpole, M.D.; Murdock Hospital, Horace Packard, M.D.; Consumptives' Home, E. H. Miller, M.D.; New-England Medical Gazette, John P. Sutherland, M.D.; Newton Hospital, S. A. Sylvester, M.D.; Westborough Insane Hospital, N. Emmons Paine, M.D.; Massachusetts Homœopathic Hospital, D. G. Woodvine, M.D.; Hughes Medical Club, F. C. Richardson, M.D.

*Scientific Session.* — Dr. J. H. Sherman exhibited, in the person of Mr. William C. Barrock, a case of unusual motility of the chest walls, the ribs in all parts of the thorax being so elastic as to seem cartilaginous.

Dr. Horace Packard made an interesting report of a case of interstitial multiple fibroid of the womb, and exhibited the tumor of enormous size, which was removed *post mortem*.

Discussion of the subject of artificial feeding of infants was then taken up, and elicited many points of value and interest.

Dr. James Hedenberg in interesting remarks bore testimony to the value of Peptogenic Milk Powder.

Dr. E. P. Colby said that nothing had given him such general satisfaction in very weak conditions of digestion as the Peptogenic Milk Powder, or Pancreatic Extract, both prepared by Fairchild Brothers & Foster. Their long-continued use might be objectionable on account of the alkali it was necessary to use in preparing the food. He also wished to say a word in favor of feeding children on beef-juice.

Dr. J. H. Sherman had seen good results from the use of beef-juice in conditions of marasmus.

Dr. L. A. Phillips had used and favored Peptogenic Milk Powder; can also recommend Reed & Carnrick's Soluble Food. In his experience, the milk expressed from green corn had tided over many a critical period.

Dr. A. J. French always began feeding infants on cow's milk. He gave one cow's milk, and if it did not suit changed to another. Sometimes the bluest milk was found to agree the best. He used the milk undiluted in the majority of cases.

Dr. I. T. Talbot had tried very many of these foods, but had never found any thing to take the place of the human breast. In the selection of milk, he considered that from the Jersey cow



the most undesirable, and that from the old-fashioned common cow the best. He preferred the mixed milk from a number of cows. He had made very successful use of raw-beef scrapings.

Dr. Colby spoke of the use of coca cordial in cases of malnutrition.

After some further discussion the meeting adjourned until the first Thursday in October.

F. C. RICHARDSON, M.D., *Secretary.*

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*MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.*

THE semi-annual meeting of the Society was held at the Parker House, Boston, Wednesday afternoon and evening, June 15.

Records of last meeting were read and approved. The Treasurer's report showed a healthy condition of the Society's finances, there being a cash balance on hand of nearly one hundred dollars, and a still larger amount due from members.

The Executive Committee reported the application of the following-named physicians for membership, with its recommendation that they be elected: viz., Lamson Allen, M.D., of Southbridge; J. Herbert Moore, M.D., of Brookline; S. D. Dolan, M.D., of Lawrence; F. C. Walker, M.D., of Taunton; L. M. Kimball, M.D., of Boston; L. J. Hunt, M.D., of Boston; F. D. Leslie, M.D., of Boston; and Robert Hall, M.D., of Providence, R.I.; the last as a corresponding member. The applicants were unanimously elected.

The following written communications were read and discussed: viz., "Empyæma, Treatment by Paracentesis," by H. C. Clapp, M.D.; "Dysmenorrhœa," by David Foss, M.D.; "Hystero-Epilepsy," by H. F. Batchelder, M.D.; "Fracture of the Inferior Maxillary," by F. A. Gardner, M.D.; "An Interesting Case," by W. H. Lougee, M.D.; "A New Operation for Lacerated Cervix," by H. M. Jernegan, M.D.; "Urethritis," by George F. Forbes, M.D.; "Spontaneous Expulsion of a Fibroid Tumor," by Charles M. Fuller, M.D. The members in attendance participated freely in the discussions of the papers, and much valuable information was brought out thereby. The programme being completed, adjournment was voted at 9 P.M.

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

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*MAINE HOMŒOPATHIC MEDICAL SOCIETY.*

THE Maine Homœopathic Medical Society met in its twenty-first annual convention at the Augusta House at 10.30 A.M.

to-day. The attendance was larger than usual. The following were elected to membership, the Board of Censors recommending: Henry C. Jefferds, Bangor; J. M. Priley, Bangor; A. D. Ramsey, Montville; W. M. Pulsifer, Skowhegan; W. F. Cleveland, Eastport; M. K. Dwinell, Vassalboro.

A delegate from Massachusetts Homœopathic Medical Society, J. H. Sherman, M.D., of Boston, was in attendance.

The President, A. J. Harvey, Newport, delivered a very instructive and able address. He treated the growth of homœopathy. He regarded the period which had elapsed since the last meeting as one of marked progress in the homœopathic school, and reports from all parts of the State indicate an increasing public sentiment in its favor. The members of the old school of medicine, finding the results of homœopathy superior to their own, are turning their attention in no listless manner in this direction. Preliminary steps are now being taken, which, it is hoped, will result in the appointment of a representative of the homœopathic school upon the State Board of Health. The speaker thought his school could not, on any account, concede what the allopaths ask, — that the name of homœopathic be dropped. The speaker considered at some length the duties of physicians of this school towards the principles and practice of homœopathy, and its needs.

The evening session was a lengthy and busy one. The bureau of obstetrics was reported on. Papers were read by Drs. J. W. Whidden and W. B. Perkins, that of the latter written by Dr. Abbott of Bridgton. A discussion and reports of cases ensued, participated in by Drs. Perkins, Horn, Whidden, Sylvester, Bradford, and Thompson. The following officers were elected for the ensuing year:—

*President*, — C. A. Cochran, Winthrop.

*Vice-Presidents*, — J. H. Knox, Orono; J. W. Whidden, Portland.

*Recording Secretary*, — J. C. Gannet, Yarmouth.

*Corresponding Secretary*, — George A. Clark, Portland.

*Treasurer*, — Will S. Thompson, Augusta.

*Censors*, — M. S. Briry, J. W. Savage, W. L. Thompson, W. T. Horn, W. B. Perkins.

*Committee on Legislation*, — W. L. Thompson, A. J. Harvey, H. C. Bradford, S. E. Sylvester, M. S. Briry.

*Committee of Arrangements*, — W. L. Thompson, Will S. Thompson, N. T. Williams.

The usual votes of thanks were passed. A bureau of ophthalmology and otology was created. The establishing of a homœopathic hospital was discussed, Dr. W. L. Thompson presenting the necessity of a homœopathic insane hospital.

Dr. Sherman, the Massachusetts delegate, spoke eloquently on the progress of homœopathy in his State and Maine.

A committee was appointed to arrange for the publishing of a pamphlet containing the papers read at the meeting.

Adjourned.

AUGUSTA, June 7.

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#### VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

THE Homœopathic Medical Society of the State of Vermont held its thirty-seventh annual meeting in the parlors of the Pavilion at Montpelier, on Wednesday and Thursday, May 25 and 26, 1887.

The first day's session was called to order at 10.30 A.M., President William B. Mayo, M.D., being in the chair. Records of last annual and semi-annual meetings were read and approved. The Treasurer's report, showing a balance of \$147.03 in the treasury, was read and accepted.

It was voted to rescind action taken at the last annual meeting, in regard to placing a copy of records in the hands of the resident physician at Montpelier, and it was voted that the Chair appoint a committee of three to procure such information relative to present and past members of the Society as would enable them to make a permanent record of date of graduation, college, date of joining the Society, etc., copies to be placed in the hands of the Secretary and Treasurer; this same committee to procure a suitable certificate of membership, and a seal of the Society; they were given full power to act in every thing pertaining to the same.

The election, during the afternoon session, of officers for the year ensuing, resulted as follows: *President*, James Haylett, M.D.; *Vice-President*, A. A. Arthur, M.D.; *Secretary*, F. E. Steele, M.D.; *Treasurer*, H. E. Packer, M.D.; *Censors*, Drs. William B. Mayo, H. S. Boardman, and G. W. Worcester; *Auditors*, Drs. E. J. Foster, C. S. Bray, and D. A. Whittlesey. The annual address delivered by the retiring President was well received, and called forth an expression of thanks from the Society.

An informal evening meeting proved highly interesting and profitable.

On Thursday morning the Bureau of Surgery reported, the subject presented for discussion being the important one of the Antiseptic Treatment of Wounds. The value and sphere of solutions of bichloride of mercury, of iodoform, and of peroxide of hydrogen, were fully considered. The Bureau of Diseases of Children presented a paper on the Gastro-Enteric Diseases of Infants and Children.



In the afternoon a special committee reported the following:—

*Whereas*, We have received the sad intelligence of the demise of our former esteemed co-laborer, G. N. Brigham, M.D.; and

*Whereas*, He was one of the pioneers of homœopathy in Vermont, having begun his practice in 1850, and dwelt and worked hard among us in the interests and advancement of his much-loved profession until 1875, and was one of the fathers and active supporters of our State Medical Society; and

*Whereas*, We feel deeply his loss to ourselves particularly, and homœopathy generally, as his active and intelligent brain and pen and means were used in defence, sustaining or promulgating the teachings of Hahnemann, in which he was thoroughly grounded in the faith: therefore,

*Resolved*, That we extend our most hearty sympathy and deep regrets to the widow and children of the deceased, and that a copy of these resolutions be sent to the family, and also that a copy be given the papers for publication.

E. J. FOSTER,  
H. W. HAMILTON,  
J. HAYLETT,  
*Committee.*

The special Committee on Legislation reported the following resolutions, which were unanimously adopted:—

Inasmuch as legislation has twice been proposed to grant a charter for a Homœopathic Medical College in Vermont, we, the members of the Vermont Homœopathic Medical Society in convention assembled, unanimously protest against any such legislation, believing that the request is wholly uncalled for, and unnecessary. The aim of this Society is, to elevate the standard of Homœopathy, and this is best accomplished through the most thorough and liberal medical education; such medical education can only be obtained where the clinical facilities are far more abundant than they possibly can be in a sparsely settled State like Vermont.

WILLIAM B. MAYO,  
H. E. PACKER,  
*Committee.*

As the time for adjournment was rapidly approaching, it became necessary to omit discussion on several papers which were read.

The various bureaus were announced. It was voted that the Secretary have the proceedings of the meeting printed, and sent to each member; and after voting that the semi-annual meeting be held at Burlington on the third Wednesday of January next, the meeting adjourned.

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*CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.*

TWENTY-THIRD Annual Meeting at New Haven, May 17, 1887. The meeting was called to order at 10.40 A.M. by the President, Dr. E. J. Walker of New Haven.

The records of the last meeting were read and accepted.

The report of the Secretary was read and accepted.

The report of the Treasurer was presented, showing a balance on hand of \$141.36, and was accepted.

Drs. H. M. Bishop, E. A. Wilson, and Sophia Penfield were appointed a nominating committee.

The report of the committee on medical legislation was made through its chairman, Dr. C. E. Sanford of Bridgeport. The committee had held several conferences with committees from the Connecticut Medical Society and the Connecticut Eclectic Medical Society, and the three committees had finally united upon a bill to regulate the practice of medicine. The main features of the bill were registry of all physicians now practising, and the prohibition of all commencing practice in the future who are not graduates of a reputable medical school. Although the bill was ably presented to the legislature, it failed to pass. It was, however, finally, not absolutely rejected, but ordered printed with the statutes, and continued to the next legislature.

The report of the committee on delinquent members was presented, and the following amendments to the by-laws offered:—

ART. II., SECT. 7.

Members neglecting the payment of dues for three consecutive years, after proper notification from the Treasurer in writing, shall have their names dropped from the roll of membership. The Executive Committee may, however, in its discretion, remit the dues of members, and relieve them from the operation of this section.

ART. II., SECT. 8.

Members who have reached the age of sixty-five years may thereafter be exempt from the payment of dues, provided that they have paid them in full up to that time, and have been members of the Society for the ten preceding years.

The report of the committee was accepted, and the amendments were laid over to be acted upon at the next meeting.

The Bureau of Obstetrics and Diseases of Women and Children reported on two subjects, "The Influence of Mental Emotions, Food, and Drugs, on Mothers' Milk," and "The Traumatism of Labor."

Dr. Emily Pardee of South Norwalk read a paper upon the former subject; and Dr. Cole of Bridgeport, the chairman, and Dr. Adams of New Haven, presented papers upon the latter. Both subjects were afterwards fully discussed by other members of the Society.

At 1.30 P.M. the special order of business was taken up, and the report of the censors presented. A favorable report was made upon the applications for membership of the following

physicians: Sarah B. Newton, M.D., New Haven; J. W. Jewett, M.D., New Haven; Adelaide Lambert, M.D., New Haven; Marshall J. Adams, M.D., New Haven; F. L. Barnum, M.D., New Haven; Charles W. Vishno, M.D., New Haven; Charles H. Colgrove, M.D., Willimantic.

Each applicant was unanimously elected by ballot.

A resolution was offered and adopted presenting the Secretary with the sum of twenty-five dollars, as a recognition of his services.

At 2 P.M. the Society adjourned for dinner.

On coming to order at 3 P.M., the nominating committee presented their report, and the following officers were elected: President, E. H. Linnell, M.D., Norwich. Vice-President, E. E. Case, M.D., Hartford. Secretary and Treasurer, E. B. Hooker, M.D., Hartford. Librarian, G. H. Wilson, M.D., Meriden. Censors, B. H. Cheney, M.D., New Haven; Emily Pardee, M.D., South Norwalk; Charles E. Jones, M.D., Hartford; C. E. Stark, M.D., Norwich; W. F. Hinckley, M.D., Naugatuck.

The annual address of the President, Dr. E. J. Walker, was delivered.

The Bureau of Clinical Medicine reported upon the following subjects: "Cephalalgia Saturni," H. M. Griffin, M.D., Danbury; "Baptisia in the Treatment of Carbuncle," C. L. Beach, M.D., Hartford; "Phosphorus in the Treatment of Incipient Phthisis," E. A. Wilson, M.D., Rockville.

The Society discussed the papers at some length.

"The Use of Anæsthetics in Labor" was then taken up; the discussion being opened by Dr. E. B. Hooker of Hartford, and participated in by a number of others.

The following delegates were appointed:—

*Massachusetts.*—Dr. A. H. Allen of New London.

*Rhode Island.*—Dr. H. M. Bishop of Norwich.

*New York.*—Dr. W. F. Hinckley of Naugatuck.

*American Institute.*—Drs. G. H. Wilson, C. B. Adams, E. B. Hooker, Emily Pardee, and Sophia Penfield.

It was voted to hold the semi-annual meeting at Meriden on the second Tuesday of October.

EDWARD B. HOOKER, M.D., *Secretary.*

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#### PLYMOUTH-COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

A MEETING of the homœopathic physicians of Plymouth County was held at the office of Dr. E. A. Dakin, Brockton, March 16, 1887, to organize a County Medical Society.

Quite a number were present, and the organization promises to be a success.



The following officers were chosen for the ensuing year: President, Dr. S. B. Dickerman of Abington; Vice-President, Dr. E. A. Dakin of Brockton; Secretary and Treasurer, Dr. L. S. Carr of Brockton; Executive Committee, Dr. D. E. Brown of Brockton, Dr. C. S. Mercer of Bridgewater, Dr. C. E. Ames of Whitman.

The meetings are held the last Wednesday of every month, with dinner at Hotel Metropolitan.

Four have already been held with good attendance, and the subjects Tonsillitis, Diphtheria, and Pneumonia ably and interestingly discussed.

The idea of the President is to take up such diseases as shall be most prevalent at the time of meeting, and thus each member shall be better prepared to meet them.

The social intercourse is by no means overlooked.

All physicians in this or adjoining counties are cordially invited to join.

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*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN  
MASSACHUSETTS.*

REGULAR quarterly meeting of the Society was held Wednesday, June 15, 1887, at Cooley's Hotel, Springfield.

Dr. N. C. Whitefield having removed to Dakota on account of ill health, his request to withdraw from membership was granted; and by vote of the Society, he was elected to honorary membership.

The names of Drs. P. R. Watts of Monson, George W. Stearns of Holyoke, and A. J. Bond of Adams, were presented for membership.

Dr. J. K. Warren of Worcester, was chosen delegate to the meeting of the American Institute of Homœopathy.

The Bureau of Pædology and Diseases of the Chest — Dr. N. W. Rand, chairman — then took the charge of the meeting, and the first paper presented was by Dr. B. A. Sawtelle, upon "Avoidable Causes of Diarrhœa in Teething Children." Among such causes he considered sudden colds: sometimes from keeping the child in a current of air; oftentimes by removing the belly-band at too early a period, leaving the bowels exposed and cold, whereas the abdomen should be as well protected as, or even more so than, other parts of the body. He would have a child wear woollen clothes next to the skin. Another frequent cause of the trouble is improper food. Mother's milk is the best; but if necessary to use artificial food, study to get the kind best adapted to the case, and be careful to avoid over-feeding and too frequent feeding.

In the discussion which followed, some interesting points were

brought out. Dr. Chamberlain would have children lie on the belly, as all other animals do. Let them ride in the fresh air as much as possible. Pitching of children into the Ganges is terrible to think of, but we let more than half of the children die under five years old, often from lack of air, sunlight, and good care.

Dr. Cushing thinks many cases of illness might be avoided if nurses fed less of anise and other drugs to the babies.

Give them plenty of water inside, and not too much washing outside.

Dr. Parkhurst finds many cases of cholera infantum, so-called, are cases of milk-poison. A change of milk is the most essential part of the treatment in such cases. A case happened in his practice lately, in which the cow had been eating tansy. Milk was procured from another source, and the child recovered at once.

Dr. O. W. Roberts reported cases in which cold water, given *ad libitum*, produced wonderful improvement. In one instance, an old-school physician, in consultation, advised opium, to quiet the child. All it wanted was cold water, and when it had that it dropped asleep.

Some of the members advised mixed milk from a dairy in preference to one cow's milk. Others prefer the milk from one cow.

Adjourned for dinner.

At the afternoon session, Dr. Vining of Conway presented a young man who had been under his care for a few weeks, requesting advice of members as to treatment, etc.

Dr. N. W. Rand presented a paper upon pleuritis, reporting two cases now under treatment, each having been aspirated once, and each now taking iodine 2x, and improving nicely.

Dr. G. H. Wilkins reported a case of chronic pleuritis, the patient never having a single symptom of any trouble except dyspnoea. Eight quarts of fluid were withdrawn from left pleural cavity by means of the aspirator, at two operations within a few days of each other.

The case finally proved fatal from rupture of a blood-vessel into the pleural cavity.

Dr. A. J. Bond of Adams reported a case of neuralgia of long standing cured by *spigelia* 2x dil.

Adjourned till third Wednesday of September.

G. H. WILKINS, M.D., *Secretary*.

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OREGON STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE eleventh annual meeting of the Oregon State Homœopathic Medical Society was held May 3, 4, and 5, 1887, in the parlors of the Gilman House,

at Portland. The session throughout was well attended, and was conceded by all to have been the most interesting and profitable one yet held.

The officers elected for the ensuing year were: Z. B. Nichols, M.D., President; George Wigg, M.D., Vice-President; S. Lewis King, M.D., Secretary; Osman Royal, M.D., Corresponding Secretary.

The first day's session was largely occupied by business of the society. During the two succeeding days, papers were presented and discussed, as follows:—

“Pregnancy — Its Differential Diagnosis;” by S. R. Jessup, M.D. “Parturition;” by William Geiger, M.D. “Puerperal Fever — Its Causes and Effects;” by B. E. Miller, M.D. “Puerperal Fever — Its Prevention and Treatment;” by A. S. Nichols, M.D. “Present Status of Homœopathic Materia Medica;” by Osman Royal, M.D. “Colchicum;” by George Wigg, M.D. “Antiseptic Medicines;” by C. E. Geiger, M.D. “Drug Proving;” by C. L. Nichols, M.D. “Ulcers;” by S. A. Brown, M.D. “Eczema — Its Natural History and Diagnosis;” by S. Lewis King, M.D. “Eczema — Its Treatment;” by F. D. Miller, M.D. “Granular Conjunctivitis;” E. C. Brown, M.D., O. et A. Chir.

The paper by George Wigg, M.D., of East Portland, on “Colchicum,” is deserving of special mention, being a thorough study and résumé of the effects of this drug. It will doubtless find its way into one of our medical journals. A paper upon “The Present Status of Homœopathic Materia Medica,” by Osman Royal, M.D., was, by unanimous request of the society, ordered printed in the daily press of the city, also in some one of our medical journals. The session closed with a grand banquet at the Esmond Hotel, given by Portland physicians to the State Society.

This gathering gave most cheering evidence that homœopathy not only lives but thrives in this “edge of the world.” The Pacific University of Forest Grove, Oregon, through a committee consisting of President Ellis of the University, Rev. G. H. Atkinson, D.D., and Mr. G. Shindler of this city, conferred with the society in regard to the founding of a homœopathic college in Portland, to be under the auspices of that school. The matter is now under consideration. The society adjourned to meet again in this city in May, 1888.

OSMAN ROYAL, M.D., *Cor. Sec.*

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## PERSONAL AND NEWS ITEMS.

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THE MEDICAL PROFESSION will be gratified to learn that Dr. E. P. Colby has taken an office at No. 10 Park Square, Boston, where he will give special attention to the treatment of diseases of the nervous system. His office hours will be from 1.30 to 3.30 P.M.

DR. J. L. COFFIN has removed his office from Phillips Building, Hamilton Place, Boston, to No. 10 Park Square. Dr. Coffin gives special attention to diseases of the skin. His office hours are from 2 to 4 P.M., daily (Sundays and Thursdays excepted).

DR. H. F. BRACKETT has removed to No. 161 Warren Avenue, Boston.

DR. F. L. NEWTON has located at No. 20 Highland Avenue, corner Thorp Place, Somerville, Mass. His office hours will be from 2 to 4, and 7 to 8 P.M.

DR. E. B. PHILBROOK, class '87 Boston University School of Medicine, has located at Fall River, Mass.

DR. EMMA J. WELTY, formerly of Boston, is well established in Portland, Oregon.



DR. D. S. WHITTEMORE, class '87 Boston University School of Medicine, has located at No. 47 Ocean Street, Providence, R.I.

DR. C. H. FINCH of Fall River, Mass., has removed to East Providence, R.I.

DR. C. H. GILES of Providence, R.I., has removed to New York City.

DR. NANCY J. A. SIMONS, formerly of Boston, has located at Waitsburg, W.T.

WE learn of several good locations in Oregon, one at Albany in that State, a place with a population of five thousand, and without a homœopathic physician.

PHYSICIANS as well as students will be interested to learn of a summer course in Gynecological Surgery, to be given by Dr. Packard, beginning Wednesday, July 6, and continuing six weeks, with three clinics weekly.

*Scope of Course.*—Methods of examination, differential diagnosis, general and local therapeutic measures, minor surgical treatment, commonplace and capital operations, lectures on the technique of antiseptic surgery as applied to gynæcological operations, etc.

It is the aim to make this course unexcelled in its practical character. Terms, twenty-five dollars, payable in advance. Class limited.

For further particulars address

HORACE PACKARD, M.D., *Hotel Chatham, Boston.*

AT the thirtieth annual meeting of the Homœopathic Medical Society of the county of Kings, N.Y., held May 10, 1887, the following officers were elected for the ensuing year: President, J. L. Moffat, M.D.; Vice-President, W. C. Latimer, M.D.; Secretary, H. D. Schenck, M.D.; Treasurer, H. M. Smith, M.D.; Necrologist, Elizabeth M. Clarke, M.D.; Censors, E. Hasbrouck, M.D., H. Minton, M.D., H. M. Lewis, M.D., W. M. Butler, M.D., E. Chapin, M.D.

Interesting addresses were made by Professor T. F. Allen, M.D., of New York, and by the retiring president, J. L. Moffat, M.D.

Yours truly,

H. D. SCHENCK, M.D., *Secretary.*

WANTED, an AMBULANCE SURGEON at the Brooklyn Homœopathic Hospital, 109 Cumberland Street, Brooklyn, N.Y. Apply at once to Dr. Charles L. Bonnell, Chief of Staff, stating reference, and time and place of graduation.

WANTED.—By a young man eighteen years of age, a situation in office of a physician where instruction would be given in part payment for services.

Address

W. E. H., *Young Men's Christian Union, Boston.*

### HABITUAL CONSTIPATION IN CHILDREN.

“WE know that infant feeding is the subject of great difference of opinion among mothers and nurses, and sometimes children thrive on a diet which doctors consider unsuitable. There is no doubt, I think, that some malted foods added to milk are both digestible and nourishing; they stimulate the bowels to regular action, the motions becoming normal in appearance and quantity, whilst body growth increases at a proper rate. I have known of many cases where Mellin's Food (which has now become a very popular preparation) has agreed well with young children, improving their nutrition in a remarkable manner. It is soluble in cold water, and said to contain eighty-seven per cent of dextrine, maltose, etc., but the efficacy of the Food, according to Mr. G. Wigner, consists in its containing those nitrogenous and phosphatic principles which contribute to the growth of bone and tissue. The starchy and sugar elements are in small proportion.<sup>1</sup> When mixed with milk its digestive power is increased, and it is most valuable as a nutritious food. In June, 1884, I saw a child eight months old, who was brought up by hand, and did not thrive owing to flatulent distention of the bowels and constipation, the motions being hard and

<sup>1</sup> Both Fresenius and Stutzer, by analysis and microscopical examination, have shown Mellin's Food to be *wholly* free from starch.

pebbly, with much straining in defecation. Mellin's Food, mixed with milk, quickly overcame these troubles, and the child soon became strong and healthy. In another case, a child aged one year, also brought up by hand, was very constipated, thin, and whining, with the wrinkled face of abdominal trouble. It was rapidly passing from bad to worse. From the day Mellin's Food was given an improvement set in, the sickness ceased, the abdomen became soft, and the action of the bowels was healthy and regular."—*Dr. William H. Day, in London Medical Press, May 11, 1887.*

## ORIGINAL MEMOIR.

DR. MALACRIDA, IN GAZETTE DEGLI OSPITALE, MILAN, 1886.

*Utility of Carnrick's Soluble Food.*

IN July last there came under my care a lady suffering from parenchymatous rheumatic nephritis. The attack was so acute as to lead to the suspicion of variola; shivering, frequent and terrible lumbar pains, vomiting; but on the third day occurred an œdema, which became general. The urine, being examined, removed every doubt as to the diagnosis; in quantity half a litre in twenty-four hours; reaction acid; specific gravity 10.35; reddish-brown color on account of the presence of blood. Tested for albumen it became a solid brown mass, almost black. The microscope revealed a great quantity of renal epithelium, numerous blood corpuscles, both red and white, etc. The patient was threatened with pulmonary œdema; an obstinate vomiting of mucus and acid rendered impossible the administration of any remedy to overcome the constipation afflicting the patient from the first, and which prevented any possibility, by the intestinal tract, of compensating for the insufficiency of alimentation. Perspiration was induced, cups were applied to the lumbar region. Attempts were made to administer milk, first pure, then deprived of butter by beating, and seasoned with salt or with Carlsbad water, but all were abandoned on account of distressing gastric symptoms being aggravated in the most extraordinary manner. Not knowing where to turn for a dietetic and curative method, it occurred to me that when sick infants were afflicted with gastro-enteritis of the gravest nature, I had always used the Carnrick Soluble Food with the greatest success. I therefore resolved to try it in this instance. I had a teaspoonful boiled a few moments in a glass of water, and gave it hot to my patient, who supported it exceedingly well. I repeated the potion after a few hours. In short, nourished with this food alone and treated with a few subcutaneous injections of hydrochlorate of pilo-carpine, the gastric intolerance diminished, the tongue became clean, the breath less offensive, the quantity of albumen contained in the urine being less, morphologic elements disappeared, phosphites and chlorides re-appeared, and the patient made good recovery, not abandoning, however, for two weeks more, Soluble Food (*la sua farina alimentare*).

The same tolerance for this nutriment was afterwards noted in two other cases of nephritis when milk could not be retained. I also attempted the administration of this food in two cases of ulcer of the stomach, but with less happy results, though the tolerance was better than for milk, especially with the addition of a strong infusion of coca or a few centigrammes of hydrochlorate of cocaine.

Another female patient afflicted with carcinoma of the pylorus, and for whom the question of alimentation was a most serious one, as she tolerated neither milk nor broth, nor extract of meat, nor peptones, supported very well the Soluble Food cooked in water, to which was added a little diluted spirit of cider.

In conclusion, I believe that of all the special foods which are more or less highly praised and introduced to our notice, this Carnrick Food merits the preference.

DR. W. STEUART, of the Marine Hospital, Baltimore, Md., says: "Colden's Liquid Beef Tonic is a most excellent invigorator of the system."

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New-England Medical Gazette.

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EDITORIAL.

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*“PHYSICAL PROPORTIONS OF THE TYPICAL MAN.”*

IN the July issue of “Scribner’s Magazine,” Dr. D. A. Sargent, the well-known director of the gymnasium of Harvard University, has a thoughtful and original paper which is worthy the careful reading of every physician. Space forbids an exhaustive analysis of, or extensive quotations from, Dr. Sargent’s paper; but to a few of its salient points we cannot resist calling attention. “Athletics” is a word so commonly in use among us to-day, that we are wont to think of the thing it represents, as very extensively popular and practised; and it is therefore, Dickens-ianly speaking, something of a “staggerer,” to be told by Dr. Sargent that hardly one per cent of our young men devote themselves systematically to physical culture, while the proportion of young women interested in this very vital matter is small beyond computation. Doubtless Dr. Sargent would cheerfully admit, that a far larger per cent of our youth take an occasional turn at the dumb-bells, or swing at the Indian clubs, belong to a local base-ball club, or enjoy a pull on some neighboring river or lake; but his statement holds good, that this is not, properly speaking, physical culture. Physical culture means hard work, patient work, and, first of all, intelligent work. It does not mean training a chest and arms, already strong, until they are strong enough to win a race for their college, and a



place in college tradition for their possessor. It does mean the far more important, far less inspiring work of building up, from inherited physical stock-in-trade, a symmetrical, healthy body; to search out one's weak points, and to make the end of training to strengthen one's weak points, and not to emphasize one's strong ones. Dr. Sargent, in a number of highly interesting typical charts, made up from an immense number of careful measurements, demonstrates how a man, nobly symmetrical and strong in certain proportions, may be lamentably weak and ill-made as regards others. As a chain is just as strong as its weakest link, so a body is just as strong as its weakest organ. Dr. Sargent hints a promise, that in some future paper he will give us the proportions of a typically healthy body. Let us trust that he will do so, and that it may become the nobly sensible custom of future generations, to test themselves in youth by some such standard, and, in so far as they fall short, to make it a part of the business of their lives to approach its ideal; knowing that only in a healthy, harmoniously-working body, can man or woman strive, with any hope of success, toward the highest possibilities of mind and spirit.

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#### EDITORIAL NOTES AND COMMENTS.

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THE PHYSICIAN HIMSELF, his fit surroundings, and the appurtenances of his every-day life, seems to be fruitful subject of discussion, now that in these bright summer days one's spirits rise with the thermometer, and a little mild professional levity may be pardoned to even the medical journalist. In a late issue of the Boston "Medical and Surgical Journal," the editor discusses with a gentle, Elia-like grace and humor, the subject of "The Doctor's Overcoat;" and a writer in the Boston "Post" has lately favored us with his ideas on "The Doctor's Buggy." As his remarks are original in their way, we append them for the benefit of our readers.

"*Apropos* of doctors' overcoats, I might add a word or two about their buggies—I say buggies, because Boston physicians usually ride in such vehicles, though I intend my remarks to apply to all kinds of doctors'

carriages. They ought to be professional, and so ought the horses and harnesses. It annoys me to see a doctor riding about in some nondescript wagon which a contractor, a constable, a horse-jockey, or even a drummer might use. There is, I am glad to say, one distinguished surgeon here in Boston whose turnouts are always unmistakably professional. His horses are of a solid, enduring kind, the harnesses heavily plated, and the carriage substantial and well built. A doctor's establishment ought never to have a fair-weather appearance, as if it were taken out only for an afternoon drive when the day was fine. It should be kept in good order, the horse well groomed, the carriage clean, and the harness shining; but it ought all to be adapted to rough usage. The steed should not be too well-bred, for well-bred horses are ill fitted to stand out in all weathers; and the harness should be even unnecessarily strong. All these matters of form are beginning to get a foothold among us — I mean not among doctors only, but among almost all classes; and if, as some writers maintain, there is a close connection between the love of form and the love of art, we ought to rejoice that the Yankee has at last awakened to the necessity of doing things 'in style.' — *Boston Post.*

We may add, with the curtness of haste rather than of ill-humor, that the above strikes us as having its origin in that too rapidly developing sentiment, — "so English, don't-you-know," — which strives to search out coats-of-arms for American carriage-panels, impose a uniform on American servants, and clothe fashionable alms-giving in the dress of a church sisterhood. It hardly seems to us that this spirit is in accord with that truly American one, which, from the earliest days of our Republic, has made constant and virile demand for fact and substance, leaving form to take care of itself. No frippery of lace and jewels, no blare of trumpets, belittles on state occasions the fact that the first gentleman in the United States holds that position in virtue of his ability above his fellows to serve his fellows. Change of form and disregard of form are inevitable accompaniments of progress; love of form and fixity of form mark the effete and disintegrating, not the manly and growing state. Of so little account is form, in the operations of nature, that the greatest observer of our time points out that "development is continual masquerade." Wherefore, since the doctor maintains not and rides not in his buggy for the æsthetic education of his fellow-citizens, so that the buggy but meet the doctor's tastes and requirements, its form, like the color of the hair of Benedict's sweetheart, may be "as it pleases Heaven."

IN the course of a communication to the "Homeopathic World," July, 1887, Dr. J. D. Tyrrell of Montreal, Canada, cites the following experience :—

"Called to see Miss U——, suffering from usual periodic headache ; gave *Lach.* 75 m. (Fincke), and then dissolved a few No. 8 pellets of *pure sacch. album* in half a glass of water, *churning it well* with a spoon (potentizing it, I fear); dose, a teaspoonful every half-hour till better. . . . Soon after taking the *sacch. alb.* she became 'deadly sick and faint ; thought she would *die, she was so weak*, could not lift her head ; *felt as if she would sink bodily right through the bed.*' Each dose made her so much worse that she stopped it, and was able to come down stairs. . . . This is the first time I had such a symptom from *sacch. alb.*, but still it was too marked to pass on without making a note for verification, either clinically or pathogenetically. I know I had pure sugar pellets and fresh water." . . .

One hardly knows at what, in the above amazing paragraph, to wonder most, its negative or its positive aspects,—what it affirms, or what it ignores. It is certainly remarkable for a student — a scientist — to ignore the fact that the symptom whose cause he goes far afield to seek, is a not at all unusual one in nervous "periodic headache," and its *raison d'être* need not be farther sought for where that malady exists. It is more remarkable that a believer in the miracles wrought by "potentization" should have ignored the *Lach.* 75 m. previously given, as a possible factor in the production of this symptom he is so diligently hunting down. And it is most remarkable of all, and a something before which the weak and hesitating faith of the materialist stands appalled, that the churning with a spoon of white sugar in common fresh water should be suggested to result in a beverage capable of causing the rash partaker thereof to feel herself weak — dying — "sinking bodily right through the bed."

If this be indeed a fact, — and who, O my brethren ! is bold enough to challenge it in a land where the I. H. A. holds session as a scientific body? — it is not a fact to be confined within the modest limits of professional journalism, but one which must be proclaimed in accents of warning to a rash world, ignorant of the awful danger of churning innocuous substances with a teaspoon. If sugar and water thus "churned" suddenly develop qualities so fell, what a future of toxic horror may await that un-English nation which hourly consumes untold gallons of *eau*



*sucré*, after churning the same with its frivolous teaspoon during hours of indolent chat!

And if thus with water, what of tea, of coffee, thus sugared and churned and "potentized" daily at millions of American breakfast-tables!

— This subject is too lurid for the cold editorial page. It is distinctly a matter for the prohibitionist and the legislator.

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THE UGLY LITTLE BOTTLE-IMP of the old pantomime used to complacently remark to the horrified peasant who had been cajoled into freeing him from his corked-up prison, "I have come to stay. You must learn to love me." It would seem sometimes, that the imp with which the imagination of the exasperated physician peoples that abomination, the modern nursing-bottle, is continually flinging a not dissimilar taunt to the long-suffering medical profession; one of whose most perplexing problems it is, to neutralize the many mischiefs caused by the nursing-bottle's use. What food will best nourish the unlucky baby, deprived through its mother's misfortune, or perhaps her criminal indolence and vanity, of its natural sustenance, is a sufficiently perplexing question. The wide choice of natural and manufactured foods, and the many accessible and useful teachings on this subject, offer the physician, however, much aid toward the solution of this perplexity. A harder problem is how to persuade mothers and nurses — the appropriate food for the individual case once fixed upon — to administer that food in a rational and wholesome manner. And this manner is NOT by means of the nursing-bottle, in any of its mischievous varieties, whereof the worst specimens poison the baby with their white nipples, and accumulate filth in uncleanable tubes, that the baby may suck through them the germs of fatal disease; while in the best of them, as too often carried about, a sop to the poor little wailing Cerberus in the perambulator, exposed to the sun and the warmth of the child's body, the food becomes heated, changed, unfit for normal use. Chief among the physician's sermons on infant hygiene, should come that on the use of the teaspoon as the sole vehicle for the administration of artificial food. Its use is learned with incredible rapidity by the youngest baby.

Its perfect cleanliness is a thing of course. Regularity in hours, and uniformity in quantity of food, are greatly assured by its use, for it cannot, like the impish and omnipresent nursing-bottle, be presented on all occasions to the protesting baby, by guardians too indolent, or too ignorant to intelligently investigate the cause of the infant protestation. Should the guardian object to the use of the tea-spoon, as involving more trouble than that of the nursing-bottle, the physician may grimly and truthfully rejoin, that more trouble still is involved in nursing a baby through cholera infantum, — not to mention the funeral expenses.

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“HOMŒOPATHY” must go. So our adversaries have assured us since first homœopathy came; so the dear if prejudiced old “Autocrat” proclaimed from the “regular” housetops, many a year ago, only to cross the sea in these latter days, and be stared out of countenance at his own chamber window by a bust of Hahnemann in the window of the homœopathic chemist opposite. So the “Medical Times” told us, and has done its best to verify its prophecy, though seemingly, up to date, only with the experience of the man who digged a pit to fall therein himself. And now, so that strong champion of the doctrines of Hahnemann, Dr. John H. Clarke, informs us through the pages of that much-esteemed contemporary of ours which calls itself no longer the “Homœopathic World.” In the June issue of his magazine, Dr. Clarke, in the admirably clear and concise style characteristic of him, calls attention to the fact, that upon the title-page of his magazine, “Homœopathic” will henceforth appear, spelled without a diphthong, and pleads with his contemporaries to join him in waging war against the meaningless diphthongs which needlessly complicate the writing of words now thoroughly Anglicised. “Homœopathy,” according to Dr. Clarke, must go; and into its place steps “homeopathy,” to abide, let us hope, forever. Similar condensation, in the interests of utility, is urged for “pædology,” “gynæcology,” “ætiology,” “œdema,” and their many well-known etymological *confrères*.

There is every reason on the side of this sensible reform, and there is no objection to be urged against it, save that intangible

one, rooted in the sentimental clinging to the old and the familiar, which whispers that the homœopathy for which our professional ancestors fought, bled, and died, as one may say, was unquestionably a homœopathy with a diphthong in it. But all this is, as Mr. Toots says, "of no consequence at all."

The GAZETTE is not as the confiding Comanche Indian, that it should attempt to lasso the locomotive of utilitarian progress. But the GAZETTE does confess to a deplorably old-fashioned regret of even the superfluous, when it is associated with the dignity of long usage. We have always felt, for instance, that with the dropping of the *u* from "honour" and "favour," there passed away a certain gentle savour — we beg utility's pardon — savor of old-time grace and leisure. But we dare not make further confessions, lest the GAZETTE itself be regarded as little better than one of the obsolete.

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#### ANNOUNCEMENTS.

THE Bureau of Materia Medica and General Therapeutics of the American Institute of Homœopathy has selected as its subject for study during the coming year, "Zincum Metallicum and its Salts." The Bureau of Psychology has announced as its subject "Nutrition in Nervous and Mental Diseases." These subjects we were unfortunately unable to include in the list of Bureaus and Committees which appeared in the GAZETTE for July.

WE take pleasure in announcing that early in August Messrs. Otis Clapp & Son will take possession of their new and commodious quarters at No. 10 Park Square. A description of the new buildings, and a cordial invitation extended by the firm to its professional friends to visit and inspect the same, will be found in our next issue.

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"CATARRHAL HEADACHE." — The following is a good illustration, from an unexpected source, of homœopathic therapeutics: "Iodide of potassium is said to quickly relieve the dull headache so often accompanying an ordinary cold in the head. Two grains may be dissolved in a glassful of water, which is to be taken in little sips during half an hour. Dr. Davis recommends this simple remedy, and says he has hardly ever known it to fail." — *Maryland Medical Journal*.



## COMMUNICATIONS.



## ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

[Continued.]

THE published pathogeneses present no symptoms in the MENTAL SPHERE, and the only indications I have been able to find are the following from a valuable pamphlet by Dr. Selden H. Talcott, entitled "Applications of New Remedies in the Treatment of Mental and Nervous Diseases:" —

"The iodide of arsenic is valuable in melancholia with restlessness, following the suppression of skin diseases; also in the mental depression which sometimes ensues in the course of a chronic diarrhœa, with long-continued and distressing abdominal pains."

The symptoms, too, of the FEVER GROUP are scanty in the extreme: "Some fever, pulse eighty, strong (third day). Constant yawning; he becomes sleepy much earlier than usual (after two hours); night restless; slept little (third day)." And yet one of the most certain pieces of practice in the entire range of homœopathy is the use of this remedy in hay-fever. Dr. Hale has the honor of pointing this out, and his indications have been repeatedly confirmed: —

"It is the nearest to a specific for *catarrhus æstivus*, or hay-fever, that we now possess. I have cured many cases of years' standing; I have modified many habitual attacks, so that they became bearable and did not drive the patients to Mackinaw; and in many epidemics similar to hay-fever, it acted magically, sometimes arresting the attacks in a few hours."

Dr. Lucius D. Morse of Memphis remarks that arsenicum iodidum is said to act more beneficially than the arsenicum album when the acidity of the nasal secretion is very pronounced. Dr. Hale further remarks: —

"*Epidemic influenza*, whether a simple *catarrhal fever*, a bad cold, or the epizootic, so called. When the horse disease swept over this country, I carefully studied the symptoms as narrated in the newspapers, and I resolved, in case it reached Chicago, to give the iodide of arsenic to my horse if attacked. I saw many cases in all stages, and was struck with the similarity of all the symptoms, and the general condition of the animals, to the symptoms of arsenic, particularly the iodide. I publicly advised its use, and gave it to my horses, and to those of my neighbors, as a *prophylactic*. The result was, that in many cases it cut short the disease when well under way, and prevented, almost entirely, its attacks in those horses to whom it had been given as a preventive. The disease afterwards attacked men, women, and children, and this medicine was the specific remedy in nearly every case I treated, although, as before mentioned, gelsemium was of great assistance."

Hale also proposes its use in *scarlet fever* and *small-pox*, asserting that "it will effect an alteration of the malignant processes quicker and surer than any other medicine."

In small-pox, this remedy is, according to Kippax, preferable to either mercurius or tartar emetic after the pustules are formed, and there is a tendency to putrid decomposition; and the present writer found it effective in a number of cases during the Montreal epidemic of 1885.

This remedy presents but few symptoms of the SKIN GROUP, and yet considerable use has been made of it in this class of diseases. Dr. Blakely developed itching on various parts of the body (after two and a quarter hours); persistent itching on various parts of the body.

Hale writes:—

"In *obstinate eruptions on the skin*, it has acted better in my practice than arsenicum album, particularly in *dry, scaly, burning and itching eruptions*, such as *lepra, impetigo, psoriasis, tinea, furfuraceous pityriasis*. Also in old irritable *ulcers*, with sanious, corrosive discharge and burning pains. When these affections occur in scrofulous subjects, with swollen lymphatic glands, the iodide of arsenic is particularly useful."

This excellent writer adds:—

"In those sudden attacks of *erythema*, affecting the head, face, neck, and hands, with intolerable itching and burning, and ending in bran-like desquamation, and which I believe to be hay-fever under a masked form, this medicine acts better than rhus."

Dr. Samuel Lilienthal gives the following indications for *arsenicum iodidum* in his well-known "Treatise on Diseases of the Skin."

"*Objective*.—Chronic, obstinate, scaly eruptions on scalp. Dry scaly eruptions. Erythema. Cancerous diseases. Impetigo. Lepra. Psoriasis versicolor. Pityriasis. Tinea furfuracea.

"*Subjective*.—Burning heat in lumbar region, as if clothes were on fire. Burning itching, and formication in eruptions. Chilliness of left thigh, followed by formication and weight in left foot. Clothes feel cold when extending the left limb; formication and weight extending to right foot, relieved somewhat by walking. Formication on both ankles and on exterior border of left foot, followed by burning in the instep. Itching, especially on the back. Itching of back of left hand, followed by stinging itching of back of right hand."

Dr. T. M. Strong, in "Arndt's System of Medicine," gives the general indication, "In the chronic forms of scaly eruption affecting the head and body, with burning and itching;" and Dr. Thomas S. Dunning of Philadelphia repeats, that it is indicated in "dry, scaly, burning, itching eruptions on various parts; obstinate chronic eruptions; tinea furfurans."

The same writer reports the following interesting case:—



"Tillie R., aged nine years, several years ago after chicken-pox, had an eruption on the body and hairy scalp. Child has light hair, very dry and harsh. The father and mother both have varicose veins. Mother subject to eczema rubra. Others of the family have had eczema. About two years ago the case came under my care, but then there was much of an eczematous combination. It was soon better, mainly under rhus toxicodendron and calcarea carbonica. In March last (1880) the case again came into my hands. I found the scalp matted one or two lines thick with white scales, held together by a little sebaceous matter, forming an asbestos-like mass among the hair, but not cutting it off or causing baldness. The microscope, magnifying three hundred diameters, revealed no spores or filaments of fungi, but only epithelial cells and detritus. Down the back of the neck to back, and down the arms to elbows and wrists, were roundish spots of a slightly reddish hue, covered with scales, these spots running into each other here and there, but no moisture anywhere, unless the cutis was torn by scratching. The itching was at times severe, but not often so. The eruption was found in a less degree on the legs and breast, but not on the face.

"The scalp was moistened with glycerine and water, and washed with castile soap-suds at first, later with soft soap, and still later with soda bicarb. Internally, mezereum 3x was given for a month with some little effect; then calcarea carbonica 30 for nearly the same time for general symptoms, and because it had helped in somewhat the same condition two years before. The result was negative.

"June 8, arsenicum iod. 4x was given several times a day. The effect was marked from the start. In two weeks the whole surface was clearer, and was healing. The same remedy was continued for six weeks at long intervals, then omitted for two weeks. By this time, Aug. 2, the skin of the arms and back was clean and free from marks, being soft and pliable as an infant's. Soon the scalp was clean also. I gave them medicine for any return, fearing she was not yet quite well. They neglected it, and there are again some patches on the scalp, but the body remains perfectly free, and the general health is first-rate. She has just begun with the same remedy again."

Dr. Sandford of Bridgeport, Conn., in the fruitful paper already quoted, reports the following case:—

"I have treated within the last few weeks, a severe form of psoriasis in a child four months old, who had been treated both allopathically and homœopathically, but which had gradually increased in extent of surface diseased and in the violence of constitutional symptoms, until the little sufferer was almost entirely covered with the inflamed and scaly eruption. In a few days after commencing treatment with *iodide of arsenic*, the improvement commenced, and within fifteen or eighteen days the entire surface of the skin was as 'smooth as a baby's,' and the constitutional symptoms were entirely removed."

Dr. F. A. Benham reports the following case in the "*American Journal of Homœopathic Materia Medica*," vol. i. :—

"Miss F. T., aged eighteen, general good health, but from her infancy she has been troubled with an eruption of the scalp. At times it would show itself on the face, hands, arms, chest, and other parts of the person, but the scalp had never been free from it since its first appearance. Various remedies had been used, but with no relief, and the patient and her



friends had settled down in the belief that the disgusting condition would attend her through life.

“In September, 1866, when my attention was called to the case, I found the scalp completely covered with a thick, white, scaly crust, which, on being rubbed up with the comb, would crumble off in a white powder, leaving a raw, red surface, inclined to bleed.

“*Arsenicum iodidum*, second decimal trituration, a powder three times a day, and in four weeks not a trace of the disease was left, and a year after there was no indication of a return.”

Dr. Fleury recommends this remedy, in the first decimal trituration, for acne rosacea; I have often acted on this hint, but never gave lower than the fourth decimal.

At the fifth annual meeting of the Homœopathic Medical Society of Pennsylvania (1871), Dr. J. H. McClelland stated that he had used iodide of arsenic in filthy ulcers of the leg. He had used it in low potencies, but found better results from high potencies. He had had rapid success, particularly in one case. At the eighth annual meeting of the same society, Dr. Williamson reported that he had seen benefit from iodide of arsenic in mammary and other forms of abscess, characterized by the usual throbbing, with very great restlessness, or, in children, peevishness. Hale recommends this remedy in old, irritable ulcers, with sanious, corrosive discharge and burning pains.

[*To be continued.*]

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### *A CLINICAL STUDY OF VERBASCUM THAPSUS IN AURAL DISEASE.*

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

[*Abstract of a Paper read at the American Institute of Homœopathy, June 29, 1887.*]

DURING the past year or two our medical journals have contained, from time to time, reports of the use of so-called “mullein oil” in the treatment of various aural diseases. Generally there has been more or less of apparent mystery about these reported cases as, indeed, there is about the agent itself under its popular name of “mullein oil,” for there certainly is no oil whatever in its composition. I presume that name goes back a long way to the time when good honest country people prepared this remedy and used it in their domestic practice for the cure of ear-aches and deafness. Dr. A. M. Cushing, of Springfield, Mass., first brought it forward from these fields of its early uses, and introduced it to the attention of the profession. It is now found on the shelves of our pharmacies, and has evidently been tried in the practice of a good many physicians. The clinical results which have been published, here and there, are certainly won-

derful as one reads of them, and yet the exact character of the cases relieved remains for the most part in uncertainty. There has, at any rate, been enough smoke raised in these reports to make us wonder whether there must not be fire somewhere, for if the remedy will do a fraction of that which is claimed for it, it is worthy of a more definite place in our therapeutics than it now possesses.

With a view to testing these claims for my own satisfaction, and for the benefit of such among you as may be interested in the matter, I have myself prepared a fresh supply of the remedy with the greatest care, have taken it freely myself in hopes of producing aural symptoms, and have tried it, both locally and internally, upon selected cases of various classes of aural disease, keeping careful records to aid me in forming an intelligent estimate of its value as a remedy. The ground which I have thus gone over, I will try to cover in this report as briefly as possible.

Last summer, while the mullein was in blossom, I visited various old gravel-pits where the plant grew abundantly, and gathered a large quantity of the best and freshest spikes which were actually in flower. These I treated in two different ways. One was by picking off the separate blossoms from the spikes, and putting them, dry, into ordinary quart wine-bottles, of light-brown glass, filling the bottles to the neck. The remainder of the spikes I cut into sections, from an inch to an inch and a half in length, each section containing a number of flowers in bloom and a number still unopened. These sections were put into the large two-quart bottles of clear, white glass, in which the Buffalo Lithia water is shipped, filling them loosely to the top. The bottles were then tightly corked and set in the sun, and there allowed to remain for six or seven weeks. The vapor which arose from the contents condensed upon the top and sides of the bottles, and ran down upon the inside of the glass as a light-brown liquid, accumulating at the bottom. This was poured off, from time to time, filtered, and preserved by the addition of alcohol or glycerine in various proportions. From the separate blossoms, which packed the bottles rather too closely, I obtained very little of the fluid, and that no better in quality, apparently, than the larger sections yielded. From these latter I obtained about two ounces to each large two-quart bottle. The greater part of this was preserved by the addition of equal parts of ninety-five per cent alcohol, but some kept equally well by the addition of only one-half its bulk of the same alcohol, while a very nice glycerate was made and perfectly preserved by the use of equal parts of glycerine alone, without any alcohol. The tincture prepared by the addition of equal parts of alcohol is a clear, dark, reddish-brown

in color, and in odor suggests, as Dr. Cushing states, a mixture of snuff and roses. Its taste also suggests the same two incongruous articles. The tincture made from the whole green plant, in the usual way, is somewhat similar to this in color, but not in odor. The tincture used by Dr. Cushing, I have learned since making my own, was prepared by him from the yellow flowers alone, without any of the stalk or unopened blossoms being present. How much allowance must be made on this account when we consider therapeutic results, I will not attempt to determine.

So much for the preparation of this remedy. Now let us come to its sphere of action, so far as relates to the ear. In the *Materia Medica Pura* we find a record of five provings, made by Hahneman and his associates. The tincture used by them was made from the fresh herb when flowering commenced. The leading sensation in all parts of the body affected by its action seems to be a pressure, or sense of drawing. When pains are produced they seem almost invariably to be of a sticking or stitching character. This general effect of the drug seems to characterize the aural symptoms which its use developed. Thus one prover experienced tearing stitches about the left ear. Another felt tearing sensations, numbness, and drawing, worst on the left side, and the drawing was inwards in direction. A third felt a violent stitch back of the right ear, with sudden pressure which gradually disappeared. A fourth while reading aloud noticed a stopped sensation in the ears and nose, which did not affect the hearing, however. A sense of obstruction, a drawing, or pressure from without inwards, and sharp stitches therefore characterize the action of *verbascum* upon the ears as developed by these provings, the left ear being the one chiefly affected. My own proving was made with the tincture prepared from the blossoms as above described. Of this I took fifty drops a day for four days, and one hundred drops a day for five days, seven hundred drops in all. On the fourth day I felt conscious of the left ear to an unwonted degree, an inclination to move it frequently on account of the slight uneasiness and sense of fulness. The hearing distance remained normal, and no decided pains of any sort were felt. This condition was too indefinite to be of any value so far as a proving is concerned, and beyond this I experienced nothing in the aural sphere which could be ascribed to the remedy, although there were some evidences of its influence upon other parts of the system. So far as relates to my attempt at proving, then, this new form of preparation adds nothing to the somewhat meagre aural symptoms obtained from the old preparation years ago, and, indeed, falls decidedly short of the effects then produced.



There were no guiding lines of any definite value afforded by my study of the drug in this manner, therefore, to explain the recent successes of the drug; and I had simply to fall back upon clinical tests, remembering that its recommendation was not based upon the results of provings at all, but wholly upon its empirical effects, observed first in simple domestic practice. The manner of its administration in these cases was always by instillation directly within the ear. The cases reported were sometimes chronic and sometimes acute, but the reports contained little information upon which to base any satisfactory diagnosis of their real character. I determined, therefore, to make clinical tests of the action of the remedy upon various classes of aural disease by direct instillation, and also to try the effect of its internal administration in certain cases before finishing my experiments.

Our chief solicitude, perhaps, in aural practice, is to develop means of benefiting chronic catarrh of the middle ear. My first attempts were made upon six selected cases of this disease, all of several years' standing. In each case, twelve drops of the tincture, warmed, were instilled into the ear or ears affected, every night, and retained for fifteen minutes.

[Cases I. to VI. contained details of unsatisfactory treatment covering periods of from three weeks to five months each.] These negative results speak for themselves, especially since in all but one case there was a gratifying response afterwards to other measures, demonstrating that they were cases still amenable to treatment, although of so long standing.

I next turned my attention to one of the most formidable of the acute diseases to which the ear is incident, i.e., to acute suppurative inflammation of the middle ear.

Case VII. A little girl five years of age, not subject to ear-ache.

Began to complain of violent pain in the right ear, with much local tenderness and a highly inflamed and swollen condition of the tympanic membrane. The verbasum was ordered to be instilled, ten drops, warmed, every hour while the pain lasted, or oftener if very severe. There was temporary relief each time, and on the first day real improvement, so that it seemed probable that the process might be stopped. But on the second day its effect seemed lost, and suppuration progressed, with rapid perforation. Under pulsatilla the cure was prompt.

Case VIII. A child, two years old, subject to otorrhœa.

Suppuration had commenced when first seen. Discharge free, greenish-yellow, thick, bland, and unoffensive. Pain severe at times, child crying violently. After cleansing with dry absorbent cotton, the verbasum was instilled, very warm, with instant relief, the child crying "More, more!" This was repeated a number of times, with similar results, the pain not returning for an hour and a half or two hours after each application. Sev-

eral times plain hot water was tried to see whether the relief was not due simply to the heat. The same degree of relief was not afforded by the water, however, the verbascum seeming to possess a remedial property of its own. But on the second day its power seemed lessened, and on the third exhausted, so that its use was discontinued, and puls. cured the case.

In this disease the verbascum seemed to possess some power for good, therefore, but of a somewhat transient order, and really inferior to that possessed by other drugs with whose use we are familiar. I tried it no further in such conditions, but tested it next in a disease less serious in its character, i. e., in acute catarrhal inflammation of the middle ear.

Case IX. A boy fifteen years of age.

Formerly subject to frequent and long-lasting attacks of suppuration, preceded by great fever, pain, and debility. It was during one of these attacks that he first consulted me. Since then, by the timely use of belladonna, both locally and internally, I have always succeeded in preventing suppuration, the attack remaining simply catarrhal. Twice I attempted this same result with verbascum, instilled into the ear in the usual way. Once I succeeded, but tardily. The second time I was doing no better than the first, and abandoned the remedy in favor of belladonna, which promptly did its accustomed work.

Case X. A girl ten years of age, not strong, and subject to catarrh.

Ear-ache began with sensation of beating or throbbing. At quarter past five, tincture instilled warm. Pain grew worse, and became very severe. At a quarter before eight, a second instillation, as hot as could be borne. By eight o'clock all pain and throbbing had ceased, and did not return. The heat was evidently a factor in this case, perhaps the most important factor.

Case XI. Another girl ten years of age.

Subject to catarrh, and occasionally to ear-ache, which then lasts, off and on, for about a week. Pain began towards night, and became quite severe. One instillation of verbascum relieved, and child was asleep in half an hour. Next morning was free from pain, but towards night it again came on severely. Three applications within an hour afforded complete relief, and no pain afterwards returned.

These cases led me to think that in this disease verbascum exerts a certain degree of power, which is sufficient for the milder forms, but barely so for the more severe. A still simpler form of aural disease to deal with, in most cases, is the simple otalgia, of neuralgic character, which is often dependent upon carious teeth, or upon exposure to draughts or to cold. Two cases of this sort (details omitted) responded very promptly to the verbascum, or the heat, or to both combined.

So far my investigations with this remedy proceeded upon the same lines as those indicated by its empirical successes, as found reported; the administration being by instillation, in all cases.



I made but one experiment further in that direction, and that was to determine its effect upon inspissated cerumen, by which I, of course, mean the effect of that proportion of alcohol and water, for the *verbascum* itself could be expected to do nothing of any consequence in that way. The purpose was, to see how that might bear upon some of the wonderful reports of its action in cases where no examination of the ear was ever made, and inspissated cerumen might exist. A compact mass, removed dry from a patient's ear, was placed in a small phial and covered with the tincture. Within half an hour it had swollen till its bulk was increased about one-half; and in this condition it remained, without perceptible change, for three weeks, until shaken violently, when it disintegrated.

Leaving now its action when applied locally, I proceeded to test its power when administered internally. For this purpose I prepared the third decimal attenuation, and with it medicated the usual disks, which I dispensed in phials, with instructions to take a disk on rising, at eleven A.M., at four P.M., and on retiring; four each day. Again I chose for first trial chronic catarrh of the middle ear, but cases more recent than those before selected.

[Cases XIV. to XVIII. exhibit results in detail.]

On the whole, three of these cases did poorly enough, and the other two would have done fully as well, or better, on some of our older remedies. Here are two cases, however, in which the hearing had been almost totally lost on the left side, and the right is now following in the same course, there being in each case chronic dry catarrh of the tympanum, and some evidence of the implication of the labyrinth. Some other points of considerable interest will be found in the first of these two cases, which I will report somewhat fully.

Case XIX. Miss ——. Age forty-one.

May 13. H. D. R. watch = 27 in. = 30 in. Pol. Headache almost every afternoon; worse about three o'clock, and improving as evening advances. A general headache, but worse in the frontal region and around the right temple. At these times marked determination of blood to the head. Also sharp, flying pains about the zygoma and bones of the face, with sensitiveness to pressure on the right side, and sharp shooting pains through the ball of the right eye. An annoying tinnitus, singing and humming in character, also accompanies the above symptoms, and shares in their aggravation. (This condition had lasted for over two months, and had resisted bell. from the twentieth centesimal, down to the third decimal attenuation, and also was only slightly improved by *kalmia*.) Given *verbas.* 3x, disks, four daily.

May 18. H. D. R. = 31 in. = 28 in. Pol. Reports less of the afternoon headache than for two months past, being entirely free from it one day. Less tinnitus, and the sharp pains in the eye are greatly relieved. Less pain and sensitiveness in bones of face. Continue *verbascum*.

May 23. H. D. R. = 34 in. = 41 in. Cath. No headache nor pain in eye nor sensitiveness of the face. Very occasional tinnitus. Continue same.



June 3. H. D. R. = 32 in. = 35 in. Cath. No headache nor other of the above symptoms. Tinnitus only on lying down. Tip of nose sore and burning. Sulph. 6x, a powder each night for one week.

June 14. H. D. R. = 25 in. = 28 in. Pol. More tinnitus, and a tendency for the headache and pain in the eye to return. Give verbascum again.

June 23. H. D. R. = 31 in. Above symptoms have again almost wholly disappeared. Continue verbascum.

This case evidently falls within the proper sphere of our remedy, as indicated by its proving; and hence internally, and in attenuation, it is capable of a power for good which one would hardly suspect in its empirical use.

[Case XX. omitted.]

In acute suppurative inflammation I have made but one attempt with the remedy internally.

[Case XXI. Treatment entirely unsuccessful.]

One case of acute catarrhal inflammation was also treated by the remedy administered internally; while, conjointly with this, the instillation into the ear was made as in the former cases, this being designed to try the fullest possible effect of the remedy. The case was a recent one, very painful, and threatening to end in suppuration, which had twice previously occurred before the patient came into my hands. I will report it somewhat in detail, as it exhibits what I consider to be, probably, the typical action of verbascum in such cases.

Case XXII. Miss ——. Age 22.

May 25. Right ear became painful about forty-eight hours ago, with severe buzzing tinnitus as though a fly were in the ear. This condition has continued and grown worse; sleep has been much broken during the last two nights in consequence, and she is positive that the ear is going through the same course of suppuration as previously, she never having had any pain in the ear without the subsequent discharge. The head aches severely, and she feels generally sick and miserable. H. D. R. watch = 1 in., left = 60 in. Verbascum, externally and internally.

May 27. Experienced almost immediate relief from the use of the remedy as directed, and this continued throughout the day yesterday, and until she retired. After a short sleep awoke with violent pain, extending to the head and temples, and could scarcely sleep during the rest of the night. To-day has used the remedy more frequently, but experienced no further relief. Verbas. discontinued. Bell. given externally 1 : 10, and internally in the second decimal attenuation, gave prompt and permanent relief in this case.

Finally, I will report one more case in which the remedy was used internally alone, and in which it worked admirably well.

Case XXIII. Mrs. ——. Age 38.

For several months this patient had complained of a feeling of fullness and pressure in the ears with very few other symptoms. No especial direction of pressure was discriminated. The hearing was acute upon both sides, the tympanic membranes normal in appearance, and only very slightly depressed in position, if at all. There was no tinnitus or pain of any sort, and no dizziness. The throat was catarrhal, but the Eustachian tubes were not ob-

structed. Here was just such a case as I desired to test this remedy upon, for it lay directly in the path of its proved effects. The third decimal attenuation, one disk four times a day, removed these feelings of discomfort in less than a week.

Here ends my clinical study of *verbascum*, for the present at least, and as the result of it all I should say that while the wonderful effects ascribed to its local use have not been seen by me in a single instance, and while in some kinds of cases it has failed utterly in my hands, the remedy has yet a certain limited sphere of usefulness in aural disease. It is a suitable remedy to place in the hands of anxious mothers who will persist in pouring something into their children's ears when they ache. It is not harmful, as many such articles are, and seems capable of affording marked relief in cases of simple neuralgic otalgia and in slight attacks of catarrhal inflammation. In more severe attacks, and in threatening suppuration, it must be followed by more efficient remedies, and the sooner the better. In all such conditions in which I have tried it, moreover, I think we have older and well-known remedies which do the same work more surely and more promptly. In order to find its *distinctive* field of usefulness, which is certainly a narrow one, I think we must look to its effects as developed by proving, and not to reported empirical results. Within this distinctive field I believe its curative effects can be better obtained by internal administration, in attenuation, than by the local exhibition of its tincture. And, finally, it seems reasonable to me that the same results may be expected from the tincture prepared in the usual way, from the entire green plant at the commencement of flowering, or at least from a tincture of the flowers made in the usual way, as may be expected from this unusual form of preparation, this "mullein oil." After all, my work has been mainly one of expurgation, determining only a very limited use for a remedy of which, from reported cures, much might be expected.

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### THE PATHOLOGY AND PHYSIOLOGY OF DIABETES.

BY PROSPER BENDER, M.D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society, April 13, 1887.]

THERE can be little doubt as to the great interest attaching at present to the subject I have undertaken to treat on this occasion. The most advanced section of the profession on both sides of the Atlantic has been giving, and is likely to continue to give, particular attention to the physiology and pathology of diabetes, upon the knowledge of which mainly depends our competence to deal with the subject in a manner creditable to the

profession and beneficial to the suffering community. It is highly desirable to be acquainted with its indirect as well as direct causes, in order to escape those errors in treatment so injurious to humanity, as well as to the good name of the profession. Correct diagnosis leads to a salutary mental effect upon its authors, encouraging careful, intelligent examination, and deducing accurate conclusions.

While some of our current diseases are as old as humanity, undoubtedly others are of modern development, being due to latter-day habits of life, excessive self-indulgence, and inordinate ambitions of all sorts, peculiar to our time. In an exceptional age, with its feverish excitements, its novel and insidious temptations, its startling and appalling accidents, he would be a dull and unreasoning physician, ignorant of both the physical and mental elements of our race, who should not expect, in a framework so susceptible, manifestations of disease unnoticed in the "good old times," or the vast increase of others better known. In addition to such conditions of derangement and factors of disease, must be enumerated neglect of out-door exercise, overheating of houses, including defective drainage and ventilation, and systematic pampering of the appetite with dainties and luxuries. Plain, wholesome diet is spurned by men and women whose parents grew and thrived upon it, reaching a ripe old age; sweets, pastries, and stimulants of all sorts being now in vogue.

Diabetes was but little understood previous to Claude Bernard's brilliant experiments in 1848, undertaken with the view of ascertaining the causes of the formation of glucose in the system, as well as the organ manufacturing it. In the course of his investigations, Bernard was first struck with the fact that the portal vein contained no sugar, while the hepatic vein was charged with sugar, and this even in the case of animals kept fasting for a while. His next experiment was the memorable pricking of the floor of the fourth ventricle, in the neighborhood of the pneumogastric nerves, which resulted in the production of an artificial diabetes. He subsequently ascertained that if he divided the pneumogastric nerve, the sugar-forming function of the liver was suspended, while if the upper end of the severed nerve were pricked, sugar re-appeared. On the other hand, irritation of its lower end did not cause the sugar to be formed again. This satisfied Bernard that the sugar-producing power did not originate in the brain, to be transmitted by the pneumogastrics to the liver; on the contrary, the stimulus passed along those nerves to the brain, and thence along the splanchnic nerves to the liver, by reflex action. Dr. Hardy's subsequent experiments confirmed this conclusion, for he noticed that after the injection of ammonia, ether, chloroform,



alcohol, etc., into the portal vein, diabetes was artificially created.

Bernard, continuing his investigations, announced, in 1851, that the liver in its normal state contained a substance resembling starch in its elements, which, in contact with a ferment, also secreted by the liver, was transformed into glucose. This process he called the *glycogenic function*. This amyloid substance, or *glycogen*, he described as secreted by certain hepatic cells and the ferment the product of other hepatic cells: their mutual effect upon each other, the result of nervous influence. The amylaceous and saccharine principles of food, after subjection to the diastase of the saliva and pancreas and to the intestinal ferments, were converted into glucose, and entered the liver by the portal vein, where they underwent a further or complementary stage of assimilation.

He also ascertained, that while the quantity of *glycogen* depends upon the amount of hydro-carbons and in some degree upon the albuminoids ingested into the food, it was formed independently likewise. For instance, glycogen continued to be made though the animal was kept fasting; this, while proving the glycogenic theory, also showed that the necessary elements for its formation were extracted from the blood. The glucose of alimentation and of hepatic formation are poured together into the blood, through the hepatic vein, carried into the general circulation, and burned in the lungs. This theory he subsequently modified, stating that the sugar was consumed in the peripheral capillaries, especially those of the muscles, yielding heat and force to the system, through the production of carbonic acid and water. Whatever glucose from the alimentary canal is not needed, is stored in the liver and distributed according to the requirements of the economy. In health the glucose from both sources is rapidly consumed in the blood. Under certain morbid conditions, however, it is not destroyed, but accumulates, when glycæmia and glycosuria are the outcome. The next question that arose in Bernard's mind was, whether the liver and intestines can form sugar in such abundance as to overtax the oxidating faculties of the blood and cause a mischievous surplus, or whether the ordinary requisite amount, only, is manufactured; or whether any remainder may be due to the liver not having exercised over the sugar the necessary molecular change to permit of absorption. He soon accepted the first theory, because the urine contained, in some cases, more sugar than is formed by the liver in health. and because this excess in the liver acts as an abnormal stimulus transmitted to the nerve-centres.

In Bernard's experiment of puncture, the animal was fed

upon nitrogenous food alone, and yet, within a few hours, sugar appeared in the blood. This could not have been occasioned by excess of glucose, for it could hardly have been manufactured in such quantity in so short a time. The only conclusion possible, then, is that the sugar accumulated in the blood not because it was in excess, but because for some reason it could not be utilized. A recent authority, Dr. G. Esbach, proved that this was the case. He instanced a patient who, while he ate a hundred grammes of bread, passed sugar in his urine, but when the quantity was diminished to ninety grammes, he ceased to excrete sugar. This trifling reduction of bread is certainly too little to account for this change.

Bernard found that after he had practised traumatism upon an animal, a temporary hyperæmia of the chylopoetic viscera followed, resulting in paralysis of the vaso-motor nerves. This led to increased action of the liver with its consequent excess of sugar, which, not being consumed in the blood, outflowed with the urine. In brief, according to this distinguished physiologist, diabetes is a nerve lesion occasioning an excessive production of sugar, which the blood is unable to consume and therefore expels through the urine.

The glycogenic theory met with general acceptance by the profession until 1862, when a former pupil of Bernard's, Dr. Pavy of London, declared that the presence of sugar in the liver was not due to the liver possessing a sugar-forming factory, but was simply the result of either a *post-mortem* or pathological state; during life there is but little glycogen transformed into sugar. Pavy believes that Bernard's experiments were defective, and he thus accounts for the divergence of opinion between him and his opponents. After a series of original and careful researches, he failed to find sugar in any but the smallest quantity in the liver of the living animal; but after death sugar was promptly and freely formed. Flint and Tusk corroborate this statement, yet differ from Pavy on the question of the glycogenic function of the liver. Pavy detected minute quantities of sugar in the general circulation, varying from 0.47, 0.58, and 0.73 parts per 1000<sup>1</sup> of blood, and in the urine 0.5 per 1000 grammes; but in no larger quantity in the hepatic vein or in the circulation between the liver and lungs than elsewhere. The fact, however, that sugar exists in all parts of the system during health, is the strongest evidence of Pavy's mistake on the question of the sugar-making power of the liver. Senator says that the glycogen producers like sugar, glycerine, gelatine, and also the albuminates, are changed into glycogen in the hepatic cells, and subsequently

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<sup>1</sup> Frerich gives 0.12 and 0.33 per cent.

into sugar by re-action with the blood which bathes the cells. In truth, the majority of the authors of the day espouse the theory that the liver is the sugar factory. And we have this further proof: remove the liver, or prevent it from performing its functions by ligating the portal vein, and no more sugar is found in the system, unless amylaceous or saccharine food reaches it through the thoracic duct. The experiments of Sackowsky and Luchsinger further establish that when the functions of the hepatic cells are interrupted, as in poisoning with arsenic, phosphorus, etc., no glycogen is formed.

Pavy's explanation of the changes undergone by the carbohydrates in their progress towards assimilation, after their ingestion, varies greatly from Bernard's theory. He contends that the glucose is detained in the liver, and converted, by the selective action of the hepatic cells, into an animal dextrine or amyloid substance, which is stored in the liver and used in the formation of bile and fat. Pavy states that owing to the low diffusibility of the glycogen it circulates slowly in the liver, while the glucose, which is much more diffusible, is promptly carried off by the blood. The process of re-action between the cells and blood may be hastened by rapid entero-hepatic circulation, to an extent sufficient to prevent the transformation taking place, or to allow only of a partial conversion, when the blood cannot consume the non-assimilated glucose. He adduces reasons for believing that the amyloid substance did not easily change into glucose under normal conditions. Under abnormal ones, however, it was easily transformed; but it is not physiologically destined to be converted into sugar. In his own words: "The liver, instead of being a sugar-forming, is a sugar-accumulating organ." It is a moot question among certain authorities, whether in diabetes the whole of the glycogen is metamorphosed into sugar, or but a portion, the remainder being utilized in nutrition or the formation of bile.

A morbid condition of the circulation, such as the presence of much arterial blood in the liver, favors the formation of the glucose ferment. The venous blood is inimical to the process. Pavy observes: "Arterial blood in liver gives a glucose ferment; venous blood in the liver gives a maltose ferment." In fact, the venous hyperæmia not only hastens the liver's functions, but causes the production of a glucose defective in quality and unassimilable. The inhalation of oxygen or carbonic oxide, the injection of defibrinated arterial blood into the portal vein, occasion glycosuria by the increase of oxygen; and when paralysis of the vaso-motor nerves of the liver exists, the oxygen of the blood is also found increased.

Pavy's conclusions are that diabetes is primarily a chemical



fault, due to an afflux of venous blood, produced by vaso-motor paralysis, referable more to the sympathetic than to the cerebro-spinal system, although it might also originate in the chylopoetic viscera. The liver may be affected over a large or small extent. If the area be limited, we have a mild type of glycosuria; if extensive, severe and obstinate forms of the disease.

Recently Pavy's views on the changes the hydrocarbons undergo in their progress towards assimilation have been considerably modified, and are, indeed, quite a revelation. If accepted, they must alter our theories of physiology and pathology as relating to the functions of the liver. He now tells us that the carbo-hydrate principles ingested are, in the alimentary canal, changed into maltose and dextrine, and when in the liver they are, through the action of the hepatic cells, carried into a higher group, and ultimately into glycogen, without being transformed into glucose. However, in disease, these same substances are, through the agency of a glucose ferment, changed into glucose and eliminated through the kidneys. Glucose may also be derived from the albuminoids of food, by a two fold action of the liver, which decomposes them into carbo-hydrates, urea, and organic substances. The amount of glycogen formed depends upon the quantity of sugar and starch partaken of. A small amount is being constantly changed into sugar and poured into the circulation. If the quantity exceeds 1 part in 1,000 parts, it appears in the urine.

There are numerous other theories, all more or less directly traceable to Bernard's or Pavy's. In fact, every medical man of any originality or eminence has endeavored to think out a theory of his own, and advocate it with more or less success. It would, indeed, take a good-sized volume to present them all. Some theories have been brought forward with an affectation of superior knowledge, their authors scornfully disdaining all popular opinions; while, on the other hand, as is the case with all evolutions and developments in medicine, as well as in other sciences, there were not wanting critics who erred in the direction of exaggeration, making their theories fit so as to account for complications with which the disease had no actual connection. The course of experience has thus furnished still another instance of the value of caution, experiment, and careful meditation in dealing with disease, which is not of a nature to be easily understood or grappled with by even the most astute, patient, and learned physicians. Indeed, it is the latter class that evinces most circumspection in pronouncing upon this subject, and most readiness to modify or surrender previous opinions at the faintest show of new light and genuine discovery. But the limitation of space forbids giving more than the most prominent theories.

Bouchardat's, which preceded Bernard's, has still many followers, and is known as the gastro-intestinal theory. According to this theory, the diabetes is primarily caused either by an excessive consumption of saccharine or amylaceous food, or by a disordered state of the digestion with defective assimilative functions, which often include over-active digestive ferments. The result in the former case being that the liver has suddenly thrust upon it more work than it can perform; while in the latter the food is imperfectly converted into chyle, and the sugar is not elaborated. Cases classifiable under this head are many in appearance, and the frequent cures from the exclusion of hydrocarbons from the dietary would favor this theory. Many diabetics complain of some disturbance of the digestive faculties — dyspeptic symptoms, morbid appetites, too rapid action of the absorbents of stomach and intestines; but how much of this is due to reflex causes, and how much to the diabetes itself? In most cases, if not all, neurotic troubles precede gastric symptoms. They may not have been very marked, and perhaps only an observant patient would have noticed them, but they have been present nevertheless. The stomach and liver receive their supply of nerves from the same sympathetic and cerebro-spinal centres, and their chemical affinities are freely interwoven. It is consequently difficult for one to be affected without the other suffering. In some subjects, functional disorders of the nervous centres will occasion troubles of the digestive organs, or alterations in their tissues; and this is more likely to be the case if the organs be previously modified in their normal nutrition. When the glucose of the intestinal canal is in excess of the wants of the system, it is stored in the liver; when deficient, the liver supplies its own sugar, manufactured out of the nitrogenous elements of food. If any thing occur to disturb this well-balanced condition, or to derange the functions of the liver, diabetes ensues. When the sources from which emanates the function of metabolism are intact, the hydrocarbons ingested can be utilized, or, at any rate, would only produce temporary glycosuria, a purely physiological process.

We all know the effect of moral, psychical, and physiological causes upon the digestive organs, and the marked chemical aberrations to which they may lead; how mental excitement, grief or sorrow and prolonged intellectual labor will retard and even prevent digestion and assimilation. Every one acquainted with Bernard's, Schiff's, Pavy's, and others' experiments on the cervico-spinal system, lower portion of cervical and upper portion of thoracic ganglia, as well as the fibres of the sympathetic, cannot doubt the important part the nervous system plays in diabetes. Those nerves have vaso-motor fibres extending to

the organs which are affected when diabetes exists; and many cases are known to originate from injury to some of the nerve-tracts, or from pathological changes therein.

It is now generally admitted that the nervous system is at fault in diabetes. Any thing disturbing certain centres will cause an increased flow of blood to the liver, which immediately impairs its assimilative functions, giving us glycosuria as the result. The vaso-motors keep the blood-vessels in a state of contraction; but if their centres or portions of their tracts are diseased or suffer some lesion, an inhibitory effect arises, which relaxes the muscular coat of the arteries and causes their dilatation. Authors are, however, divided as to whether the hyperæmia is caused by paralytic dilatation of the blood-vessels, or irritation of the nerves controlling the formation of glycogen; and some authorities attribute the vaso-motor derangement to the poisoned condition of the blood acting upon the nerve-centres. Of course, the nerve-centres may be affected in a reflex manner without the existence of pathological changes in them.

Lecorché, too, believes that diabetes is a neurosis, the glyco-genic functions being increased by disturbances in the brain, medulla oblongata, or by defects in the hepatic circulation, due to respiratory affections; or, again, from a compressed condition of the liver in consequence of direct or reflex irritation of the vaso-motor centres.

Since an irritation of the filaments of the nerves at their origin will occasion diabetes, it may easily be supposed that disease at these points may result in diabetes. If so, it will readily explain the *modus operandi* of injuries to the brain, as well as mental shocks. As disease may extend to several points or to several nerve-centres, it may also explain why at one time we have several organs implicated in the course of glycosuria.

The advocates of the hepatic theory believe that the hepatic cells may be so immoderately active as to allow the passage of the glucose from both sources without sufficient revision of either, and this whether sugar be in excess or be limited. Whether the liver be hyperæmic or anæmic, whether an exalted condition or loss of tone exists, seems debatable ground in the minds of certain upholders of this doctrine. The trouble is attributed to cerebral or peripheral origin. This is the theory of Bernard, which was treated of in the commencement of the present paper.

Bouchard is the chief exponent of the theory of retarded nutrition, which he ascribes to insufficient utilization of that portion of the glucose which is distributed to the lymphatics, owing to their torpor or inactivity. He contends that whatever interferes



with metabolism in the tissues may cause glycosuria. Experiments and clinical testimony both establish that the glycogenic power is possessed by the muscles and tissues as well as the liver (Rouget). Bouchard computes that the liver manufactures sugar in a quantity equal to about two kilogrammes, — seven hundred and ninety-eight grammes of which are consumed or oxydized by the respiration, and the remaining twelve hundred grammes appropriated by the tissues. If any thing occur to prevent the tissues from performing this function, sugar will overflow into the urine, and the system be deprived of so much nutrition. As in the case of the liver, the quantity of sugar in the muscles is increased after meals and decreased after exercise. Constitutional diatheses, hereditary or acquired, are the predisposing agents, and alcoholic and hygienic excesses the exciting. Bouchard sums up the conditions which may cause diabetes, as follows: 1, Every thing which will prevent the glucose of alimentation from being transformed into *glycogen*; 2, Every thing which will considerably augment the formation of sugar; and, 3, Every thing which will impede the destruction or oxidation of sugar in the tissues. But I believe we shall ultimately find the whole difficulty lies in the fact that the sugar is not appropriated by the tissues, because it has not previously undergone the requisite assimilation.

Lancereaux and others ascribe diabetes to some lesion of the pancreas, contending that the diastase of the pancreatic juice is necessary to the formation of glucose; and, when this fails, diabetes ensues. *Post-mortem* evidence often conflicts with this theory; atrophy and other changes in the pancreas are found without the existence of diabetes; but, on the other hand, the pancreas is not seldom diseased. These anatomical changes may possibly be due to concomitant alterations in the cœliac plexus. (Klebs.)

Mialhes and Raynoso attributed the deficient combustion of sugar to the interruption or delay of the passage of the blood to the lungs, — to a deficient alkalinity of the blood, as the pathological condition. The improvement following the administration of alkalies in several cases gave some countenance to this theory; but it is long exploded. Schiff concluded, from his experiments of pricking the sciatic nerve, that the hyperæmia produced developed a ferment which transformed the glycogen into sugar. Cantani and Foster believe that some cases are due to the formation of a paraglucose, which, unlike the glucose of hepatic formation, cannot be oxygenated.

[To be continued.]

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“It is the strange point about ‘medical ethics,’ that the patient has no place in it, except incidentally.” — *Homœopathic World*.

## A CASE OF EMPYEMA.

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

[Read before the Massachusetts Surgical and Gynecological Society.]

SINCE my report to the Boston Homœopathic Medical Society in January 1886, of twenty-four cases of pleurotomy for empyema, I have operated successfully several times. I also declined to operate in one case to which I was called by Dr. J. W. Hayward of Taunton, because, although there was plenty of pus in the pleural cavity, there was also so much tubercular deposit in the lungs, that the prognosis was utterly hopeless. However, simple aspiration for temporary relief was resorted to, with great comfort to the patient and prolongation of life.

The case selected for the present paper was interesting rather more on account of its associations than from its own intrinsic features.

On May 12, 1887, I was called by Dr. George B. Langmaid to East Greenwich, R.I., to see Willie N., a boy twelve years old, who had been sick for five weeks. He was first taken, the doctor told me, with pneumonia, beginning with a decided chill, a temperature above  $104^{\circ}$ , and solidification of the right lower lobe. About two weeks after he came down, his mother was attacked with pneumonia; and at the time of my visit, three weeks later, she was convalescent, although in bed most of the time. Not long after the mother was prostrated, *her* mother, over seventy years old, who, with her husband, lived in the same house, was taken sick with the same disease, and died in three days. Before her death, her husband, the boy's grandfather, almost eighty years of age, was likewise attacked with pneumonia, and after a week improved so that hopes were entertained of his recovery. In an evil hour, however, having a hankering for a taste of water fresh from the "old oaken bucket" of the well, he got out of bed during the temporary absence of the nurse, crossed the kitchen in his night-dress only, and gratified his thirst. On the next day he died. The regular nurse, who, it can be imagined, had by this time become considerably exhausted, now obtained permission to go home for a good night's rest. As he failed to appear on the next morning, inquiries were made, which disclosed the fact that he too had been taken sick with pneumonia. Five immediately consecutive cases of pneumonia in one household in about a month! Some would consider this merely a coincidence, and to others such a sequence would seem startling enough to be added as clinical evidence to the long list of reasons which has been piled up in recent times for considering pneumonia a specific constitutional dis-

ease rather than a strictly local inflammation of the lung. The neighbors evidently regarded it as an acute, infectious disease, and kept a safe distance away, making it exceedingly difficult for the family to get proper help.

Meantime the boy had been improving his opportunities by following up his attack of pneumonia with one of empyema. And this leads me to remark, that such a sequence has occasioned many an error in diagnosis. A case starts as pneumonia, and is easily recognized as such by its symptoms and physical signs; but after due time recovery fails to take place, and a dulness remains, of which the interpretation is supposed to be that resolution is delayed, and that it is one of those tedious forms of pneumonia, which, *ad libitum*, drags its slow length along. The case is watched, remedies are conscientiously prescribed, and the patient gradually sinks and dies, when he might, perhaps, have been SAVED by a timely operation for an empyema which had *followed* his pneumonia, but which had been undetected. More careful attention and practice in physical signs would have established the diagnosis beyond a reasonable doubt.

In this case Dr. Langmaid had recognized the nature of the secondary disease, and desired me to come down and operate. The symptoms had become alarming, and surely there was no time to lose. Without the operation he could hardly have lived more than a few days, as the right lung was thrown completely out of service by the compression of the pus, and in the left lung were numerous râles indicative of œdema, and the dyspnoea was so great that he could not lie down. His cough was distressing, and in consequence of his five weeks sickness he was emaciated almost to a skeleton. He was very nervous at the approach of a stranger, but after a while became re-assured and consented to an examination, and finally, after matters were explained, to an operation. Ether was not used in his case on account of the œdema on the unaffected side, but a subcutaneous injection of cocaine was made at the place selected for incision, which was in the sixth intercostal space in the posterior axillary line. Ice was also used as a local anæsthetic, and between them both the pain was reduced to a bearable amount, even for him in the weak state of his nerves. Quite a considerable amount of pus was allowed to flow out, the tubes were introduced and secured in place, and absorbent dressings were applied. In spite of the natural shock of the operation, the boy expressed himself as greatly relieved even at the time. Dr. Langmaid conducted the tedious after-treatment very satisfactorily, — the frequent dressings and washings-out, which consume so much time and patience.



Very favorable reports of the boy's progress came to me from time to time, and about a week ago the cavity had so diminished in size, and other signs of improvement were so marked, that in all probability by this time (a month after the operation) the case is practically cured.

#### DISCUSSION.

In answer to questions from the members of the Society, the following additional statements were made by Dr. Clapp:—

Aspiration is to be preferred to pleurotomy in very young children, and for *serous* effusions. The admission of air to the pleural cavity is not of vital importance when pus is present, but should be carefully avoided when serum might thereby be converted into pus, although air thus admitted is certainly sometimes absorbed without injury. The trochar and canula have not proved satisfactory in my hands for either serous or purulent effusions, as air is almost of necessity admitted in the former, and the opening is not sufficiently free in the latter condition. I have tried at least three of the best small trochars made for attachment to aspirators instead of needles, and have failed to find one of them air-tight. They are also harder to introduce than needles, and give more pain. They are recommended by some to avoid wounding the lung as it descends, after a part of the fluid has been withdrawn; but I prefer to stick to the needle, and to be more careful in its use.

Phenyle is the antiseptic I generally prefer for washing out the chest cavity after pleurotomy. I am afraid of poisoning from carbolic acid, and the mercurial solution, in such a large cavity, especially as the whole can never be expected to drain away at once. *Early* evacuation of pus is exceedingly desirable, i.e., within a month, or less, after the disease has commenced, although success has followed operations after several months. Neglected pleurisy sometimes, but not always, precedes empyema.

*In a nut-shell*: When fluid is discovered by physical signs in the pleural cavity, and it cannot be made to absorb by medicinal means in a month or so, aspirate. If the fluid be found to be *serum*, one or two or a few aspirations, with the proper internal remedies, will generally soon cure the case. If the fluid be found to be *pus*, unless the patient be a very young child, lose no more time, but make a large and free permanent opening into the pleural cavity, and follow up patiently the necessary after-treatment. The same course should be taken in a child, if a reasonable number of aspirations fails of success. Never open the chest cavity for serum.

Dr. J. H. Sherman reported a case of empyema treated by

him many years ago, in which two incisions were made, and a quantity of pus evacuated, and this was followed by gradual recovery.

Dr. A. J. French thought there was difficulty in making a diagnosis, and that many cases were considered phthisis, and were allowed to die without relief, because the presence of pus in the pleural cavity was not recognized.

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### *PURULENT CONJUNCTIVITIS.*

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

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

PURULENT inflammation of the conjunctiva is a disease which is attended with so much danger to vision as to merit careful attention from every physician. Whether occurring in the newborn babe (*ophthalmia neonatorum*) or in the adult, early and energetic treatment is imperatively demanded, and many an eye has been lost from a failure to recognize the serious nature of the affection, or from a neglect of appropriate treatment. This fact has been emphasized of late by systematic examinations into the causes of blindness among the inmates of public institutions, where it was ascertained that a very large number of children lose their sight from this class of diseases. This seems all the more deplorable when we realize that the majority of them could have been cured if proper treatment had been instituted as soon as the disease manifested itself. It is just here that the homœopathic physician is liable to err from a too implicit trust in the internal administration of remedies. I do not wish to be understood as lacking in confidence in the efficacy of homœopathic therapeutics, but I wish to insist strongly upon the necessity of the prompt use of local measures in addition. Indeed, the latter are, in my opinion, of the more importance in the disease under consideration. The great danger is from ulceration of the cornea from the irritation of the acrid pus, and from the pressure of the swollen, indurated lids, and chemosed ocular conjunctiva. To avoid this complication, the utmost cleanliness must be observed. The lids must be separated, and all discharge carefully removed as fast as it accumulates, whether this be three or four times a day, or every half-hour.

In the infant, the disease is generally caused by irritating vaginal discharges entering the eye during parturition, or in consequence of careless washing. Where any vaginal discharge is known to exist, the vagina should be syringed before and during labor with warm carbolized water; and the nurse should

always, but especially in such cases, exercise the greatest care in washing the child, lest any irritating matter get under the eyelids. In Germany it is customary in the gynecological wards of the hospitals, to instil a weak solution of *argentum nitricum* into the eyes of every child born in the institution. This sets up a mild conjunctivitis, which gets well in a few days, and cases of purulent inflammation are rare under this treatment. Such heroic practice, however, seems unnecessary in all cases; but where there is a suspicion of infection, it would be well to instil a few drops of a fifty-per-cent solution of chlorine water.

Every conjunctivitis in the new-born babe should be looked upon with suspicion, and carefully watched. Indeed, it would be well for the physician to examine the eyes of the little one himself, and not trust to the statements of mother or nurse in regard to them. *Aconite* or *belladonna* may be indicated in the incipiency, where there is redness and dryness of the conjunctiva, with little or no discharge. Generally, however, the physician's attention will not be called to the complaint until it is more fully developed. *Euphrasia* is very useful where there is much lachrymation and profuse muco-purulent discharge. Both the discharge and the tears are excoriating, where this remedy is indicated; the lids are red and swollen, and the cheek often has an appearance as if varnished. In less severe cases, where the discharge is abundant, whitish, and bland, *pulsatilla* is called for. Where the disease is fully developed, and where the discharge is decidedly purulent and profuse, and the lids much swollen and œdematous, *argentum nitricum* is by far the best remedy; and, in the experience of the writer, the 30x has given the most satisfactory results. The most careful attention must be given to the local treatment. All discharges must be carefully wiped from the edges of the lids with small pieces of old muslin; the lids should then be everted, and every vestige of secretion removed from their inner surfaces and the conjunctival folds by a camel's hair-brush dipped in warm water, or by a gentle stream from a palpebral syringe or medicine-dropper. Recently, instead of simple warm water, a new remedy, the peroxide of hydrogen, has been used with very satisfactory results as a cleansing and disinfecting agent. It is nothing but water with an extra atom of oxygen ( $H_2 O_2$ ), and it owes its valuable properties to the instability of its composition. In the presence of pus it parts with its oxygen, which penetrates every recess and fold of the swollen mucous membranes, unites with the pus, decomposing it with effervescence, and causing it to bubble forth as a thin froth. It is unirritating, and should be kept in a dark bottle in a cool place, and used freely in a solution of one part to two of water until the lids are entirely free from secretion. When thoroughly



cleansed, an instillation of a solution of *argentum nitricum*, one grain to the ounce, or of dilute chlorine water, is very useful in moderating the discharge, and reducing the swelling of the conjunctiva.

The physician will be derelict in his duty if he does not carefully instruct the nurse in regard to the manner of cleansing the eye, for no one is competent to do this properly without instruction. It may seem a simple matter; but any one who has tried to inspect the cornea of a struggling child, suffering from a bad case of purulent conjunctivitis, appreciates the difficulty of the proceeding. I have found the most satisfactory way to be as follows: The child is laid upon its back in the lap of an attendant, and its head is firmly held between the knees of the physician. The lids having then been carefully dried, the tip of one forefinger is placed upon the edge of the upper lid, and the tip of the forefinger of the other hand upon the edge of the lower lid, when by gentle steady traction in a direction corresponding as nearly as possible with the curvature of the cornea, they are readily separated.

Great care must be exercised not to press on the cornea which might readily be ruptured if ulcerated; or to scratch it with the nail. Just sufficient pressure should be used to prevent eversion of the lid, which might readily occur unless the fingers were placed upon the edge of the lids. If the cornea is not at once exposed, it will come into view in a few seconds, as the eye cannot long be turned upward when the lids are thus widely separated. At least once a day the physician should himself dress the eye, and inspect the cornea to detect the first symptoms of ulceration. If it occurs, either atropine or eserine should be employed, according as the ulceration is central or peripheral, to guard against anterior synechiæ in case of perforation. If iritis supervenes, atropine should be used to dilate the pupil, and prevent adhesions between the edge of the iris and the anterior surface of the lens. It should be borne in mind, that the discharges are eminently contagious; and where only one eye is affected, the other should be carefully protected, and the nurse and all other persons should be warned to use no towels or other articles used about the patient. The pieces of muslin used in cleansing the eye should be burned. Other remedies than those previously mentioned will be called for according to the symptoms, among which may be mentioned *merc.*, *hepar.*, *calc.*, *apis*, and *rhus*.

An interesting case of *rhus* poisoning occurred in my practice some two years ago. The child was about three years old, and played all day in a lane in front of the house, where the poison-ivy grew luxuriantly. A severe case of purulent ophthalmia

developed in each eye. The lids were very much swollen, red and infiltrated, especially the upper ones, and there was profuse lachrymation, photophobia, and pyorrhea. After the eye symptoms began to subside, but not previously, a characteristic rhus eruption developed on the skin.

In adults, purulent conjunctivitis is also, as a usual thing, caused by contagion from the same disease, or inoculation with the discharge from some suppurating surface, or from gonorrhœal secretion. I knew of one case in which sight was lost in consequence of inflammation caused by pus from an ulcerated tooth.

The following case well illustrates the serious and alarming nature of the malady, and the necessity of prompt, energetic treatment. At the same time it affords encouragement for perseverance and faithful attention in apparently hopeless cases, where suitable treatment has been neglected:—

Lizzie L., aged about forty, Irish domestic, contracted the disease in one eye by inoculation from a syphilitic ulcer, and in the other by contagion from the former. I saw her on the sixth day of the disease, when the condition was as follows: The lids of the left eye (the one primarily affected) were very much swollen and œdematous, and on attempting to open them there was a profuse discharge of thick yellow pus. The conjunctiva palpebræ was swollen and succulent. The cornea looked like wash-leather, and was nearly surrounded by a firm chemosis of the ocular conjunctiva. The right eye was similarly affected, but the chemosis was less extensive, and the cornea was clear, with the exception of a small spot of infiltration in the lower portion about the size of a pin's head.

Notwithstanding every effort, the left eye was lost. The swollen and infiltrated ocular conjunctiva was incised to relieve the pressure upon the periphery of the cornea. Sæmisch's operation was made to prevent sloughing, if possible, and dilute chlorine water, and later a solution of argenti nitrici, one grain to the ounce, was instilled. (This case was treated before the introduction of hydrogen peroxide into ophthalmic practice.) The eye was carefully cleansed at short intervals by skilled nurses, and iced compresses were constantly applied night and day for a week. At first the discharge was diminished, and the inflammation somewhat subdued under the above treatment, and the internal exhibition of argenti nitrici and rhus; but on Aug. 4, the cornea ruptured in the lower portion, the iris protruded, the lens pressed forward, and general ophthalmitis supervened with subsequent phthisis bulbi.

The disease ran a tedious and slightly less severe course in the right eye, but, owing to the earlier commencement of treatment, the result was more satisfactory. The chemosis was most

intense and persistent, surrounding the cornea like a mound, and encroaching considerably upon its periphery. Scarification and mild astringents were at first employed, but, not being successful, they were abandoned, and the outer canthus incised to relieve the pressure of the swollen and indurated lids. Almost all semblance to a human eye was lost. The point of infiltration at the lower portion of the cornea developed into a perforating ulcer. Eserine was instilled to withdraw the iris as much as possible from it; and, as often as it began to bulge through the opening, paracentesis was practised. In spite of the above treatment, however, the whole cornea became infiltrated, another small ulcer developed near the upper margin, iritis supervened with annular post. synechia, except at the site of the lower perforation, where the iris became adherent to the cornea. The discharge continued profuse and acrid for more than a month. As it gradually lessened in amount, and became less acrid, pulsatilla was prescribed. The chemosis, however, still continued, and the lids remained œdematous, red, and swollen. Owing to the specific nature of the disease, iod. potass. 1x was prescribed, and under its use the improvement was steady, but slow for several weeks, and the ulcer on the leg healed. Ars., apis, and nat. mur. were subsequently prescribed; but it was not until the middle of October, that all traces of inflammation finally disappeared. At that time the ulcers had both healed without staphyloma; the cornea was nearly transparent, with the exception of a small triangle above and below, whose apices met in the centre. The pupil was very small, but unobstructed; anterior and posterior synechiæ as previously mentioned; tension, normal; sight, only perception of shadows as objects were moved before the eye.

On Oct. 23, an iridectomy was made at the lower and inner portion of the cornea, slightly to the nasal side of the anterior synechia. The incision healed without re-action, and vision rose to  $\frac{5}{200}$ . Under the use of aurum the remaining cloudiness of the cornea cleared somewhat more, and sight improved, so that the patient was able to support herself doing housework.

In such virulent cases as the one above narrated, and especially in gonorrhœal ophthalmia, a solution of argentum nitricum, ten to twenty grains to the ounce, applied to the inner surfaces of the lids, will often promptly diminish the discharge, and reduce the swelling and inflammation; but when the swollen lids are hard, and when the chemosis is extensive and firm, such treatment is liable to aggravate rather than relieve. Such strong solutions should be immediately neutralized with salt water, and great care must be used that they do not come in contact with the cornea; for, if there is the least abrasion, it will leave an



indelible stain. Ice compresses should be kept on the eye for several hours after such an application, and it must not be repeated until all signs of re-action have subsided. In all but the most aggravated cases, the homœopathic physician will find it unnecessary to employ such heroic treatment.

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*A CASE OF FRACTURE OF THE INFERIOR MAXILLA.*

BY F. A. GARDNER, M.D.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

ON the 17th of November, 1886, a man, aged about twenty-eight, came to me complaining of acute pain in the lower jaw, increased on motion. He stated that about ten days previous he had received a blow while engaged in an altercation in one of the hotels in Salem. Being under the influence of alcohol at the time of the quarrel, he could give no very definite account of how he was injured. The day following the injury he noticed that his chin was bruised and that he had some pain in the region of the mental eminence on the left side, which continued to increase in severity. Thinking that it was a simple toothache, and not attributing it to the effects of the blow, he resorted to a dentist. This was nine days after the injury.

The dentist extracted the tooth which the patient indicated as being at the seat of the pain. Relief failed to follow as anticipated, and the dentist kindly offered to extract the next tooth, which service was declined. After examining the jaw again, the dentist advised the man to consult a surgeon.

The following morning he came to my office. I found, upon requesting him to close his mouth, that the molars and bicuspid on the left side of the lower jaw met those of the upper, but that the lower incisors and right bicuspid could not be brought in contact with the corresponding teeth of the upper jaw. Owing to the strong contractions of the masseter and buccinator muscles, the left body was tipped in such a manner that the outer border of the crowns of the lower teeth rested in the depressions in the centre of those of the upper jaw. By the contractions of the digastric and genio-hyoid muscles the anterior portion of the jaw was depressed, leaving a space between the upper and lower incisors of nearly a quarter of an inch, and he was unable to approximate any of the teeth on the right side.

Upon inserting my thumbs, a side of the body in either hand, I could detect marked crepitation and mobility, with a slight amount of bleeding from the socket of the extracted tooth. Examination revealed that the alveolar plates had been fractured

diagonally, the external being at the seat of the extracted tooth, while the internal had been fractured behind the second incisor. Owing to the tipping of the left fragment, the sharp edge of the internal alveolar plate had been forced between the tissues overlying the internal surface of the jaw.

By forcibly separating the two portions of the jaw and depressing the left fragment, I succeeded in bringing the teeth to nearly their former position, and in applying a Levis inferior maxillary splint externally. I ordered him to take his nourishment through rubber tubing, and gave him a list of liquid foods to select from.

Upon examination on the following day, I found that the fragments had slipped past each other, and accordingly decided to apply an internal splint in connection with the external already mentioned. The extracted tooth had served a valuable purpose in keeping the two portions of the jaw in their proper position — in fact, was the key-stone to this bony arch.

Realizing this, and perceiving that without its being replaced there would be a resulting deformity, the tooth was rendered antiseptic, and, after the fragments of the jaw had been separated, was inserted in the line of fracture. So strong were the muscular contractions that the tooth was forced up from the socket and thrown out, unless some pressure was applied. I accordingly took the patient to the office of Dr. Dudley, a dentist, where an impression was taken from which he made a hard rubber plate. Pressure was exerted on the replaced tooth by means of a small ring in the plate, which rested upon the crown of the tooth. The Levis splint was then applied externally, and the head bandaged, but sufficiently loosely to allow him a space of a quarter of an inch through which he could sip liquid food. This treatment was followed to recovery.

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#### GLEANINGS AND TRANSLATIONS.

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WORSE THAN THE DISEASE. — The Chinese have a rather radical cure for cholera. A Shanghai paper says that on July 22, a Chinaman employed on one of the steamers was taken ill, apparently with cholera. The following is the course which was adopted, according to the paper from which we quote: "His friends immediately sent for a native doctor. This individual had with him a box containing some long needles, and these he used on the patient. A needle was driven some distance into the man's head, near each temple, and again behind his ears. In each case bleeding followed. Needles were also driven into

the lips, both sides of the chest, both sides of the stomach, and also into the pit of it. The doctor then scraped the skin of the man's throat till it looked like the neck of a turkey. This violent treatment had the desired effect, and in a few hours afterwards the man was quite well, and eating his midday meal with evident relish." — *Boston Medical and Surgical Journal*.

HOW TO DETECT A MORPHINE-TAKER. — Professor Bull of Paris states that there are two ways by which the morphine *habitué* can be detected, and these are to be found in the skin and in the urine. The skin will be found to be covered with little dark spots situated in the centre of little indurations about the size of a large shot. It is needless to add that these indurations are the result of the little wound of the needle, but as these lesions are generally found on the inside of the thighs, the patient refuses to let them be seen; and in that case examination of the urine will prove of great service. A few drops of tincture of iron are put into the suspected liquid, and if morphia be present a blue tinge will be produced. — *Medical Record*.

SPONTANEOUS CURE OF AN OVARIAN TUMOR (Mater Misericordæ Hospital; Dr. More Madden). — A married childless woman was admitted to the hospital with a greatly enlarged abdomen — it measuring forty-three and a half inches — which was exceedingly tender, and increasing gradually in size. The case was diagnosed a unilocular ovarian tumor. Because of the intense suffering to which it gave rise, the woman's strength was reduced to such a degree as to counter-indicate an immediate operation, otherwise called for. While building her up with nourishing diet, preparatory to an operation, a profuse and incessant diarrhœa and diuresis set in. The increased pain with which these discharges were preceded gradually abated, and at the same time the abdomen was observed to be much smaller, and the tumor could not be found. Improvement continued, and in about two months after admission to the hospital the woman was discharged with no trace of the cyst, her abdomen measuring twenty-nine inches. The cyst was believed to have been ruptured, and its contents absorbed by the peritoneum, and evacuated by the bowels and kidneys. — *Medical Times*.

A SIMPLE PROPHYLACTIC MEASURE. — Making a patient keep his eyes closed while recovering from ether is a great aid in preventing sickness; for, owing to the patient feeling giddy, any object at which he looks appears to sway from side to side; and this itself is sometimes enough to produce a feeling akin to sea-sickness, even in those who have not been anæsthetized. — *Physicians' and Surgeons' Investigator*.



ANEURISM OF THE SUBCLAVIAN ARTERY CURED BY GALVANO-PUNCTURE. — Dr. Saboia has presented to the Imperial Academy of Medicine of Brazil, the history of a case of aneurism of the right subclavian artery in a man aged thirty, cured by galvanopuncture. The tumor was of the size of a small hen's egg, bounded on the inner side by the sterno-mastoid, below by the clavicle, and on the outside by the trapezius. There was no difference between the pulsations of the two carotids; but the radial pulse of the left side was strong, full, and vibrating, while on the right side it was small, filiform, and scarcely perceptible. Two metallic needles were introduced into the tumor, and connected with the positive pole of a Gaiffe's pile of fourteen elements, the negative pole being applied to the trunk at a distance from the aneurism. The sitting lasted thirty-five minutes, at the end of which the tumor had become tense, and had ceased to pulsate. — *London Medical Record. Med. News.*

CIRCULAR CAUTERIZATION IN OPACITY OF THE CORNEA. — M. Louis Vacher, of Orleans, finds that in cases of corneal sclerosis or episcleritis, better results can be obtained by circular cauterization lightly performed with a loop of wire heated by the galvanic current, than by the more usual method of passing a knife round the edge of the cornea. In one case, after eighteen months of this treatment, a patient who had been unable to see from corneal opacity for fourteen years recovered the power of vision. In another, a cornea which had been absolutely covered with leucoma for ten years, had in two years become sufficiently transparent for the performance of iridectomy. M. Prouff confirmed M. Vacher's statement, stating that he himself had three times operated in this manner with the most complete success. — *Lancet. Med. News.*

CERVICAL LACERATIONS. — The successful treatment of this condition without sutures was quite a study to me until I thought of the following method, which has been satisfactory and may be new to some young physicians, and can be used when patients will not submit to the usual operation for cervical lacerations, either from fear of an anæsthetic, or because of manifold home duties demanding all their time.

*Case.* — A married lady, æt. twenty-three, mother of one child. At his birth, three years before, was delivered with instruments. Had not been well one day since her confinement. Had suffered with frequent attacks of acute uterine congestion; cystitis, constipation, general debility, loss of appetite, insomnia, intense headaches, weakness of optic nerve, dimness of vision, etc. Examination revealed an extensive bi-lateral cervical laceration,

with the usual symptoms of sub-involution, congestion, and prolapse, with constant pain and tenderness. After relieving the congestion with hot water I freely evacuated the bowels, and proceeded to cure the lacerations in the following manner:—

After denuding the edges of the wound with pure carbolic acid, taking care to protect the vagina from the acid, I applied glycerine freely and left her for two hours. On my return I found a fresh, clean-cut-edged wound. The edges were approximated and held in place with cotton pledgets saturated with calendula. I left her with the instruction not to change her position for twenty-four hours. I then found adhesion complete, and the wound healed by first intention. She was allowed to walk carefully around the room, with no evil results. In two months the cicatrix was entirely obliterated, and the cure was perfect in every respect. This case brought me six others within a month to receive similar treatment, which was just as satisfactory.—DR. ELLEN M. MALTBIE, in *Minnesota Medical Monthly*.

Dr. Maltbie deserves great credit for her original and ingenious method of treating this case. A Chicago physician who has made use of the same measure since Dr. Maltbie's report appeared, says that he has had equally favorable results.—*Ed. Medical Era*.

INDOLENT ULCERS.—*Calcaria fluorica*. Mr. A. S——, sixteen years of age, consulted me Aug. 22, 1882; had previously enjoyed good health. His disease has now continued for three years; allopathic treatment by incisions and drainage has improved it but little. The lower half of the left leg is red, and very much swollen, apparently about the ankle. There are three fistulous ulcers secreting a thick yellow pus, and have thrown off many splinters of bone. The pains appearing principally at night. Lungs normal. Appetite not good. Emaciation. *Frequent cough in the morning with thick yellow expectoration. Considerable weakness in the morning.*

*Calcaria fluorica*, 6x trituration, morning and evening, for eight days, alternating with intervals of four days without medicine. In five months, all cured. Externally, only glycerine was used. I saw him six months ago, and he remained well. No enlargement of the limb was discoverable.—DR. HANSEN, in *Allg. Hom. Zeitung; Medical Advance*.

A NEW METHOD OF TAKING TEMPERATURE IN CHILDREN.—The difficulties in taking the temperature in children are but too well known, and an important symptom often fails of accuracy of record, either because the child offers too much oppo-

sition, or because the mother cannot endure the crying of the child for the quarter of an hour during which the thermometer must remain in the axilla, or the five minutes during which it should be kept in the rectum. In cases of this kind the author recommends the use of a warmed thermometer which need be kept only for a moment in the axilla, and with which the fall and not the rise of the column of mercury is to be observed. The result will not vary by more than one or two hundredths of a degree from that which is obtained by the ordinary method. The thermometer may be warmed, either by rubbing the bulb in the bare hand, or in a handkerchief, and forty-two degrees C. to forty-three degrees C. may be quickly indicated. It should then be quickly placed in the axilla, and allowed to remain one or two minutes. The author has been satisfied with the experience he has had with this plan up to the present time. — *Arch. of Ped. ; Med. Advocate.*

HORSERADISH IN NEURALGIA. — We have no good proving of *Cochlearia Armoracia* (horseradish), but it ought to prove a valuable remedy. In domestic practice it has a great reputation as a cure for neuralgia, and a recent experience has convinced us that its reputation is well deserved. A patient of ours, a young lady, suffering from facial neuralgia, which our remedies had failed to relieve, was recommended by her domestic to try horseradish. The horseradish was scraped as for culinary purposes, and the scrapings applied in the manner of a poultice to the part affected; at the same time a quantity of the scrapings was held in the hand of the side affected. The result was a speedy and permanent disappearance of the pain, the hand which held the horseradish becoming within a short time white and dead temporarily. We have heard of other similar experiences, and if any of our readers have seen cases of the kind, we invite them to send us their notes. — *Hom. World.*

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#### REVIEWS AND NOTICES OF BOOKS.

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A PRACTICAL TREATISE ON IMPOTENCE, STERILITY, AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, A.M., M.D., LL.D. Third edition, thoroughly revised. Philadelphia: Lea Brothers & Co. 1887. 8vo, pp. 172.

This "brochure," as the author modestly calls his treatise, contains unmistakable evidence of practical, original and scien-



tific observations in a class of affections too often slightly treated by medical writers. Attention is directed to the causative influence in the production of impotence and spermatorrhœa, of reflex disturbances of the genito-spinal centre which "are almost invariably induced and maintained by appreciable lesions of the prostatic portion of the urethra," and which, "as they may not be perceived by the patient, are frequently overlooked by the physician."

Impotence and sterility are the subjects occupying the greater part of the treatise, short chapters on spermatorrhœa and prostaticorrhœa completing it. Prominent among the remedial measures recommended are the internal division of strictures (which, according to the author's observations, are frequently due to other causes than gonorrhœal inflammation), the use of conical steel sounds, and the administration of bromide of potassium, and atropia. A large number of illustrative clinical cases from the author's private notes are recorded, and serve to emphasize his teaching.

That this is the third edition, and that a Russian translation of the work has been made, are sufficient indications that the treatise meets a popular demand.

The publishers' work is, as is guaranteed by their name, all that could be desired.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS.  
By Ernst Ziegler. Translated and edited for English students by Donald Macalister, M.A., M.D. Three parts complete in one volume. Octavo, 1118 pp., 289 illustrations. Price, extra muslin, \$5.50; sheep, \$6.50. New York: William Wood & Co.

This work, the completion of which has long been anticipated by students of pathology, has at last appeared in an English dress, and will be heartily welcomed by all, but especially by those who are acquainted with its first or second part, already issued. Parts of the work have already passed through the fourth edition in Germany, and all the changes and improvements therein to be found have been incorporated into this, the first complete American edition. An additional volume on the pathological anatomy of the eye, ear, bones, muscles, and genital organs, has been prepared for German students by the author, assisted by his colleagues, Dr. Haab and Dr. Wagenhäuser; but as these additional sections are only partially Professor Ziegler's own work, they have been purposely omitted by the translator, whose decision in this matter has received the approval of those whose advice he sought.

The work is divided into two parts, the first being devoted to

general, the second to special, pathological anatomy. Each part is divided into numerous sections devoted to classes of disorders related to one another by general or special characteristics. These sections are subdivided into chapters, and these again into articles consisting of a few or many paragraphs, as the case may be, each of the articles being numbered; these numbers are made use of, instead of page numbers, in the index of authors cited, and in the index of subjects. The admirable convenience of this arrangement for purposes of reference need not be dwelt upon. And if the arrangement of the text is methodical and convenient beyond question, the matter of the text is no less distinct, trustworthy, and reliable in statement.

The translator has had, in various parts of his work, the assistance of several well-known authors and teachers. This has secured for the work a standing in English medical literature, which, with the popularity of the work in Germany, needs only the approval of the American medical fraternity, which is sure to be forthcoming, to perfect the merited world-wide success of the book.

**MEDICAL ELECTRICITY: A PRACTICAL TREATISE ON THE APPLICATIONS OF ELECTRICITY TO MEDICINE AND SURGERY.**  
By Roberts Bartholow, A.M., M.D., LL.D. Third edition, enlarged and improved. Philadelphia: Lea Brothers & Co., 1887. pp. 304

The well-known author of this now popular treatise believes, in regard to electricity, that "this force should be utilized in therapeutics, just as any drug is employed, as a remedy;" that "if electricity has real value as a remedy for disease, it is clear no physician is justified, on moral grounds, in ignoring it;" that "to utilize electricity, has become a necessity of the times; hence a full understanding of its principles and appliances is imperative;" that the adoption of this force as a remedy by the medical profession "is the one mode by which electricity may be divorced permanently from charlatanry, which has profited by it commercially, whilst it has impaired professional confidence in its utility." Such beliefs, supported by the author's experience as a teacher and practitioner, by his intimate acquaintance with the needs of students and practitioners, his graceful diction and scientific accuracy, have resulted in the production of a work without which the general practitioner can hardly be said to be equipped for full and active usefulness. The author makes no claim that electricity is a universal panacea, but claims for it therapeutical uses definitely described and limited; and these therapeutical uses he has endeavored to present plainly to his readers, with as much of electro-physics and electro-physiology

as seem necessary to a practical understanding of electrical science.

The new material which has been added to this, the third, edition, appears chiefly in the therapeutical sections.

The press-work, paper, and binding are of the best order of workmanship.

**SPHYGMOGRAPHY AND CARDIOGRAPHY, PHYSIOLOGICAL AND CLINICAL.** By Alonzo T. Keyt, M.D. Edited by Asa B. Isham, M.D., and M. H. Keyt, M.D. New York and London: G. P. Putnam's Sons. 1887. 8vo, pp. 229.

This volume is a fitting memorial of one who, while meeting the demands of daily professional work, found time to engage in a course of experimental investigations with exceptionally brilliant results. Some of these results may be found embodied in this work. An introduction gives a sketch of the history of the sphygmograph, besides a full description, with directions for the management, of Keyt's compound sphygmograph; a brief discussion of the utility of water and air as media of transmission for sphygmographs; and some comparisons between Keyt's compound sphygmograph and Marey's new polygraph. The body of the work is divided into two parts: Part I. detailing physiological investigations, and discussing such interesting topics as the form, relationship, and chronometry of the cardiac and arterial movements; the causes and variations of pulse wave velocity; the influence of muscular exercise on the arterial and cardiac pulsations, etc. Part II., or "clinical section," illustrates the value of the graphic method in the diagnosis of diseases of the circulatory apparatus.

The book is eminently scientific; experiments are recorded with scrupulous exactitude, deductions are carefully drawn, and no unfounded statements are made. The book is beautifully printed and nicely bound.

**THE DISEASES OF THE EAR, AND THEIR TREATMENT.** By Arthur Hartmann, M.D. Translated from the third German edition, by James Erskine, M.A., M.B. New York: G. P. Putnam's Sons. 1887. 8vo, pp. 283.

This work is excellently adapted to the wants of the student, and of the physician who may desire to undertake the treatment of diseases of the ear as he is called to do so in the course of general practice, and without making it a specialty. The body of the work is preceded by a brief historical sketch of the development of otology the specialty down to recent times. Then follows a chapter on diagnosis; the instruments necessary to this, and their uses, being clearly described, as well as the most



approved tests of the hearing power. The chapters on symptomatology, and on the frequency, ætiology, and prophylaxis of ear diseases, are very satisfactory. The chapter on general therapeutics is characteristic of the book. Local applications are given an important place; constitutional treatment is of somewhat limited usefulness according to the author's views; baths, regular living, rational diet, and mineral waters, assisted, if need be, by iron, quinine, iodine, and cod-liver oil, being recommended; electricity and local blood-letting are also briefly considered as occasionally useful. The chapters on diseases of the auricle of the external meatus, of the membrana tympani, of the middle, and of the internal ear, are opened with concise anatomical descriptions, and brief references to the physiology of the parts. Certain troubles, as cerebral abscess, purulent meningitis, etc., depending, as they so frequently do, upon primary disease of the ear, are referred to in the text in their proper connection. A highly interesting chapter on deaf-mutism concludes the book.

Therapeutic formulæ, and a list of instruments, are appended, and quick reference to a desired topic is facilitated by a full general index, and an index of authorities.

The press-work of the book is unexceptionable, and the illustrations valuable and satisfactory.

EARTH AS A TOPICAL APPLICATION IN SURGERY. By Addinell Hewson, M.D. Second Edition. With four photo-relief illustrations. Philadelphia: The Medical Register Co., 1887. pp. 309.

This book contains a full exposition of the use of earth in all cases requiring topical applications, admitted in the men's and women's surgical wards of the Pennsylvania Hospital, during a period of six months, in 1869. Since that time, the author has continued the use of earth in private practice, with results of "the most gratifying character." The histories of ninety-three cases, treated in hospital during the term given above, are presented to the reader. Comments are added as to the effects of the contact of the earth, its effects on pain, its power as a deodorizer; its influence over inflammation, over putrefaction, and over the healing processes. The author also gives his ideas concerning the *modus operandi* of the earth as a deodorizer, and of its influence over putrefaction, and its effects on living parts.

A hurried analysis of the cases treated shows the usual proportion of mild and serious accidents and diseases; fractures, wounds, burns, scalds, abscesses, ulcers, tumors, caries, etc. The operations performed were as various as the cases. Of the ninety-three cases, twelve died in hospital, and one, suffering from pyæmia following a shell-wound, was removed in a dying

condition from the hospital. Of the thirteen deaths, five or six were from pyæmia, and one or two others were evidently from septic poisoning; two were from tetanus, one each from heart-clot and mania a pôtu; and one from exhausting diarrhœa, following a deep burn.

While the author shows that properly prepared earth forms an excellent dressing for surgical cases, we feel he has not shown, and must doubt if he can show, its ability to bear favorably a close comparison with the antiseptic methods at present employed by the majority of surgeons.

In type, binding, etc., the book is creditable to its publishers.

MATERNITY, INFANCY, CHILDHOOD. By John M. Keating, M.D. Philadelphia: J. B. Lippincott Company, 1887. 12mo, pp. 221.

This useful and practical little book is admirably adapted to fulfil the mission for which it was intended, viz., that of teaching mothers and nurses those things which are essential to the vigorous and healthful development of infants and children, as well as imparting a knowledge of the nursing of children during periods of illness. The first chapter is devoted to a consideration of the most approved methods of a safe and comfortable conduct of pregnancy to its termination; and it contains many hints which will be of inestimable service to those who are passing anxiously through this period of so great moment to themselves and others so dependent upon them. Several chapters are devoted to the vitally important subject of the artificial feeding and the weaning of infants. Infant diet and bottle-feeding are fully and satisfactorily discussed; but considering the purpose and characteristics of the book, it is a matter of some surprise that more attention has not been given to the methods for, and necessity of, keeping the bottles and the tubes *clean*, and that greater emphasis has not been laid upon the evils of neglecting this matter.

The simplicity and directness of style, and the absence of technical terms, will be appreciated by nurses and the laity. The type and binding used are similar to those of the other volumes of the series of "Practical Lessons in Nursing," issued by the well-known publishers.

UNCLE SAM'S MEDAL OF HONOR. Collected and edited by Gen. Theo. F. Rodenbough. New York and London. G. P. Putnam's Sons. 424 pp.

The recital of noble deeds is ever the best inspiration to noble deeds; and no American could seek better inspiration than in the study of the simple narratives, collected in the present vol-

ume, of the deeds which won for their doers the United States Medal of Honor, America's military decoration, bestowed upon her soldier sons for especially gallant service. Gen. Rodenbough has done his country enduring and needed service in thus preserving, in fuller and worthier form than the dry and meagre phrase of official record, the story of American soldiers who have held life lightly for honor's sake; and who, in face of mortal peril, have forgotten themselves, and remembered but their duty. It is a book which should be the familiar companion of every American schoolboy, and which may well move the hearts of older readers to the more faithful performance of their work in the less stirring sphere of life where, through fate or choice, their lot is cast.

THE most striking feature of THE CENTURY for June is the very remarkable and touching sketch of Gloucester fisher-life, which Miss E. S. Phelps calls "Jack." Stockton's serial and the Life of Lincoln have each generous instalments; there is a beautifully illustrated paper on Peterboro' Cathedral, by Mrs. Van Rensselaer; and the poems, as befits the season, are poems of youth and spring. New York: The Century Company.

THE CENTURY for July has, in the "Life of Lincoln," a deeply interesting account of the Lincoln-Douglas debates; the "War Papers" deal with the immortal "March to the Sea;" the author of the delightful sketch, "Two Runaways," has a short story, "Sister Todhunter's Heart," which is exceedingly readable and amusing; and the number, as a whole, is one of the best of companions for a summer afternoon. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for June has another of Professor James's exceedingly valuable papers, the present one on "Some Human Instincts." Dr. Taylor writes on "Food and Physique." There is a paper from Professor Huxley on "Science and Pseudo-Science." In the editorial department, the "Higher Education of Women" is discussed from a strictly utilitarian standpoint. The number is, as a whole, most interesting and readable. New York: D. Appleton & Co.

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#### BOOKS AND PAMPHLETS RECEIVED.

CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. Vol. IV. OBSTETRIC OPERATIONS, AND THE PATHOLOGY OF THE PUERPERIUM. By Dr. A. Charpentier. Translated under the supervision of Egbert H. Grandin, M.D. New York: William Wood & Co.



- A TREATISE ON DIPHTHERIA. By A. Sanné, M.D. Translated, with additions, by Henry Z. Gill, A.M., M.D., LL.D. St. Louis, Mo. : J. H. Chambers & Co.
- PUBLIC HEALTH. PRIZE ESSAYS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION. Second edition.
- THE ELEMENTS OF MODERN DOMESTIC MEDICINE. By Henry G. Hanchett, M.D. New York: C. T. Hurlburt.
- SEXUAL HEALTH. A companion to "Modern Domestic Medicine." By Henry G. Hanchett. New York: Charles T. Hurlburt.
- WHAT TO DO IN CASES OF POISONING. By William Murrell, M.D., F.R.C.P. Philadelphia: The Medical Register Company.
- TREATMENT BY MASSAGE AND METHODICAL MUSCULAR EXERCISE. By Joseph Schreiber, M.D. Translated by Walter Mendelson, M.D. Philadelphia: Lea Bros. & Co.
- PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMATORRHOEA. By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. New York: William Wood & Co.
- HOME SANITATION. A MANUAL FOR HOUSEKEEPERS. By the Sanitary Science Club of the Association of Collegiate Alumnae. Boston: Ticknor & Co.
- AMERICAN SYSTEM OF GYNECOLOGY. By American authors. Edited by Matthew D. Mann, A.M., M.D. Volume I. Philadelphia: Lea Brothers & Co.

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## PERSONAL AND NEWS ITEMS.

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DR. H. P. BELLOWES sails July 30 for a short visit abroad. He will resume practice Sept. 1.

DR. G. W. WORCESTER of Springfield, Vt., has sold his practice to his brother, Dr. F. D. Worcester, and has himself located at Claremont, N.H.

DR. M. FLORENCE TAFT, class '86 Boston University School of Medicine, has located at Middletown, Conn.

WANTED. — AN AMBULANCE SURGEON, at the Brooklyn Homœopathic Hospital, 109 Cumberland Street, Brooklyn, N.Y. Apply at once to Dr. Charles L. Bownell, Chief of Staff, stating references, and time and place of graduation.

ANNOUNCEMENT. — Prof. E. H. Pratt will give, prior to the opening of the Chicago Homœopathic Medical College, a preliminary course of one week, on Orificial Surgery. This course is designed solely for practitioners who desire instruction in this branch of surgery, in order to apply it in their own practice. For exact date, and other particulars, address E. H. Pratt, M.D., Central Music Hall, Chicago.

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## PUBLISHERS' DEPARTMENT.

### PRE-DIGESTED FOODS.

THERE is a prejudice against prepared foods, quite general but disappearing; a prejudice born of ignorance, like most others. The medical profession already regards them as useful, almost invaluable for infants and invalids. Necessity — the mother of invention — has led to the adoption of artificial digestive agents in cases of weakness and failure of the digestive powers. And this incapacity is more common than one would think, coming from mental worry, exhaustion, intemperance, the opium habit, disease, accident, negligence, etc., and nervous people are proverbially dyspeptic.

An American, especially a Yankee, eating, reminds one of the walking-beam of a steamboat : when one end is up, the other end is down. And so at meals, when the drink hand goes up, the food hand goes down, and *vice versa*.

The body demands for its sufficient sustenance, for the muscles, food rich in nitrogen; for the maintenance of animal heat, carbonaceous food; for the brain and nerves, phosphates. We find albumen in the muscles and flesh, and so it is necessary for the building-up of tissue. But when the liver is deranged, the digestion of albuminoids cannot properly be performed, hence only in a pre-digested form can it be assimilated by the system.

Albumen is found in milk, and in smaller proportion in cereals, as the gluten of wheat. Phosphate of lime is required for the bones, and is furnished by cereals and milk. Milk sugar is a desirable need for old people and children, for obvious reasons.

“Baby Foods” generally lack fat; fat is essential to healthy tissue, and therefore foods containing milk are the most complete, as from the milk a certain amount of fat is present, and then they are the most palatable. The principle which should underlie all baby foods, is the conversion of insoluble starch into soluble matters, to prevent its irritant presence setting up diarrhœa for its removal. When cereals are cooked by high steam heat, the starch transformation into soluble dextrine is more complete. And as the digestive organs become enfeebled by the advance of civilization, pre-digested starch must come more and more to the front. Babies have their choice of food just as much as their elders, and they show it by rejection of one food and delight in another, as they also show ability to digest and assimilate easily and thoroughly the food. But because one kind or form of prepared food is distasteful and disagreeable, it does not follow that all are so. Wells, Richardson & Co., of Burlington, Vt., manufacture “Lactated Food,” which is a restorative and constructive in various conditions of the system. It is meeting with great success in the diet of invalids and children, and is received with approval by food experts at home and abroad.

Analysis shows its component parts more nearly similar to mother’s milk than is cow’s milk. Its nutritive elements are derived from the three great cereals, wheat, barley, and oats. From wheat is taken the pure gluten; from the barley, all the soluble albuminoid and extractive matter resulting from the most careful malting; and from the oat, the strengthening properties for which it is so well known. By reason of the fact that it is partially digested in process of preparation, it is assimilated by the feeblest stomach, and no undigested particles pass into the bowels to irritate, and thus cause troublesome and dangerous bowel troubles.

Its basis is milk sugar, which never causes acetic fermentation. The gluten flour is partially torrefied, and every particle is subjected to the action of the malto-diastase, thus transforming the starch into soluble carbo-hydrates. So that, although by reason of weakening of the natural forces and impairment of the digestive functions the conversion of starch is so slight that the stomach is hampered and strained, nutrition may be kept up by the use of prepared foods. And when, in the case of infants deprived of mother’s nursing, cow’s milk disagrees and a wet-nurse renders its chances of life precarious, Lactated Food is the sole reliance and support.

“I REGARD ‘Colden’s Liquid Beef Tonic’ as extremely useful in cases of *debility and general depression*, and as an article of food containing *tonic* properties it is highly useful. — A. JACKSON, M.D., Professor, Laval University, Quebec.”

PROFESSOR DR. R. FRESENIUS, of Wiesbaden, Germany, has made an analysis of Mellin’s Food for Infants and Invalids, of which the following is a summary:—

Total carbo-hydrates . . . . .	72.56
albuminoids . . . . .	9.75
salts . . . . .	4.37
moisture . . . . .	13.32

100.00

Starch and cane-sugar, none; reaction, alkaline.

A copy of the detailed analysis and remarks of this first chemist in the world may be had by application to Messrs. Doliber, Goodale & Co., 41 and 42 Central Wharf, Boston, Mass.

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EDITORIAL.

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HEALING BY CRITICISM.

A QUITE new therapeutic method — though infallibility rather than greater variety would seem to be the *desideratum* with our therapeutic methods just at present — is hinted at in the very entertaining and suggestive paper on “‘Christian Science’ and ‘Mind Cure,’” by Dr. J. M. Buckley, to be found in the July “Century.” We quote Dr. Buckley, *verbatim*: —

“On a visit to a branch of the Oneida Community at Wallingford, in 1856, I asked Mrs. Miller, the sister of John H. Noyes, the founder of the community, what they did if any of the inmates became ill, as they repudiated medicines. She said they had very little sickness. ‘But have I not heard of an epidemic of diphtheria among you?’ She said that there had been, but that by their treatment they saved every case. ‘What was that treatment?’ — ‘It was treatment by criticism.’ — ‘How was it applied?’ — ‘So soon as a person was taken ill, a committee was appointed who went into the room and sat down, paying no attention to the patient. They began at once to speak of him or her, criticising the patient’s peculiarities, bringing every defect to the surface, and unsparingly condemning it.’ Mrs. Miller added that no one could endure this more than an hour. The mental and moral irritation was so great that they began to perspire, and invariably recovered.”

The more we meditate on the above remarkable statement, the more are we inclined to the conviction that “Healing by Criticism” is worthy an honorable place among the many “systems” which dispute the palm of therapeutic infallibility in the distracted medical world of to-day. Let us briefly consider, my



doubting brethren, four cardinal points in favor of the system of Healing by Criticism.

First, Its amazing cheapness to the student. It is evident at a glance, that, of the would-be practitioner of this new branch of the healing art, there will be required no wearisome expenditure of brain-force in arduous study, no depletion of a slender purse by extravagant college fees. Criticism of one's fellow-beings, like "reading and writing," "comes by nature;" and the only instruction required by the Healer by Criticism will be amply furnished by the "old Adam" within him.

Second, Its comparative harmlessness to the patient. Treatment of this sort may be warranted to leave behind it no residuum of a poisonous drug; no insidious craving, as for alcohol or opium; and, what we must count of quite equal moment, no weakening of faith and reverence by familiarity with the presumptuous and often blasphemous cant of "Faith-healers," and "Christian Scientists."

Third, The immense consolation and inspiration to the patient, arising from the reflection that sooner or later it may be his happy fate to give his doctor a *quid pro quo* for the sufferings he is then undergoing: a delicious revenge, quite denied a patient under any of the one-sided systems now in vogue.

And, Fourth, The fact of its furnishing useful and lucrative occupation to a certain class of the community, to find whose *raison d'être* has hitherto furnished as severe a problem to the thinking mind as to find that of the mosquito or of the English aristocracy. We mean, of course, the professional fault-finder and scandal-monger. Healing by Criticism once recognized as a science, the *métier* of these pests becomes clear to the world, and their possible usefulness as mental fly-blisters cheerfully acknowledged.

Hail, then, to the Healer by Criticism! We confidently look, in the near future, for the appearance of a "scientific" journal, devoted to his interests, and chronicling the miracles by him wrought; such as, for instance, how the mere sight of Dr. Tellyoursins entering the room so far restored the moribund patient, that he was able to leap from his bed, and pursue the doctor around the corner of the next street.

## EDITORIAL NOTES AND COMMENTS.

THE NEW HEADQUARTERS OF MESSRS. OTIS CLAPP & SON is also, in a very definite sense, the new headquarters, both from a social and a business standpoint, of the homœopathic physicians of New England; and such being the case, we take for granted that a few notes on the new building, its arrangement and purposes, will not fail to be of interest to our readers.

The growth of the business of our well-known pharmacists is naturally coeval with the growth of homœopathy itself in that section of the country to whose needs they minister; and the fact that their business has so fully outgrown the generous limits, in which for so many years it has been transacted, is matter, therefore, for wider than local congratulations. Southward the tide of Boston business takes its way, and southward, therefore, the firm has been swept by the tide of its prosperity. The new building now occupied by Messrs. Otis Clapp & Son, though not yet wholly arranged to their uses, is situated No. 10 Park Square, at the foot of Columbus Avenue, about two hundred feet from Boylston Street, in the near neighborhood of the Common and Public Garden; and is immediately accessible, both by steam-train and horse-railroad, from all quarters of our small world. Its centrality of location could not be bettered. The establishment extends through from Park Square to Carver Street, taking in two buildings on the latter thoroughfare. The store itself, as entered from the street, is devoted to the purposes of dispensing medicines, filling prescriptions, and the sale of dietetic preparations, instruments, medicine-cases, and books. All its arrangements are as conspicuous for good taste as for utility; and the eye rests with pleasure on the "harmonies of hue and line" afforded by brass-railed gallery, tiled floor, fixtures of antique oak, and rich dull tints of metallized plaster. The store is, however, but one of the salesrooms, which, covering nearly two thousand square feet of floor space, occupy a part of the basement as well. In these lower rooms are sold physicians' supplies, elastic goods, braces, and trusses; for the fitting and sale of the last-mentioned article, a separate and convenient

room has been fitted up. — A visit to the shipping department in this immediate vicinity convinces the physician that his orders will not wait for lack of conveniences to promptly fill them. — The thousand gross of dispensing vials in the vial-room suggest, that, for a system of medicine so moribund as it is sometimes represented to be, homœopathy has to meet large demands. — The large piece of machinery, which gives its name to the “boiler-room,” is a well-tasked servant, required as it is throughout the year to supply steam for the manufacture of cerates, the drying of bottles, and the keeping up a constant supply of hot water, as well as to heat the building itself during the inclement portion of the year. — The supply of tinctures demands and receives a separate room for their occupation and manufacture. — The laboratory for the manufacture of cerates and medicated oils, aqueous extracts, suppositories, etc., repays, in interest, the time of a visit to those physicians whose mechanical curiosity goes behind a fact to its component factors. — Such physicians, too, will climb the stairs to the “mill-room,” where one’s homœopathic principles are gratified by the careful arrangements for the exclusion of dust; one’s eye notes with interest the presence of the new three-pestle mortars, electric motor and other innovations; and certain muscles of one’s arms, maybe, twitch with involuntary sympathy at sight of the unwearied continuance of the “demnition grind.” — The traditional New-England housewife could find nothing to cavil at in the convenience and quite phenomenal neatness of the wash-rooms for the various manufacturing utensils; a separate wash-room being provided for the utensils used in each department. — Space forbids more than an allusion to the receiving- and storage-rooms, the labelling-room, the alcohol-room, the tablet-trits, and other rooms, none of which are without their interest. — Physicians will appreciate the hospitality that sets aside and furnishes for their use, at will, a large and sunny “reading-room,” where perusal of the journals may alternate with friendly chat. — The GAZETTE may modestly suggest that in its own comfortable corner there is always an extra chair for visiting friends.

The as yet unsettled state of the building, in which the cyclone, raised in business as in domestic circles by the horrors of a “move,” has not yet wholly spent itself, sets October as the



earliest limits within which physicians may hope to see the new headquarters in its permanent shape. That such visits will be prompt and numerous, is no uncertain guess to one conversant with the cordial relations existing between New-England homœopaths and their representative pharmacists.

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THE MORAL EFFECT OF PHYSICAL TRAINING on the criminal classes is made the subject of a very interesting editorial in the August issue of the "Popular Science Monthly." The editor takes as his text the experiments recently made in the New York State Reformatory "to ascertain whether the moral and mental faculties of criminals might not be roused, and to some extent developed, by a judiciously arranged course of physical exercises." "It appears," we are told, "from the report furnished by Dr. H. D. Wey, that these experiments have been attended with marked success: mental growth has been promoted, and moral control has been increased, as a direct result of the physical training administered." On this text, the editor preaches a — on the whole — wise and sensible little sermon congratulating philanthropists that so clear and simple a way seems to be opening, in which they can labor more successfully with the sad problem of criminal reform. Underlying the congratulation, and occasionally speaking through it in a frankly ironical phrase or two, is the editor's conviction that the philanthropic methods hitherto largely employed, and directed chiefly to the cultivation of mind and reform of morals, have been too theoretical, ideal, — in vulgar phrase, "high-flown," to meet the coarse and common need; that physical training may prove the specific these have failed to show themselves; and that what "the preacher and the schoolmaster" have hitherto failed to accomplish, the "drillmaster" may bring to triumphant issue, to the glory of materialistic science.

The physician may well be the last to deprecate the stress laid by any teacher on the inestimable benefits of a strong and symmetrical body, or the usefulness of training that works to such good end. Indeed, the physician must often long to divert the money spent in establishing ritualistic chapels in those quarters of the city from which our prisons are too generally fed, to the

different, but perhaps more immediately practical, use of equipping a spacious gymnasium, into which the *gamin* and street Arab would need little luring, and where the willing pupil in things physical may become the unconscious pupil in things mental and spiritual. But the physician who is also, in however humble degree, a student of sociology, must deprecate, as a means of usefulness to the criminal classes, any system of physical training which does not recognize and ask the constant direction and co-operation of the forces educational to mind and spirit. The worship of muscle, apart from mental control or spiritual direction, is quite sufficiently pronounced, at present, in our midst, — as witness the right hand of fellowship recently and publicly tendered by the political head of cultured Boston to the pugilistic idol of Boston's most dangerous classes. Physical culture may indeed be a powerful agent in moral reform; but unless the moral reform be kept in view first, last, and always, the powerfully developed body may prove to be but a castle made impregnable to harbor the worst enemies of social safety. Any thing, therefore, like a sneer on the part of the advocate of physical culture, at those who have striven — and, to a wide extent, successfully — to cope with less material weapons, with a common adversary, seems deplorably out of place.

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A LITTLE MANUAL ON "HOME SANITATION,"<sup>1</sup> which has lately found its way to our table, is, from more than one standpoint, worthy of very careful reading and very cordial commendation. In the first place, it is, as far as our knowledge goes, unique in the particular sphere it aims to fill. Ponderous works, polysyllabic, technical, embellished with complicated diagrams, dealing with the subject of household sanitation, are by no means wanting to our literature, and the study of them has its useful place in preventive medicine; but there is still ample room, and should be a cordial welcome, for just such a sensible little work as the one before us, — terse, practical, untechnical, addressed not so much to the house-builder as to the house-keeper: in short, giving intelligent instruction by women to

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<sup>1</sup> Home Sanitation. A Manual for Housekeepers. By the Sanitary Science Club of the Association of Collegiate Alumnae. Boston: Ticknor & Co., 1887. 80 pp.

women, on subjects with which women are too little familiar, though their ignorance is any thing but blissful in its results. "Home Sanitation," within the close limits of its eighty pages, talks to housekeepers on the subjects of: I. Situation of the House, and Care of the Cellar. II. Drainage and Plumbing. III. Ventilation. IV. Heating. V. Lighting. VI. Furnishing. VII. Clothing. VIII. Food and Drink. IX. Sanitary Work for Women. All these matters, of such vital importance to the health of the household, are treated briefly, it is true, but with quite surprising clearness, suggestiveness, and good sense; and a novel and highly commendable feature of the little work is the list of questions found at the end of each chapter, addressed to the housekeeping reader, and inquiring into the state of her particular house and *ménage* as regards the matter just treated, as a wise and interested elder sister or maiden aunt might inquire, and fortunately without the risk of the dire offence which such an interested relative would all too probably give. It is a book which every physician who is more interested in hygienic reform than in fee-taking should warmly commend to the attention of every housekeeper on his visiting-list.

And quite apart from its immediate and obvious usefulness, this little volume has an interest as a powerful, if seemingly indirect, plea for the higher education of women. Being, as it is, among the first tasks set themselves by collegiate alumnae, the book bears testimony that even within the old conventional "sphere of woman," there is plenty of work to do that can only, or best, be done by women educated to a degree long thought inimical to the existence of that sphere. The Rev. Morgan Dix himself would hardly condemn as unwomanly the knowledge by which a matron may save her babies from poisoning by sewer-gas, and guard her husband from the physical, not to say spiritual, dangers of dyspepsia, by serving food chemically adapted to the demands of the season. And if he should admit thus much, the Rev. Morgan Dix might find himself desperately driven by logic and honesty to admit certain other things, which hitherto he has strenuously denied.

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THE chief of police of Chicago has issued an order giving the vehicles of physicians the precedence at bridges. The doctor heads the procession. — *Medical Era*.



## COMMUNICATIONS.

## ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

ARSENICUM IODIDUM is poverty-stricken in the sphere of the RESPIRATORY APPARATUS; for the only symptom we possess was given us by Dr. Beebe, — “slight hacking cough, with dryness and stoppage of the nostrils.” And yet it is in pulmonary diseases, that this great agent has won its brightest triumphs; and the very poverty of its symptomatology is but another reason for instituting a thorough and exhaustive proving, on a great scale.

One of the earliest, if not the very first, to suggest the use of this remedy in phthisis pulmonalis, was Dr. Charles Julius Hempel, who, in his “New and Comprehensive System of Materia Medica and Therapeutics” (first edition 1859), writes:—

“In phthisis pulmonalis, especially in the tubercular form of phthisis, the *iodide of arsenic*, second or third trituration, may be substituted for arsenious acid, giving it in half-grain doses, every two or three hours.”

Acting on this slight hint, which, so far as I could ascertain, was not at that date supported by published clinical experience, the present writer commenced using this remedy in the class of cases indicated by Hempel; but he soon found that it was more useful in the caseous degenerations following catarrhal pneumonia, for an accurate knowledge of which, we are indebted to Dr. Felix von Niemeyer, than in acute tuberculosis. Still, some of these cases were very far gone indeed, when the similia, in this case the iodide of arsenic, interposed.

“In the month of February, 1867, I was called from my home in Belleville, Ontario, to see a patient living in a village on the shores of the Georgian Bay. I was told that he was very far gone in consumption, diagnosed as such by excellent practitioners of the dominant school. I was naturally unwilling to take a long journey by rail, stage, and private conveyance, in order to see such an apparently hopeless case; but the patient would take no denial, so I commenced the journey. On reaching my destination I found a young man of twenty-eight, in the last stage of emaciation, so feeble that he could not turn in bed, with a racking cough and profuse purulent expectoration; a raging fever every evening, followed by heavy night sweats; lastly, a purulent diarrhœa, the bowels moving on an average every two hours. It was late at night, and I was greatly fatigued with the long and toilsome journey: so without auscultating or percussing, I prescribed arsenicum iodidum, fourth decimal trituration, a grain in six teaspoonfuls of water, a teaspoonful every hour. Next morning when I rose, I found that a furious snow-storm had been raging since midnight, and was still in progress. It was simply impossible to travel in that whirlwind of snow, which

darkened the very heavens ; so, resigning myself to my fate, I spent the next forty-eight hours in close attention to my patient. I found that the morbid state present was what, from the time of Laënnec, has been termed *infiltrated pulmonary tubercle*, and this most serious state had been preceded by a severe and neglected catarrhal pneumonia. Now I found the most indubitable evidence of a large cavity in the apex of the right lung. I continued the iodide of arsenic in the same dose, and, before my departure, saw a very decided change. The appetite returned in some slight degree; the fever and night-sweats diminished notably, especially the fever; the cough declined, and the expectoration with it; lastly, the diminished diarrhœa gave the patient a chance to regain his strength. I returned home, and at the end of a week received a most favorable report of the patient's state. The amendment continued, and at the end of a year the patient was in fair health, and able to attend to business." — THOMAS NICHOL, M.D.

In his fruitful paper in the "Medical Investigator" (September, 1867), Dr. Sandford, of Bridgeport, Conn., remarks:—

"Taking, then, the position that it is homœopathically legitimate, not only to use these natural elementary compounds; but, also, that it is philosophically proper to use the combined pathogeneses of the two drugs, from which to draw practical drug indications, let us for a moment look at the varied range of diseased action which this salt covers, and we may perhaps place primarily upon the catalogue acute and chronic diseases of the mucous membrane,—gastro-intestinal, bronchial, and Schneiderian in particular. Therefore it is that this remedy will be found particularly efficacious in active and passive inflammations of these membranes, whenever the prominent or active symptoms indicate *arsenic*, and the constitutional indications point to *iodine*."

But that acute observer did not develop his suggestion of the action of this remedy on the bronchial mucous membrane, possibly because his mind was thoroughly occupied with its action on the gastro-intestinal mucous membrane.

In the year 1872, Dr. Herbert Nankivell, of Bournemouth, England, read a paper "On Arsenic in Phthisis" before the British Homœopathic Society, which attracted much attention in England, but very little on this continent, probably because it is hidden away in the annals of the society, which are not in the libraries of many of our physicians. This admirable paper consists of pathological statements, cases, and a most interesting discussion. I purpose quoting all the cases, together with some of my own, and all I can glean from the journals in my library, and then proceed to discuss the pathology of all these cases, and endeavor to determine the place and power of the iodide of arsenic in these very grave diseases.

"*Broncho-catarrho-pneumonic; resolution.* A. B., æt. 16, phlegmatic, with sallow complexion and dark hair; was first seen on Oct. 4, 1871. He had suffered from asthma during the spring, and had spent the summer at Margate, where a severe attack of bronchial asthma was followed by congestion of upper part of right lung. On examination, want of mobility, comparative dulness and prolonged expiration beneath the right clavicle, together with decided dulness, slight crepitation and bronchophony in the



right supra-scapular region; respiration whole right lung inferior in power to that of left, though at left apex also it was harsh and jerky. There were frequent sneezings, occasional asthmatic attacks, a good deal of dry cough, but seldom any expectoration. Pulse 85, weak; temperature 99°; countenance very depressed, eyes sunken; had lost flesh decidedly.

"He was at the time taking *sulphur*, and as it seemed indicated it was continued for three weeks longer, when, finding no improvement in the general health, and a tendency in the infra-clavicular dulness to increase in intensity and extent, I ordered arsenicum iodidum, third decimal, one grain morning and night; this was continued for five weeks. On Dec. 4, he got a quarter of a grain of the second decimal trituration each night and morning, which was continued for a month. The diet was generous and unstimulating, with plenty of milk, and cod-liver oil daily.

"At the beginning of January he had gained nearly one stone in weight; expression and complexion lively and healthy; pulse 72; temperature normal. The physical signs had greatly improved; it was difficult anteriorly to say which apex had been affected, and posteriorly very slight dulness with prolonged expiration remained. Since this period he has taken the same dose of arsenic once or twice a week only, and he has been in the enjoyment of good health; the asthmatic attacks and excessive sneezings have likewise departed.

"The only other medicines interpolated were *strychn. nit.*, third decimal, at meal-times for three weeks, and *bryonia* 12 twice daily for one week." — HERBERT NANKIVELL, M.D.

"*Broncho-catarrho-pneumonic; softening; induration.* E. B., a girl of eighteen, a blonde, consulted me on Aug. 11, 1870. Caught a bad cold twelve months ago, which settled on her chest. From this she recovered under allopathic treatment, but during the winter and spring had frequently renewed it. She has now frequent cough with muco-purulent and occasionally stringy expectoration, aggravated on exertion and at night; dyspnoea on exertion, especially when ascending; asthmatic sensations at night, so that she must sit up to breathe. The appetite is fair; pulse 88, weak; tongue slightly furred; catamenia regular; slight night sweats. On examination, flattening and decreased mobility beneath left clavicle, with dulness on percussion; auscultation revealed coarse crepitation at the same spot, while dry rhonchi and prolonged expiration obtained elsewhere. Generous living without stimulants, and cod-liver oil, were ordered. Arsenicum iodidum, third decimal, one grain twice daily, was given. Steady improvement commenced, and continued for a month, when exposure to the night air induced a thorough relapse. The same preparation was exhibited without avail, and the second decimal trituration was prescribed. On Oct. 17, the report is: No cough; no bronchial râles; flattening and dulness less apparent beneath left clavicle, and no crepitation heard there, but the expiratory sound is rough and prolonged.

"Notwithstanding bronchial catarrhs on two or three occasions in the winter of 1870-71, crepitation was never re-established in the affected apex. In November, 1871, I found the difference between the two apices barely perceptible; and she still continues in thorough health." — HERBERT NANKIVELL, M.D.

"*Broncho-catarrho-pneumonic; laryngeal complication; induration.* — E. C., aet. 28, came to Bournemouth in the beginning of August, 1871. Had been confined six weeks ago, before which event she had for some time been suffering from a severe cold. Since the confinement her condition had been rather critical, the evening temperature having stood at 102° for a considerable time. A few days before leaving her home, it had fallen to



99½°, so Dr. Gibbs Blake informed me. On Aug. 4, there was hoarseness nearly amounting to aphonia; frequent cough, excited by speaking; great pallor of face, and considerable emaciation; pulse 80; temperature 100°; skin warm and moist. She was nursing, and had a full supply of milk; appetite fair. Examination showed limited but decided dulness beneath left clavicle, with coarse crepitation; jerky respiration at the other apex; dry bronchial râles in other parts of the chest. The vocal cords were red and slightly tumid. The expectoration was muco-purulent, but I could discover no elastic tissue present. *Arsenicum iodidum*, sixth decimal trituration, was given night and morning for ten days, with the effect of reducing the dry râles and the cough, but without improving the larynx or left apex. *Arsenicum calc.*, second decimal, was then given twice daily for a fortnight, by which time the crepitation disappeared, leaving prolonged expiration at that spot. *Selenium*, second decimal, was given for ten days at this period, with excellent effect on the larynx, and the *arsenite of lime* was then resumed. She left in the middle of September, with great improvement in strength, voice, and appearance." — HERBERT NANKIVELL, M.D.

"*Broncho-catarrho-pneumonic; excavation; cicatrization.* C. D., aet. 17, a delicate, fragile-looking blonde, was first seen in December, 1871. Had been ill for eighteen months; the previous winter had been spent at Hastings with benefit during the first part of the season, but with serious illness during the spring. Since May there had been improvement. At this time the pulse was 90, rather small and weak; a cough, short and dry, excited by tickling in the throat; seldom any expectoration; easily excited; febrile aggravations readily induced. Catamenia retarded, but sufficient. Considerable emaciation; thorax contracted; clavicles prominent. Dulness obtained on left side of thorax in front, with loss of mobility; amphoric breathing and pectoriloquy between the second and third ribs, with a large dry crackling in the cavity; dry rhonchi were heard generally in front and behind, but no evidence of a cavity was noticed posteriorly.

"*Arsenicum iodidum*, third decimal trituration, was given for one week in grain doses morning and night; and on the next examination all the râles and crepitations had disappeared, the amphoric respiration and pectoriloquy, with here and there diminished respiration, being the only auscultatory signs. During the next three months the patient got the same preparation the week before and after the catamenia, when there was always a tendency to the recurrence of the râles and crepitation; and on the other weeks *calc. iodidum*, third decimal trituration, was exhibited. By the beginning of March the cavity had completely healed; the cough had disappeared; there was decided increase in weight, and the average pulse had fallen to 80." — HERBERT NANKIVELL, M.D.

[To be continued.]

### A CASE OF LARGE ABSCESS IN THE PELVI-RECTAL SPACE, IN A TUBERCULOUS SUBJECT. — OPERATION. — RECOVERY.

BY H. I. OSTROM, M.D.

Surgeon to Ward's Island Hospital; to Hahnemann Hospital, New York; to the Good Samaritan Diaconessen.

AN abscess in the pelvi-rectal space is comparatively rare. This fact, together with the size of the pus cavity, and the rather extensive operation necessary, have seemed to me sufficient reasons for reporting the following case.

I first saw Miss H—— at the request of my friend, Dr. T. Franklin Smith, in October, 1886. The patient had been seen by several physicians, none recognizing the character of her malady, until Dr. John H. Demarest, whose attendance upon the case preceded that of Dr. Smith, diagnosed the case as one of abscess and anal fistulæ. I found the girl poorly nourished, with a history of pulmonary tuberculosis, two of her sisters and a maternal relative having died of the disease. She was extremely anæmic, her cervical glands were enlarged, she had no appetite, her bowels were constipated, her pulse rapid and feeble, and her temperature constantly above the normal. An examination of the anal region led to the discovery of four blind external fistulæ, two of which opened into a large pus pocket that occupied the left pelvi-rectal region. The exact size of this cavity could not be ascertained. The integument covering the abscess was indurated, and showed evidences of breaking down. The discharge from the fistulæ was very profuse, probably reaching between four and five ounces in twenty-four hours. The present rectal disease began three months previous to my first visit, as the result of a fall upon the perineum; and from the subsequent course of the disease, it is probable that several abscesses formed at different times, and contributed, by their dividing walls breaking down, to the formation of the single large cavity which existed at the time of my examination. The girl's condition was so low, that it was not deemed expedient to operate at that time. She was therefore placed upon a stimulating and highly nutritious diet; but at the expiration of three weeks little improvement had taken place, and in some respects her condition was less favorable for an operation than when I first saw her. It therefore became apparent that her chances for ultimate recovery lay in an immediate operation. On the 23d of October, under strict antiseptic precautions, and with the kind assistance of Drs. Smith and Demarest, I laid open the fistulæ, intending to induce immediate union in those not connected with the abscess, by sewing their surfaces together; but I found that all four canals, two by circuitous routes, opened into the abscess, and that this cavity, by means of many pockets and divisions, almost encircled the rectum, leaving but a very small part of the recto-vaginal septum intact. On the left side the abscess ran parallel to the rectal walls, and extended upwards and backwards into the pelvis for over six inches, thus pressing up the peritoneal fold as it is reflected on the lateral aspect of the rectum. Into this part of the abscess my doubled fist could be passed with ease. The external incision extended well up on the left natis, and down to the coccyx, from which point it was prolonged about two inches up



the right side. There being no internal opening, the sphincter was not divided. The entire cavity was thoroughly scraped with Volkman's spoon, — to which practice I attribute much of my success in treating chronic suppurating surfaces, — and packed temporarily with dry antiseptic sponges. The hemorrhage was rather free, necessitating the application of Pacquelin's cautery to the deeper parts. The sponges were removed, and the cavity carefully packed with bichloride gauze, saturated with carbolized oil and iodoform, and a T-bandage applied. The case progressed without one unfavorable symptom. From the day of the operation, the patient began to improve in general health. The cough grew less, and finally ceased. Temperature and pulse became normal. Her appetite returned, and after moving her bowels a few times their action was restored, and has continued, a condition that had not existed for several years. On Nov. 23, the patient was dismissed cured, the entire cavity being healed at that time.

The cicatricial tissue was extensive and dense, and as it contracted, some of the deeper parts near the left wall of the rectum separated, leaving a pus pocket of no great extent, surrounded by scar tissue, which opened externally. A second operation became necessary. I divided the external sphincter, and dissected and scraped out the walls of the cavity. From this operation I had reason to expect incontinence as a natural result; but though the muscle was divided, there is perfect control of the rectum. The wound is now completely healed, and the girl's general condition better than it has been for years.

When it became apparent that a second operation was necessary, I questioned whether this could have been prevented by dividing the sphincter at the primary operation. The part played by the anal sphincter in preventing the healing of abscesses and fistulæ situated in the region of the rectum is, as we know, very considerable, and has led to establishing the rule that the muscle must either be stretched or divided in all radical operations for this class of rectal disease. But in the present instance it was found necessary to carry the incisions so high, and the pus cavity extended such a distance up the rectum, that a corresponding opening of the bowels would have divided both sphincter muscles, with the almost certain result of fecal incontinence. It was therefore, and in anticipation of cicatricial contraction, decided not to open into the rectum, but to heal as much as possible of the deeper parts by the first operation, believing that, if a second operation were necessary, the sphincter could be cut with less disastrous results. The history of the case has justified my departure from the general operative rule.

This case is a refutation of the teaching, that a fistula should



not be operated upon when the subject is predisposed to tuberculosis, or the disease is actually developed. Both theoretically and practically, such conservative treatment is entirely opposed to modern investigations; and any surgeon would to-day be chargeable with neglect and failure to employ all the resources of his art, if he refused to operate for the cure of a condition, the essential effect of which can be no other than depleting, and calculated to reduce the little strength that should be conserved by every means within his power.

The former embargo, placed upon operating under such conditions, arose from a misconception of the nature of tuberculosis. Otherwise, why should it be considered dangerous to stop a discharge, the source of which was far removed from the seat of disease? In pulmonary tuberculosis there is no reason to believe that tubercular matter is removed from the system in the discharge from an anal fistula. The fistula is self-supporting, and has no direct or indirect connection with the pulmonary lesion; and if, as is true of many cases, the fistula is dependent upon a strumous constitution, it seems improbable that the diathesis is improved by allowing the local disease to become, and remain, fully developed. I have long since ceased to regard the presence of tuberculosis a counter-indication to the cure of anal fistulæ, and I have yet to meet with my first case in which acceleration of the lung-disease could be attributed to operating under such constitutional conditions.

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### THE PATHOLOGY AND PHYSIOLOGY OF DIABETES.

BY PROSPER BENDER, M.D., BOSTON, MASS.

[Continued.]

BEYOND the study of these different theories, there is still left a large field for conjecture and query. Perhaps the most important contribution of late on this subject is Dr. G. Esbach's work entitled, "Le Diabète sucré, ou Névrose Assimilatrice du Foie." His views are both original and ingenuous, seeming, also, the most plausible of any hitherto advanced. Esbach accepts the *glycogenic* theory, but with several modifications. The *glycogen* of Bernard, as we have seen, is formed from the carbohydrates and nitrogenous substances of food; but Esbach believes it is obtained from the latter exclusively,—his principal reason being the continuous production of sugar when all outside starch and sugar are excluded, and only albuminoids given,—even when they are withheld. A liberal diet of amylaceous and saccharine substances may appear to cause an increase of *glycogen*, but this is not the case. There is more *glycogen* in the cells of the liver,

for the reason that there is less used or called for; the supply from the alimentary canal being abundant, it is used instead.

Esbach cannot believe that Nature is such a bungler as Bernard would make out. The latter states that the starch and sugar of alimentation is first transformed in the intestines into glucose, retrogrades into starch when in the liver, and subsequently, by contact with a ferment, resumes its original conditions from the starting-point in the intestines. This Esbach considers very unlikely: Nature's processes are simpler and more to the point. The liver pours into the hepatic vein glucose from both sources, to be consumed, under normal conditions, in the blood; but under the influence of nervous shock, worry, sorrow, or injuries to cerebro-spinal axis, a perversion of the assimilative power of the liver over starch and sugar arises, which results in those substances not being consumed in the blood and escaping through the urine, thus depriving the system of its elements of heat and strength. The liver is the great reviser of assimilation, and the glucose, in passing through it, acquires the property of being susceptible of utilization, or of being destroyed in the blood. The liver, consisting of a colony or collection of lobules, each acting independently of the other, pours separately into the blood and biliary ducts the products of its fabrication, sugar and bile. The more lobules affected, the more glucose escapes the process of revision or assimilation, to pass out of the blood unconsumed through the urine. The fewer lobules, the less, with its corresponding advantages. In health the glucose of food, which is the more abundant, undergoes a conversion in the lobules of the liver, that renders it assimilable; but if disease exist, non-utilizable or non-oxidizable glucose enters the blood, in relative proportion to the area of liver involved.

In illustration of the above, let me cite the case of a diabetic patient, who can eat with impunity six and one-half ounces of gluten bread, with meat in abundance, but let him exceed the saccharine or farinaceous substances by even one ounce, and immediately sugar will appear in the urine. Let him, however, return to the six and one-half ounces of gluten bread, and the urine will again be free of sugar. Observe, if you will, the very slight increase of bread, followed by accumulation. The difference of one ounce cannot explain such accumulation, nor can there be overabundance of sugar. There is simply present in the blood a substance which has failed to undergo the needed revision for its oxidation. The capacity of assimilation of that liver is for the time being just six and one-half ounces of bread, but by and by, if the prescribed diet be carefully followed, it will materially increase, and, in the course of time, become normal.



Allow me to give one more instance: Another patient, who easily assimilates ten ounces of gluten bread, indulges in a glass of milk, or a lump or two of sugar in his coffee, and the next day the urine contains sugar. This is another proof that the fault is not with superabundance of sugar in the blood.

If most or the whole of the liver has lost its assimilating powers, or is *diabetized*, as Esbach calls it, the glucose of both origins will fail to be utilized; but if only a portion be thus affected, and the use of amylaceous substances restricted, most or all of the glucose will be disposed of. It is seldom that we have so severe a case, — when both glucoses cannot be consumed, as we find in traumatical diabetes.

You will occasionally meet a patient who has recovered his health and yet passes a small quantity of sugar. This is an evidence that a small portion of the liver has been left incurably diabetic, just as a contracted limb in an hysterical patient remains in that state after the patient has regained her usual health. This partial condition of atrophy may or may not ultimately disappear. It will if the original nervous influence returns. Esbach has made interesting, ingenuous experiments to demonstrate the limit of the diseased part, too lengthy for notice here.

The failure of the blood to dispose of the glucose poured into it is not due to the blood having lost its consuming or oxygenating properties, since fats, lactates, tartrates, etc., continue to be destroyed in that medium as the urine plainly shows. Where diabetes persists, Esbach ascribes it to the fact that certain articles of diet are persistently given which the patient's liver cannot reduce to that special molecular condition necessary for its absorption. Withdraw them from the dietary, substitute meats and fats, and the patient will promptly regain health. The glucose of glycogen and that of the intestines possesses different molecular and physiological properties; the former is much more easily destroyed in the blood. It would be only in an extreme case of diabetized liver, that the first would not be utilizable.

In brief, when the liver fails to exercise its assimilating functions, it is in a state of paresis. The whole is rarely in that condition, — a portion oftenest. The sugar which has traversed that portion of the liver which is diabetized is non-utilizable; that traversing the healthy portion is. This is the fundamental point.

To repeat: there is no overabundance of sugar, nor difficulty with the blood, lungs, or heart. While the patient eats freely, he starves; because his diet consists mainly of hydrocarbons, which he cannot appropriate, and which circulate in his blood to



his injury. In point of fact, the more he eats, the worse is his condition.

Diabetes is not necessarily connected with a morbid condition of the liver; but whether it be or not, is sometimes difficult to determine. It is sometimes complicated with some lesion of the brain or spine, meningitis, cerebral tumor, softening, etc., but it is usually an affection *per se*, a disorder of a functional character of the controlling nerve-centres. It is a neurosis, and like other neurotic troubles — namely, migraine, gout, asthma, etc., — it is often hereditary. The diabetic neurosis may extend to other organs besides the liver; but such complications are incidental and do not belong to diabetes. Gouty patients often have diabetic offspring.

Esbach maintains that the patient who does not eat starch or sugar cannot pass sugar in his urine after the reserve from previous alimentation is exhausted; and he is right. The whole liver would have to be diabetic before one could witness such a case, and, as already stated, that seldom occurs. As a rule, if the diabetics be fed upon meats and fats, they will cease to excrete sugar. If, on the other hand, injudicious dieting be persisted in, atrophy of the cells of the liver will take place, and the patient will become incurable. The patient who regains his health after atrophy has existed for a while will assimilate but a certain percentage of amylaceous and saccharine substances.

Without doubt the mind acts upon the body, mental distress most obviously causing derangement of physical functions; besides, the vital powers are limited, and too great a demand upon one organ will impede the normal action of another. If a person be subjected to much mental stress through loss by the death of a friend, or through financial reverses, violent anger, and regret, a neurosis like diabetes may be established; and if, under these circumstances, the liver be inordinately taxed through unsuitable dieting, a purely functional affection may be converted into an organic disease. It is, therefore, not surprising that the conditions of this malady are markedly influenced by the mental state of the patient. If the provoking or determining cause, the mental worry, be removed, the patient will recover, provided he is intelligently dieted.

On this subject, Dr. J. Milner Fothergill expresses himself as follows: "Those who are giving special attention to the subject are beginning to be strongly of the opinion that diabetes is casually dependent very often upon 'carking care,' disturbing the liver as regards its glycogenic function. If this view can be substantiated, and I for one think it can, then the appearance of sugar in the urine, even in small quantity and fitful as to presence, is terribly suggestive. If such a case be watched,

it will be found to deepen in gravity; for a while a strict diabetic dietary may afford relief, but it turns out to be a case of 'the farther in the deeper.' Of course this is the more likely to occur if the patient continue to carry his load of care. If, however, the load be lightened, the result may be otherwise. The glycosuric condition may remain static for years."

Diabetes has been known to disappear without any assignable reason. It is also established that it may follow, alternate, or appear simultaneously with, such neuroses as asthma, angina pectoris, epilepsy, polyuria, boulimia, and so on. Functional difficulty may give rise to atrophy of the cells, just as the disuse of a part or member will lead to its loss of power and of the nerve-centres controlling it. And, as with other neuroses, it is also affected favorably or otherwise by certain evolutions of the system, such as the menstrual period, menopause, etc.

It may be injudicious at present to come to any definite or fixed conclusions on a subject which is perplexing the whole profession; yet I confess, as may have been already surmised by the reader of these pages, I am inclined to accept Esbach's views. They appear to me the most rational of any yet presented. Some defects may belong to them which chemistry may yet point out, but I believe the main facts to be correct. My own experience so far corroborates his. The treatment of three cases according to his principles resulted in complete satisfaction. In all of them mental anxiety was the etiological factor. Should Esbach's theory be maintained by a wide or general experience, he will prove to be another great benefactor of his race.

Out of place as it may seem to some, to allude, in a pathological review of diabetes, to the subject of its treatment, I feel compelled to state that unless Esbach's rules be strictly followed, a failure will be the result. You must exercise a close supervision of your patients; set down in writing their dietary, and by frequent examination of the urine make sure that they follow it. The least infringement will be detected in this way. Require the patient, also, to tell you exactly what he has eaten from day to day; in which way, only, can you make sure of your injunctions being followed, or that errors, accounting for your failures, have been committed. My patients have not found it particularly trying to follow the dietary in question, as they have a large list of articles of food for selection; but of course amylaceous and saccharine food is allowed only in very limited quantities.

## THE MORBID ANATOMY OF DIABETES.

There are no positive or invariable changes found in the cadaver of the diabetic victim. Structural lesions are observed sometimes in one organ and again in another, in varying degrees and stages; but whether the pathological condition be the result or the cause of the initial disturbance, most pathologists fail to state. However, some viscera are so often diseased as to acquire significance and to justify an association with diabetes.—the kidneys and liver, for instance; and of late, reliable observers contend that some part of the cerebro-spinal system will always be found affected. In short, the bulk of the evidence proves that the morbid conditions are constantly varying, as we notice in nervous disorders generally, to which this disease is undoubtedly allied.

The strain of unusual activity imposed upon some organs, or the irritation from the *materies morbi* circulating in the system, may cause many of the pathological conditions witnessed; hyperæmia of the liver or kidney may be attributed to the former, and affections of the cerebro-spinal centres to the latter.

According to Dr. W. H. Dickinson, a dilatation of the arteries and of the perivascular spaces of the brain, of the medulla oblongata and pons Varolii, with an escape of the contents of the blood-vessels, and consequent softening and destruction of nerve substance, is peculiar to diabetes. Drs. W. Muller, Knelz, and Hale White, who have closely studied the matter, contend that those changes have been found in the cadaver of subjects not suffering with diabetes. While Dr. Dickinson does not assert that these changes are due to diabetes, he states that they were constantly witnessed by him, and in varying places and degrees. There was generally, with the perivascular changes, thickening of the sheath, erosion or degeneration of the nerves, and the presence of blood crystals in their neighborhood; but these changes were often so minute as to be overlooked by the naked eye. This latter fact might account for the discrepancies between him and his critics. Drs. Taylor and Goodhart challenge the accuracy of Dr. Dickinson's views, but a very excellent authority, Dr. Lockhart Clarke, corroborates them. Dr. Dickinson ("London Lancet," vol. i., 1878, p. 161) says: "The minute morbid anatomy of the nervous system is but just coming out of darkness into twilight, and it may be long before we get any view of its finer lines. In diabetes, in tetanus, and in chorea, there are certainly changes in nervous function, and possibly in nervous structure, which precede and underlie the rough injuries, which are all that have yet come under our notice. But these are enough, at least, to show the place of the storm. The mis-



chief in diabetes, as in the other disorders I have mentioned in juxtaposition with it, is seen in the altered relation of the blood-vessels to the tissue, in the several shapes of hæmorrhagic and other exudation, perivascular injury, or erosion, and possibly the spotted-gray disorganization which, when distinctly morbid, is as distinctly related to changes of the same character. These changes have different degrees and stages. None are exactly repeated in every case, though there is evidence in each of changes of the same nature. The changes may want in constancy, but they do not want significance." There have also been found in different portions of the brain, oftenest in the neighborhood of the fourth ventricle, tumors, effusions, softening, wasting of gray substance, degeneration, and pigmentation of the cells. In fine, Dr. Dickinson considers the brain the primary seat of the disease, for he always observed it to be affected. The changes may not have been peculiar to diabetes, but they were always present. ("London Lancet," vol. i., 1883, p. 775.)

The spinal cord is often congested, softened, and even indurated. Dr. Dickinson also avers that he has met with a dilatation of the central canal in the dorsal and lumbar regions, and a proliferation of the lining epithelium. The sympathetic system occasionally evidences changes, generally of a chronic inflammatory nature, with an increase of the small cells; the vessels of the thoracic sympathetic cord have been observed to be engorged, and new growth of fibrous tissue formed; the splanchnic nerves and semilunar ganglions have been similarly diseased. Dickinson, however, states that he has usually found the sympathetic system healthy, while Lubnoff (*Virchow's Archives*, lxi. p. 145) detected sclerosis and atrophy of the ganglionic cells, as well as an atrophied and pigmentary condition of the inferior ganglions of the trunk. The minute morbid anatomy of the nervous system is a difficult one to trace, but one may now look for new and important revelations, especially as the use of the microscope is being better understood.

Ever since Claude Bernard's discovery of the glycogenic functions of the liver, pathologists have been looking to that viscus as likely to supply the key to the solution of the vexed question of the seat of the disease causing diabetes. The liver is generally observed to be altered,—in a condition of hyperæmia or hypertrophy, with atrophy of the cells from pressure. But inasmuch as the weight and size of that organ vary much in different individuals, this may have led to many errors. It is likely that when pathology shall have progressed still further, it will be demonstrated that the liver will always present some morbid condition in the diabetic subject. As has already been stated, the hyperæmia is owing to a paresis of the vaso-motor nerves of

the liver brought about by some nervous disturbance of either the sympathetic or the cerebro-spinal system. Pavy believes that there may be intrinsic conditions of the liver or of the chylipoetic viscera provoking diabetes. MM. Hanot and Chauffard report many cases with hypertrophic pigmentary cirrhosis, and M. Letulle mentions two identical cases in No. 20 of the *Bulletin et Mémoires de la Société Médicale des Hôpitaux*. Other observers cite cases with amyloid or fatty degenerative changes, abscesses, and obliteration of the portal vein. In fact, hypertrophy is so often present as to lead to the conclusion that there is some connection between the two.

The kidneys are generally hyperæmic, with an increase in size of the cells of the convoluted tubules, and disintegration of the renal epithelium (Dr. P. S. Inglessis: *Le Rein dans ses Rapports avec le Diabète*, Paris). Renal hyperæmia is often present in the earlier stages, and parenchymatous nephritis in the advanced period. This is occasioned by the strain of increased activity imposed upon the kidneys. In some cases where albumen was detected in the urine during life, it led to the supposition that Bright's disease existed, but the post-mortem showed kidneys of a dull, pale yellow from infiltration of fat. This, of course, is very different to that from diffused nephritis occasioning contracted kidney, which is seldom seen in diabetes. The pelvis of the kidneys and the ureters are frequently in a catarrhal condition, due, doubtless, to the irritation caused by the sugar in the urine. Abscesses of this organ have not been infrequent, and are the outcome of similar influences; and tuberculosis or amyloid degeneration has been noticed when phthisis coincided with diabetes. In advanced cases a granular metamorphosis of the renal epithelial cells may occur, when uræmic symptoms are apt to arise, owing to the non-elimination of the sugar.

The stomach and intestinal canal not seldom indicate chronic catarrh, hyperæmia, thickening of mucous membrane, hæmorrhagic erosions, slaty pigmentation and hypertrophy of the muscular coat of stomach and upper part of intestine; but whether they are due to primary conditions, or to the inevitable outcome of the disease, is a matter for conjecture. The pancreas is frequently the seat of morbid changes, either atrophy or fatty degeneration. Those who claim that disease of the pancreas is the cause of diabetes offer two theories in support of their assumptions: one, that the disease originates with the pancreas, and encroaches upon the plexus, destroying its ganglia; and the other, that the celiac plexus being diseased in the first instance leads to circulatory disturbances in the parts supplied by the celiac artery, and hence atrophy or fatty degeneration. The

spleen is occasionally the seat of congestion, but we lack data in respect to the condition of this organ in connection with diabetes.

The blood varies in appearance; sometimes it is unusually thick and viscid, and then almost normal in consistency and specific gravity. Glycogen has been found in the blood in variable quantity, as well as in the brain, lungs, liver, pancreas, kidneys, testicles, heart, voluntary muscles, and cerebro-spinal fluid. When it exists in pus, it is significant, since it usually promptly vanishes from the pus of the non-diabetic patient. The coma which is so frequent a termination of diabetes is doubtless due to alcoholic fermentation of the glucose in the blood, resulting in the production of aceto-acetic acid, and not to acetone as formerly believed. The presence of this substance in the blood would explain satisfactorily the acid state of the urine generally noticed, the lactescent condition of the blood, and the fatty degeneration observed in cases where diabetic coma has set in. Pavy dissents from this theory, believing that the coma is due to exhaustion of the nerve-centres, such as fatigue or unusual excitement would occasion; but then how are we to account for the many sudden deaths which occur without any particular previous fatigue, mental or physical?

Fatty condition of the blood (*lipæmia*) is often observed, and has led to the opinion that fatty emboli may be the cause of diabetic coma. But it is now admitted that this is only a physiological state due to excessive ingestion of fat or its deficient elimination from the system. This condition of the blood has also been met in disturbed functions of the liver, or in cases of deficient deoxidation of sugar.

It may be well to remember that the blood often contains sugar in poisoning by curare, carbonic oxide, amyl nitrite, or after large doses of morphia, chloral, hydrocyanic acid, and alcohol, and also after certain infectious diseases, as cholera, anthrax, diphtheria, typhoid fever, scarlatina, and malaria.

There are authors who state that a causal affinity exists between phthisis and diabetes; but in reality the impression has originated with the fact that phthisis may supervene in the course of diabetes, as it does in chronic and exhausting maladies. The statistics of the Brompton Hospital, England, compiled by Dr. Douglas Powell, establish this fact conclusively. It is, in reality, doubtful if these two diseases have any thing in common. Chronic inflammatory processes, caseous pneumonia, and pleuritic exudations, and even cavities, have been found; but the lungs, when affected, are not so primarily.

There is often present a general alteration, a state of atrophy of the muscular fibres, leading to much weakness; and the weak-



ened or asthenic condition of the muscles of the heart occasionally causes alarming syncope, with nausea, vomiting, drowsiness, convulsions, temporary paralysis, and even loss of consciousness. This must not be confounded with acetonaemia. In the latter the attack is sudden, nausea and drowsiness are present, but the pulse, instead of being weak and thready, is regular and rapid, and we have, further, Cheyne-Stokes respiration, foetid odor of breath, and spasmodic abdominal pains, the latter often rousing the patient from the state of somnolence. The muscles look pale or reddish-brown, and, chemists state, they contain an unusual amount of *creatine*.

Ehrlich's recent experiments are of the greatest interest. By removing minute portions of the liver by puncture he ascertained that, in the advanced stages of the disease, the formation of glycogen in the liver gradually declined, and the sugar, entering the portal vein, passed directly into the systemic circulation.

The mode of death varies greatly, as will be seen. The fatal cases in the London Hospital, during eight years, terminating in 1883, numbered 37. In 7 no disease could be detected in the cadaver; in 3 there were no signs of pulmonary or other visceral changes during life; in 1, pulmonary disease was diagnosed before death; in 4 there were signs of recent pneumonia or phthisis; and, in 4, old pneumonias or phthisis existed. In the 12 last-mentioned cases, no necropsy was made. The remaining 18 cases were as follows: cerebral hæmorrhage in 1; cerebral tumor in 1; spinal cord disease and phthisis in 1; stricture of urethra, suppurative nephritis, and coma in 1; scrofulous nephritis and phthisis in 1; pneumonic phthisis in 1; dermoid ovarian cyst, calcified mesenteric glands, in 1. In 20 out of 37 there were pneumonic or phthisical changes. The phthisical changes were found in two organs only, lungs and kidney. Coma was the determining cause of death in 19 out of 37 cases. In 18 cases, where death resulted from coma, no fat embolism, or fat in the blood-vessels, was found. Fat embolism and acetonaemia accounted for the coma in certain cases, but they were too inconstant to serve for a general explanation. The sudden onset of the attack, as well as other peculiar features, and also the absence of characteristic lesions after death, point to some poison developing in the body. There were no pathognomonic conditions; the most frequent, however, besides emaciation and phthisis, were a slimy, homogenous state of liver and spleen, and enlarged, congested kidneys.

Of 53 cases dying during a period of ten years, ending in 1883, at Guy's Hospital, London, 33 died comatose. In 17, there were no lesions of the viscera, in 3 the lesions were unimportant, and in 10 the coma supervened in the course of pneumonia or phthisis.

Frerich reports 250 fatal cases. Of these, 18 died from exhaustion, 34 from phthisis, 7 from pneumonia (4 out of that number of gangrene of the lungs), 8 from nephritis, 7 from carbuncle, and 9 from complications (6 of these from cancer). In all the other cases, some form of cerebral affection was present, — 10 hæmorrhage, 2 softening, 3 cerebro-spinal meningitis, and the remainder presented symptoms of coma without any distinct brain lesion. Upon 45 of his cases, autopsies were performed.

The above statistics support, in the main, the theory I have advocated, that, in the majority of cases, some lesion of the brain, spinal cord, or ganglionic system is present, and I think it will be ascertained, ere long, that these lesions are oftener the result than the cause of the initial disturbance. Further research and experience will, I am satisfied, establish that diabetes is a nervous, functional disease, presenting varied morbid conditions as witnessed in all neuroses. Yet, it must be confessed, there is sufficient uncertainty, if not mystery, still involved in the question, to forbid dogmatism, on the one hand, and to encourage further research, on the other, in the hope of fresh and desirable additions to the domain of pathology and physiology, as well as to the precious resources of the healing art.

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*LOCALIZATION OF BRAIN DISEASES, WITH ILLUSTRATIVE CASES.*

BY N. EMMONS PAINE, M.D.

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

DURING the last few years, very great progress has been made in the study of diseases of the brain, and in locating in different portions of the brain the regions for the manifestations that appear throughout the body in paralysis of motion and sensation, and perversions of nerve function.

Thinking that a review of some of this knowledge would be agreeable to the Society, I shall run hastily over the work in this direction by Ferrier and others, and shall add some cases of my own which verify the conclusions of these writers. I shall also present some cases now in the Hospital, which will exemplify these conclusions.

The first edition of Ferrier's book, "The Functions of the Brain," was published about the beginning of 1877. In that, he presented clearly and quite completely a record of experiments which demonstrated the localization of brain functions.

The first chart which is presented, is one showing the convolutions and fissures of the brain (Fig. 1). The two points

of most interest are the fissure of Sylvius and the fissure of Rolando. The brain is divided into the frontal lobe, temporal lobe, occipital lobe, and the temporo-sphenoidal lobe. The fissures divide the frontal lobe into three convolutions, — the first, second, and third frontal convolutions; the superior and inferior parietal; the first, second, and third occipital; and the first, second and third temporo-sphenoidal convolutions; and between the frontal convolutions and the parietal convolutions are two convolutions placed on each side of the fissure of Rolando, the

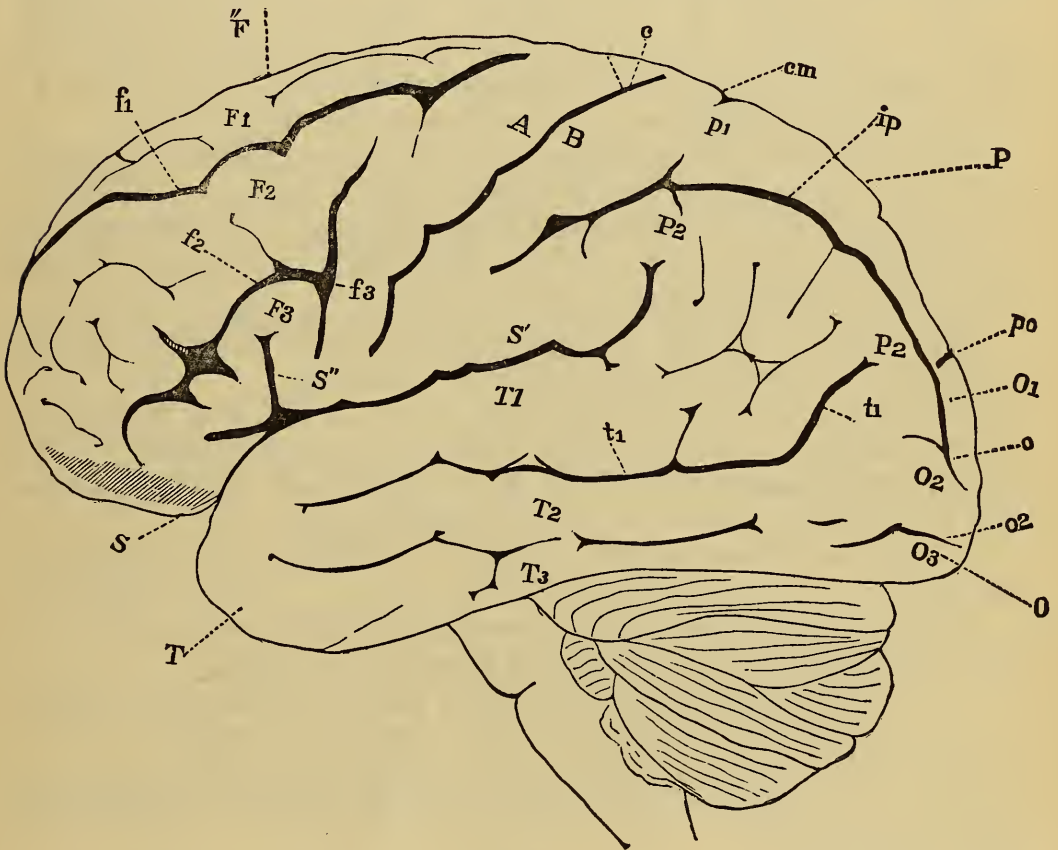


FIG. 1. Lateral View of the Human Brain [Ecker] copied from Ferrier. F, frontal lobe. P, parietal lobe. O, occipital lobe. T, temporo-sphenoidal lobe. S, fissure of Sylvius. S', horizontal, S'', ascending ramus of the same. c, sulcus centralis, or fissure of Rolando. A, anterior central convolution, or ascending frontal. B, posterior central convolution, or ascending parietal. F<sub>1</sub>, superior, F<sub>2</sub>, middle, F<sub>3</sub>, inferior, frontal convolutions. f<sub>1</sub>, superior, f<sub>2</sub>, inferior frontal sulcus; f<sub>3</sub>, sulcus præ-centralis. P<sub>1</sub>, superior parietal lobule, or postero-parietal lobule; P, inferior parietal lobule, viz., P<sub>2</sub>, gyrus supra-marginalis; P<sub>2</sub>', gyrus angularis. ip, sulcus intraparietalis. cm, termination of the calloso-marginal fissure. O<sub>1</sub>, first, O<sub>2</sub>, second, O<sub>3</sub>, third, occipital convolutions. po, parieto-occipital fissure. o, sulcus occipitalis transversus; o<sub>2</sub>, sulcus occipitalis longitudinalis inferior. T<sub>1</sub>, first, T<sub>2</sub>, second, T<sub>3</sub>, third temporo-sphenoidal convolutions. t<sub>1</sub>, first, t<sub>2</sub>, second, temporo-sphenoidal fissures.

one in front called the anterior central, and the one back of it the posterior central convolution.

At the time of the publication of Ferrier's book, he had been making a series of experiments to determine whether stimulation or irritation of portions of the brain, by means of weak electrical currents, would give rise with certainty to definite



muscular movements. He met with great success, and mapped out the brain in regions, as shown in Fig. 2.

The circles indicate the centres for movements.

No. 1, placed on the postero-parietal lobule, indicates the position of the centres for movements of the opposite leg and foot, such as are concerned in locomotion.

Nos. 2, 3, 4, placed together on the convolutions bounding the upper extremity of the fissure of Rolando, include centres for various complex movements of the arms and legs, such as are concerned in climbing, swimming, etc.

No. 5, situated at the posterior extremity of the superior frontal convolution, at its junction with the ascending frontal, is the centre for the extension forwards of the arm and hand, as in putting forth the hand to touch something in front.

No. 6, situated on the ascending frontal, just behind the upper end of the posterior extremity of the middle frontal convolution, is the centre for the movements of the hand and fore-arm, in which the biceps is particularly engaged; viz., supination of the hand, and flexion of the fore-arm.

Nos. 7 and 8, centres for the elevators and depressors of the angle of the mouth, respectively.

Nos. 9 and 10, included together in one, mark the centre for the movements of the lips and tongue, as in articulation. This is the region, disease of which on the left side causes aphasia, and is generally known as Broca's convolution.

No. 11, the centre of the platysma, retraction of the angle of the mouth.

No. 12, a centre for lateral movements of the head and eyes, with elevation of the eyelids and dilatation of pupil.

*a, b, c, d*, placed on the ascending parietal convolution, indicate the centres of movement of the fingers and wrist.

Circles 13 and 13<sup>t</sup>, placed on the supra-marginal lobule and angular gyrus, indicate the centre of vision, which includes also the occipital lobe.

Circles 14, placed on the superior temporo-sphenoidal convolution, indicate the situation of the centre of hearing.

With these plates as a basis, I show you some plates upon which I have marked the areas of disease in the brains of patients who have died of general paresis. These patients were under my charge in the Asylum for the Insane at Middletown, N. Y. After death, I made post-mortem examinations, and obtained photographs of the brains, which showed the diseased portions. These are approximately precise, as there may be disease without adhesion, and show no trace on the photographs. By comparing these regions with the chart of Ferrier we shall see the practical value of the knowledge of localization in diagnosing the extent of the disease in living patients.

The disease termed general paralysis of the insane, or general paresis, is one affecting the pia mater and the external portion of the cortical substance of the convolutions adjoining the pia mater; and the diseased portion, in these cases, came to view when stripping the pia mater off the surface of the brain. Wherever the cortical substance was invaded by the disease, it adhered to the pia mater, and was torn away with it. These patches, having an appearance of being worm-eaten, were touched with India ink to make them more distinct, and were then photographed.

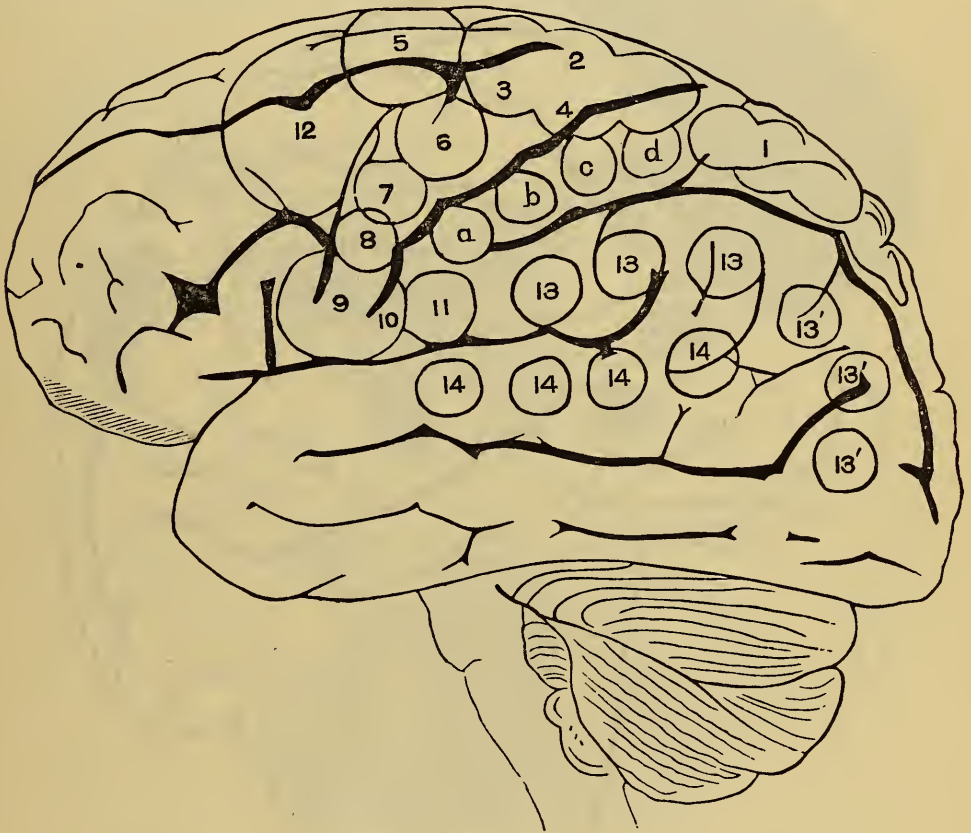


FIG. 2.

These areas of disease will now be compared with Fig. 2 in the following cases. One side only of the brain will be shown of each, because it is almost certain to be found equally distributed on both hemispheres, and showing one side is virtually showing both sides at the same time.

(Fig. 3.) Case No. 343 is that of F. C., a saloon-keeper, unmarried. He came to the asylum with a shuffling gait, with indistinct articulation, and in a condition of dementia. He was happy, oftentimes very noisy, with sometimes hallucinations of hearing and sight. He had frequent attacks of hemiplegia, lasting one or two days, which alternated, sometimes being on-

the left side, sometimes on the right ; and during these attacks he was unconscious for from twelve to forty-eight hours.

The salient points in this case were great loss of mind, and extreme loquacity and noisiness. The frontal lobes were widely diseased, where mental action is supposed to arise ; and No 9, the centre for movements of the lips and tongue, partially affected. He was able to walk about for months, until a late stage of the disease ; which is accounted for by the lack of



FIG. 3.

macroscopic evidence of disease on the ascending frontal convolution, and by the smallness of the patch in centre 1, and also in centre *c*. He had great tremulousness of the face, hands, and feet, owing perhaps to continued activity of the "motor area," where the disease was not advanced enough to be seen with the naked eye.

(Fig. 4.) Case No. 463, Mr. S. This man was about fifty years old. Married. A Hebrew. His friends caused him to walk from the station to the asylum, a distance of about two miles. He was much excited at the time of his admission. He



went to bed, and died in three weeks. He was demented, tremulous in all his motions, but had scarcely any manifestations of delusions of wealth and power.

The prominent features of this case were the short duration of the disease, and a correspondingly small area of brain destruction, and the invasion of the centres 9 and 10 for speech, 11 for the mouth, *a* for hand and wrist, and 1 for the feet. A large part of 14 was invaded, but as he was comatose most of

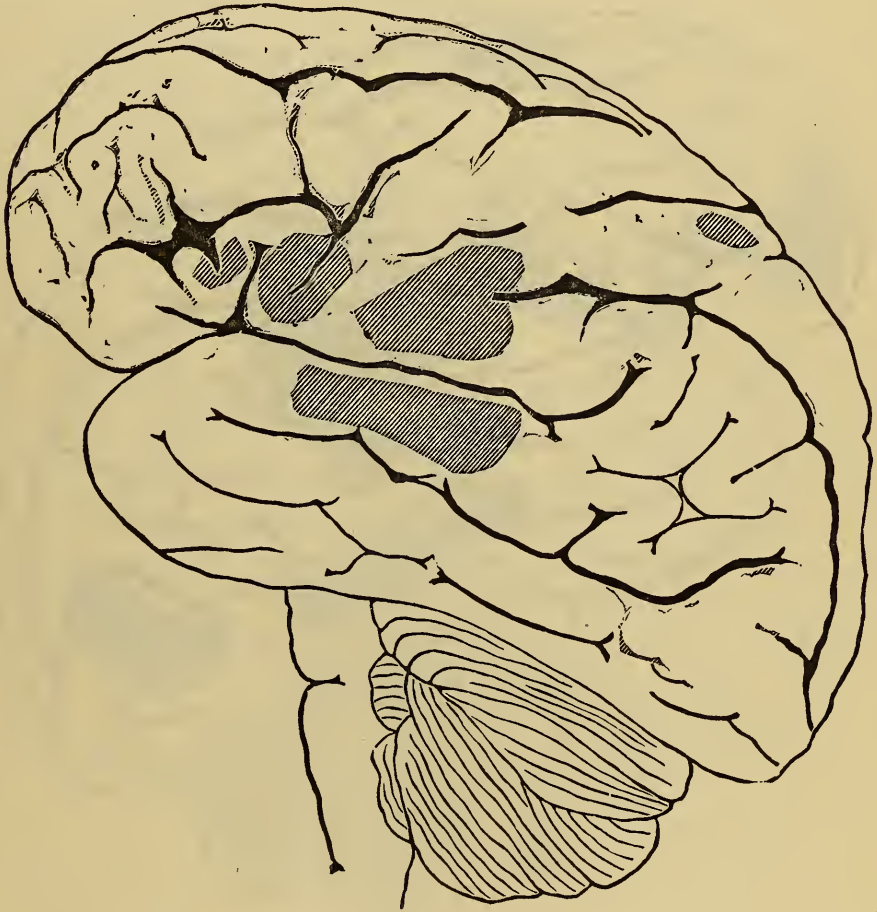


FIG. 4.

the time under observation, or unable to converse, he may have had hallucinations of hearing without its being recognized.

(Fig. 5.) Case No. 465, Mr. J. A. He was a man about forty years of age. Had been somewhat intemperate at times. No children. Truckman. He lived a year and nine months after his admission. When he entered there was some weakness shown in his gait, unsteadiness of the hands, mouth, and tongue, with exalted ideas of wealth and power. He improved at times, and seemed for a few weeks to be almost well. His eyesight troubled him, and the ophthalmoscope showed atrophy of the

optic nerve. After a time the weakness and tremulousness of all parts of the body showed itself again, with most magnificent delusions. He gave checks for millions of dollars to those about him; he was a member of all the royal families; he was physically powerful. Occasional apoplectiform seizures finally set in, and he became more and more demented. Finally he was obliged to remain in bed, and he died of exhaustion.

This case differs from the others in the grandeur of his delu-

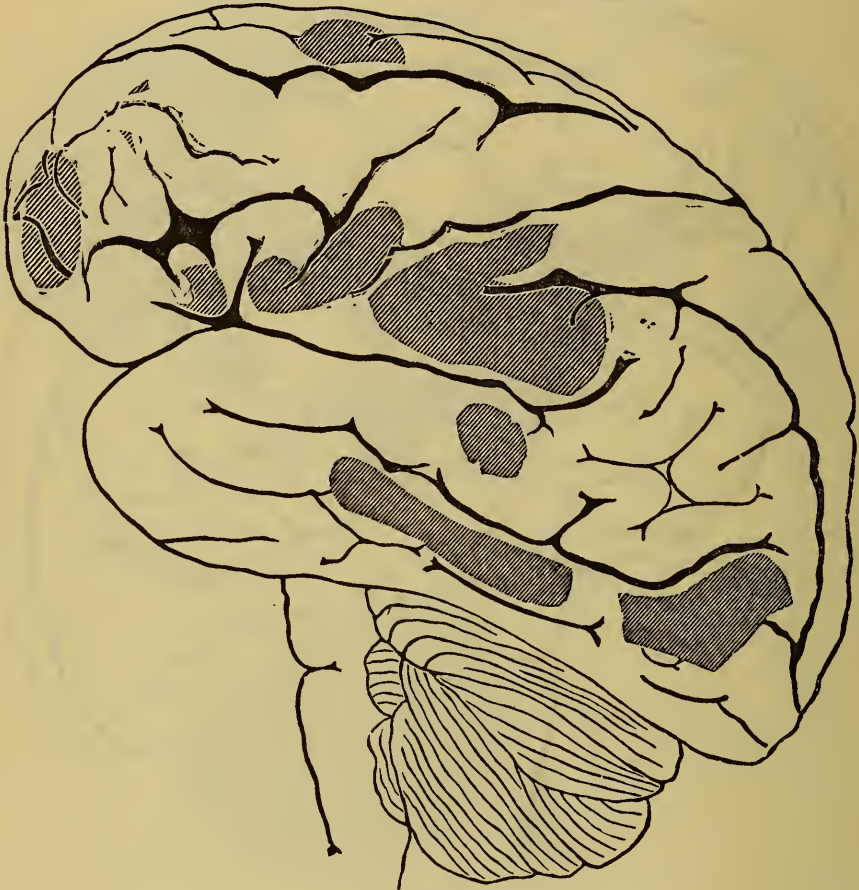


FIG. 5.

sions. He had hallucinations of sight, and saw his room covered in all parts with thick gold and with precious stones. The centre 13 will account for that, and 14 for the lesser number of hallucinations of hearing. The delusions of power, that he was married to all the queens in the world, was owner of all ships and of the whole world, may perhaps have originated in the portion of the frontal lobe which shows disease, but which was not extensive enough to cause positive dementia, or advanced enough to form adhesions of the pia mater. The tremulousness of face, hands, and feet, and the advancing paralysis, are represented by centres 7, 8, 9, and 10, and *a* and *b*.

While time cannot be given for a minute description of each of these cases, enough symptoms have been offered to show a decided difference in all of them. A glance at the charts shows that corresponding variations of location have occurred.

In the persons now to be brought before you, all of whom are patients in this Hospital, a difference in the main symptoms will be shown, and therefore the location of the disease will vary.



FIG. 6.

I shall indicate approximately the probable location of the disease.

#### GENERAL PARESIS.

(Fig. 6.) Mr. —. Admitted Dec. 13, 1886, having been transferred from Danvers, where he had been admitted June 9, 1886. General paresis. Forty-six years of age. A member of the Fire Department of Boston. Married. Said to have been showing symptoms, for about three years, of loss of mind. Since coming here he has shown no delusions of grandeur, and has apparently had no hallucinations of sight and hearing; but



is the most marked case of aphasia in general paresis that has ever come under my notice. He often expresses much distress at his inability to use the proper word, and to express what he has in his mind.

The location of the disease of his brain is probably limited to the lower portion of the fissure of Rolando (8, 9, and 10). It probably does not extend much into the frontal lobe, or into the parietal, occipital, or sphenoidal lobes.

My reason for giving that location is, that it resembles aphasia caused by embolism, and that region is often found to be the lower portion of the fissure of Rolando. In another case of aphasia, one following embolism, there appeared to be no affection of this portion of the brain, but, instead, a large atrophy above the posterior portion of the fissure of Sylvius. I do not wish to deny that the posterior portion of the fissure of Sylvius may be affected, but I feel sure that the frontal lobe, occipital lobe, and the temporo-sphenoidal convolutions remain comparatively free from disease.

Prognosis: Incurable. He will probably live three months, and not over a year.

(Fig. 7.) Mr. ——. Admitted Feb. 18, 1887. General paresis. Age, thirty-three. Electrotype plater. Married. No history of insanity previous to a few weeks ago. The first symptoms were confusion of mind, with periods of excitability. His physical appearance on admission was good. His symptoms were tremulousness of the lips, tongue, face, and hands, and unsteadiness in gait, owing to paresis of the lower limbs. His mental condition is one of contentment; feels perfectly well and strong, and does not realize his surroundings nor his illness. He has never expressed abnormal ideas of wealth and power, as is so frequently the case with paresis. He talks very little, and has been losing weight.

The regions of the brain affected in this case are an indefinite extent of the frontal lobes, and a not very wide area above the lower portion of the fissure of Rolando. There is probably no affection of the temporo-sphenoidal lobe, or above the posterior portion of the fissure of Sylvius, where are centres of sight and hearing.

Prognosis: No hope of recovery. He will live from three to twelve months.

(Fig. 8.) Mr. ——. Admitted Dec. 13, having been transferred from Danvers, where he was committed Aug. 21, 1886. General paresis. Age, forty-five. Farmer. Single. Duration unknown, but probably some weeks or months before August, 1886. The prominent symptoms before coming to the Hospital were great loss of memory, confusion of ideas, delusions

of persecution, with excitement and violence. Since his admission to this Hospital, he has been unable to read or write, or to take part in conversation, although he is conscious, in a way, of what is said to him and what is going on about him. He has been untidy, and destructive of clothing, but has not shown violence here. He has not had hallucinations of sight and hearing, or delusions of grandeur. He has had two apoplectiform seizures, — one lasting for only two or three hours, and the other



FIG. 7.

for about two days. They were followed by right hemiplegia, so that much of the time for six weeks, when attempting to stand, he has leaned to the right side, and his right arm has hung at his side. For about two weeks he has been in bed, utterly helpless, but is now gaining. Patients often have a number of such apoplectiform seizures, and take to the bed; but after a time they get about again, although each one adds to the prostration.

I believe that the location of the disease is mostly about the ascending frontal convolution and the frontal lobe; and that th

right hemiplegia points to a greater encroachment upon the cortical substance of the left than of the right side of the brain.

He will probably live for one month, but not more than three months.

Mr. ——. Admitted Dec. 13, 1886. General paresis. Forty years of age. Music-teacher. When committed to Danvers, he was examined by expert physicians who considered him to be a case of general paresis. He was broken down mentally.

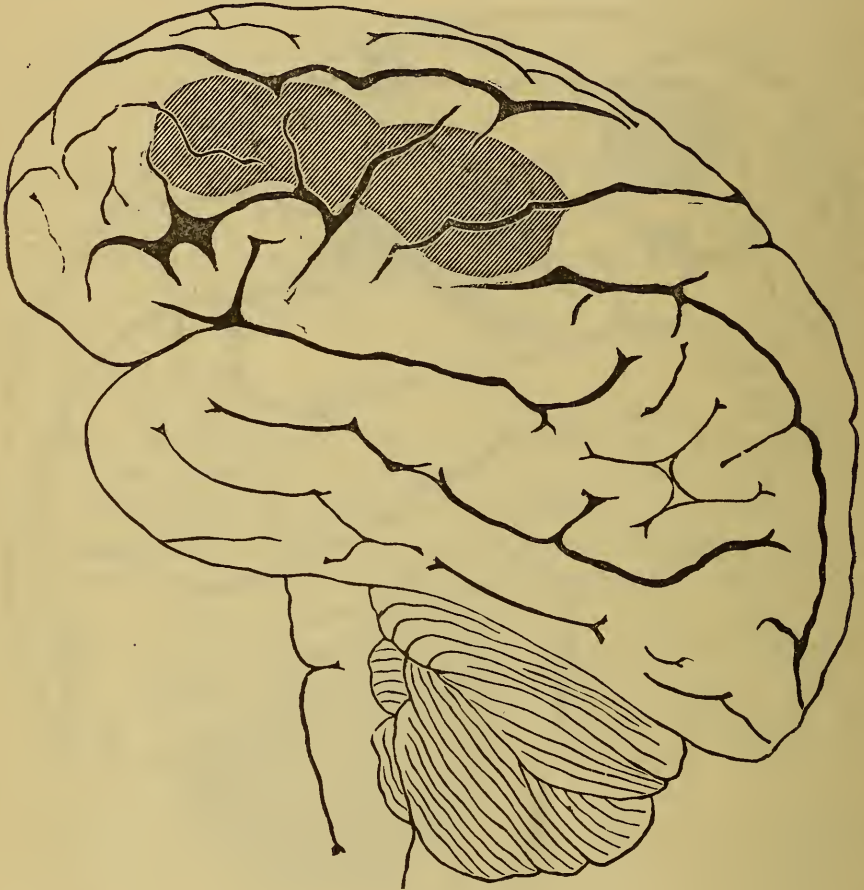


FIG. 8.

He had grand schemes for acquiring wealth, and showed every indication, at that time, that the diagnosis was correct. Since coming to this Hospital, he has shown tremulousness of the lips and face, and but very little of the hands and feet; but he did at first have schemes for starting concert companies, and for music teaching, as well as for the sale of musical instruments, by which he would gain large sums of money.

During the last few weeks, however, he has not shown these extravagant ideas, and has seemed much better mentally, so that if no previous history had been given, he would scarcely be



regarded as a paretic, but would be considered a case of sub-acute mania.

He delights in watching the treatment of patients by the physicians and attendants; in finding fault with their treatment, suggesting what he considers improvements in their care, and making himself both a service and a nuisance to the Hospital. He is not always able to distinguish between right and wrong, and truth and untruth, although his intentions are to tell the truth. He is one of those cases that are exceedingly troublesome in hospitals, yet who cannot be allowed to go free without great danger to the community. If tried by a jury, they would find him able to read and write, and answer most questions rationally, and they might discharge him from the Hospital; yet it would be a wrong to him, and to those with whom he would associate.

He writes letters frequently to the Governor of the State, to the State Board of Charities, to different members of the Board of Trustees of the Hospital, and to physicians and lawyers whom he may know, or of whom he may have heard, asking for his liberation from the Hospital. He also considers himself shamefully treated by his family, who visit him, who are acquainted with his condition, and who have found it impossible to have him remain at home.

The defect in his mind now is, a loss of reasoning power, but with considerable reason left; a weakness, emotionally, which causes him to laugh or cry almost instantly without sufficient cause; and a memory that is somewhat defective, but of which considerable strength still remains. His mind is also running in one channel too much of the time, that being his own wrong. He cannot realize that he is not perfectly well and sound, and cannot believe the testimony of any one, no matter how honest or well acquainted with the subject of insanity, who tells him that he is of unsound mind. That in itself is a symptom of both mania and general paresis; but taken with other indications, it points to general paresis.

Although much improved since coming here, his disease has probably not entirely left him; and some months from now it will re-appear, and will end his life.

Such cases have sometimes been discharged from asylums, and have lived for months and even years at home, with almost a certainty of the disease re-appearing eventually and causing death.

Just here let me say that a majority of insane people are aware of their being insane, although the popular belief is to the contrary. It is so in cases of melancholia almost without exception.

## MANIA.

Mr. ——. Admitted Dec. 7, 1886. Transferred from Worcester, where he was admitted Jan. 29, 1886. Mania. Thirty years of age. First attack. Duration, a year and a half. He has been incoherent; has been violent in language and in manner; has had delusions, constantly, of persecution by the Catholics, of his family getting his money, and a great number of others. He is untidy, and is destructive of clothing and furniture.

The prognosis in his case is uncertain, with some chances that he will recover.

Mr. ——. Admitted Dec. 29, being transferred from Northampton, where he was admitted June 9, 1883. Chronic mania. Age, forty-five. Cutler. His memory has been weakened by his four years of insanity, and he has now become incurable, but in fair physical condition. He is a type of delusional insanity. The one strong delusion that is attached to him, by day and by night, is, that a battery is acting upon him. It attacks him all over, and not in any particular portion of his body, and it is turned on him by different individuals. He frequently makes a noise as of gulping, which he says is to keep away the "influences."

The prognosis in his case is unfavorable.

## DEMENTIA.

Mr. ——. Admitted Dec. 30, 1886. Transferred from Worcester, where he was sent Dec. 3, 1885, that being his second admission to an asylum. Dementia. Age, nineteen. He is said to have had epilepsy, but there has been no indication of that since his reception in this Hospital. He has been simply a case of absolute dementia; unable to read, write, or even to answer questions. He is not even intelligent enough to look at things, or to walk about, or to refrain from soiling himself.

The prognosis is, of course, unfavorable; but he may live for a number of years, and will then, probably, die of pneumonia, or some other disease than that of the brain.

The convolutions of the brain are probably atrophied, and the space within the cranium is filled up with serum in the place of brain and nerve-cells. This is a typical case of dementia, as he is absolutely without mind, and it is the result of a previous mental disease.

Miss ——. Admitted Dec. 21, 1886. Age twenty-nine. Dementia resulting from epilepsy; the duration of the epilepsy fifteen years, beginning, therefore, in her fourteenth year. The

total number of fits, from her admission to the present time, is seventeen, averaging one in six days. She is still able to answer some ordinary questions in an indistinct manner, and is also able to read; but her remaining intelligence is small. Her habits are unclean. She requires assistance in caring for herself.

The prognosis offers no hope of recovery or even of improvement.

#### MELANCHOLIA.

Miss ——. Admitted Dec. 17, 1886. Transferred from Taunton, where she was admitted July 27, 1886. Acute melancholia. Age, forty. Her symptoms have not changed much from the time she was taken to the asylum, and she has continued obstinate; always wanting to do what she is not desired to do. This is sometimes termed resistive melancholia. She wants to leave her room, and when that is effected she wants to leave the hall, and then to leave the building; and she would wander about the country until completely exhausted, if she were allowed to go free.

She has been very troublesome about eating; declined to eat because she was too poor to pay for the food, and was fed with a nasal feeding-tube for five or six weeks.

She is very much depressed; talks none; cries some, and bewails loudly when it is necessary for her to go to bed. It has been advisable to keep her in bed for some weeks, to prevent further exhaustion by walking and standing. In order that she may be kept on a bed, it has been necessary to put a bed-sheet over her, one attendant not being enough to keep her in bed.

Prognosis is uncertain. The danger is that she will continue in this deplorable condition, while enough intelligence remains to keep her miserable, and that later she will become demented and more tractable. She may, however, recover.

Her treatment, as with other similar cases of exhaustion, is the rest treatment. Patients are kept in bed constantly; they are fed when they refuse to eat; nurses are kept by them day and night to prevent violence, or the execution of suicidal tendencies; and medicines indicated for the individual cases are administered. At the end of three or four months, an amelioration of the symptoms generally results. Food is taken in larger quantities and with a relish. There is a gain of weight. The delusions are less tenacious, or have disappeared altogether; and a cure is effected in a large proportion of cases, where the old method of allowing a patient to wear off the excitement would have produced an incurable dementia or actual death.



## "THERAPEUTIC METHODS."

BY W. E. HATHAWAY, M.D.

SMALL wisdom is required to criticise the work of the ablest expounders of scientific truth ; and as with a bit of smoked glass we may discover spots on the sun, so our very defects of vision may enable us to see faults in others, where, perhaps, a better sight would discover none.

I have read and re-read Dr. Dake's "Therapeutic Methods," with profound admiration of his lucid statements, his all-embracing information, his calm repose in the perfect assurance of *truth* apprehended and fortified against all controversy. Taken altogether, it is a veritable monument, fit to crown and commemorate a long life that has been devoted to wisdom. I have very much of a sense, that, in discovering any blemish therein, I am but disclosing my own ignorance, or weakness of perception. Nevertheless, it is only by loyalty to what at least seems to be truth to us, that we can surely lay hold upon the reality.

On p. 83, the third proposition, or statement, reads : "The remedies indicated by the symptoms of parasitic invasion are, at times, the most efficient means for their removal, the natural forces being by them aroused to successful resistance and expulsive effort."

On p. 103, the first proposition reads : "It relates to no affection of health, where the essential cause is constantly present and operative." And, again, the field of the applicability of homœopathy is thus limited to "affections similar to those producible by pathogenic means, existing in organisms having the integrity of tissue and re-active power necessary to recovery, *the efficient causes of the affections having been removed, or having ceased to be operative.*"

In the original, this whole paragraph is put in Italics. I have Italicized only that portion which seems to me to be somewhat inconsistent with the quotation from p. 83, and also to be contrary to the daily experience of nearly every practitioner of homœopathy.

The germ theory of disease is the present fashion ; and to some extent, at least, germs are, or seem to be, the efficient cause of some diseases, and seem to be operative from the manifestation of the first symptom, until the extinction of the life of the patient — if not beyond.

Are such cases without the pale of homœopathic therapeutics ? Surely not. However, it is not my purpose to discuss or give any opinion upon the question of what part germs play in producing disease. That belongs to those who are more favorably

situated for making original investigations, and to whom the varied literature of the world, exhibiting the results of extended observations, is more accessible. Dr. Tooker of Chicago has made a valuable contribution to the literature of this subject, which may be found in the "Era" for June and July, 1885.

Let me quote a few words from Professor Tooker:—

"It matters little to him (i.e., the homœopathic physician), whether the disease before him is caused by living germs, or whether those living germs are rod-shaped, twisted, or curved. In the drug selected according to the homœopathic law of similarity, he has an all-powerful remedy against the manifestations and the progress of the malady, regardless of the cause."

I cannot think that Dr. Dake intended to limit the applicability of homœopathic therapeutics strictly as his language might imply. What would become of our treatment of all zymotic diseases? Is not the cause present and operative in all cases of typhoid and typho-malarial fever, from their inception to the convalescence of the patient? in small-pox, cholera, etc.? And yet, in all these, homœopathic therapeutics undeniably finds successful application *at all stages*. I confess, that, the more I try to comprehend this particular passage, the more I fail to understand it. It is, to my mind, the only mote that mars the general luminosity of the work.

[EDITORIAL NOTE. — If our correspondent will consider the third proposition, quoted from p. 83 of "Therapeutic Methods," in connection with the two propositions that go before, and with the two or three paragraphs which follow, he will see how prudently the bearing of the homœopathic principle, in parasitic affections, is set forth.

And, after such consideration, he should have no trouble about the consistency of sentiment expressed in the first proposition, p. 103.

Our correspondent does not deny the sick-making power of parasites, in or upon the human body; but to claim that the only or most efficient method of dealing with parasitic affections is that suggested by the homœopathic principle, one must come to the front with a formidable array of facts.

There are many questions relating to the domain of ætiology, as well as that of therapeutics, yet undecided. But as an example of what may be claimed for homœopathy, in affections supposed to arise from parasitic invasion, reference may be had to the chapter on Asiatic Cholera, in Arndt's "System of Medicine" (Vol. III., p. 484 *et seq.*), written by the author of "Therapeutic Methods."]

## REVIEWS AND NOTICES OF BOOKS.

A PRACTICAL TREATISE ON OBSTETRICS. By Dr. A. Charpentier. Translated under the supervision of, and with notes and additions by, Egbert H. Grandin, M.D. Vol. IV. New York: William Wood & Co. 1887. 404 pp.

This, the concluding volume of Dr. Charpentier's work on obstetrics, is also the fourth volume of the Cyclopædia of Obstetrics and Gynecology, now being issued in monthly numbers by William Wood & Co. The very satisfactory thoroughness of the preceding volumes is also a marked feature of this the last. The subjects under consideration are "Obstetric Operations," forming Part VII., and "The Pathology of the Puerperium," forming Part VIII. The first chapter, on version, is followed by what is probably the most complete treatise on the forceps in the English language. The history of the forceps is very thoroughly given, from the original Chamberlen's to Lusk's modification of Tarnier's axis traction forceps. The indications for the use, the rules for the application, the method of action of the forceps, in the various presentations, are subjects which are dealt with in a clear, methodical, and masterly manner. Descriptions of the various "mechanical tractors" introduced in recent years, with the opinions of eminent European accoucheurs *pro* and *con*, are briefly given. Whether the "principle" itself of the new instruments is superfluous,—as Pajot and others think,—or not, the discussions, as outlined by Dr. Charpentier, are valuable and interesting, as showing the tendency of modern obstetrics. One hundred pages are devoted to this chapter, which conveys some idea of the utility of the work. The Cæsarean section, and the recent modifications, improvements, and statistics, form the subjects of several instructive and readable chapters; while the concluding part, on puerperal fever, presents the views of leading obstetricians on one of the most serious problems the accoucheur has to deal with.

The work, as a whole, is worthy warm commendation. The author's lack of familiarity with American obstetrics is amply supplied by the notes and valuable additions of the editor, which have so rounded out and completed the work, that it may confidently be pronounced a typical exposition of the views and practices of the most eminent French, German, English, and American obstetricians.

The publishers deserve the gratitude of the profession for placing within the reach of all so valuable a work. If adverse criticism on any point were to suggest itself, it would be in ref-



erence to the illustrations, which, though generously numerous, are somewhat imperfect specimens of the art.

A SYSTEM OF GYNECOLOGY. By American authors. Edited by Matthew D. Mann, A.M., M.D. Vol. I. Philadelphia: Lea Brothers & Co., 1887. 789 pp.

An announcement that this work was in press, and a promise from the publishers that the first volume would soon appear, were published in the June issue of the *GAZETTE*. With their characteristic promptness, the publishers have already issued the first volume of what promises to be not only a work of historical interest and value, — one that must redound to the lasting honor of American ingenuity and dexterity, — but a work of supreme importance to the entire medical fraternity, and not indirectly to the sex of whose peculiar infirmities it treats. The fact that this particular specialty of the healing art originated in so great a degree in America, and that so many unusually talented physicians have directed the energies of a lifetime to devising means for the alleviation of the manifold sufferings of woman, due to peculiarities of sex, testifies to the position woman occupies in the social institutions of our great republic. And it is eminently fitting, that, while so many of the pioneers in this special field of practice are still living, a record of the work which makes them famous should be written.

An interesting historical sketch of American gynecology, by Edward W. Jenks, M.D., LL.D., forms the introductory article of the present work; and it is with pardonable pride that one reads this new story of the achievements, under adverse and discouraging circumstances, of such men as McDowell and Sims. This sketch forms an excellent prelude to the papers following it. One protests the more vehemently against such typographical errors as the substitution, in the sketch under consideration, of "womb" for "wound," "lap" for "lip," and spelling "gynecologist" without an "e," that such blemishes are of the rarest occurrence in any of Messrs. Lea Brothers' work. Following the historical sketch are articles on "The Development of the Female Genitals," by Henry J. Garrigues, A.M., M.D.; "The Anatomy of the Female Pelvic Organs," by Henry C. Coe, M.D., M.R.C.S., an article of a hundred and forty pages, presenting evidences of most careful preparation; "Malformations of the Female Genitals," by Dr. Garrigues, in which the medico-legal aspect of hermaphroditism is presented, and the remarkable case of Catharine, or Carl, Hohmann is cited. A lengthy bibliography concludes this article. The next essay is by Egbert H. Grandin, A.B., M.D., on "Gynecological Diagnosis." This is thoroughly practical in character. Dr. Grandin urges that

“The broad truth must not be lost sight of, — that gynecology is but a part of a grand whole. Its basis is medicine, and it is irrational to enter on its practice without ever bearing in mind that it is but a link in a complex chain, . . . therefore the too-little recognized truth that he will make the most successful gynecologist who has first been a general practitioner,” although he will need thorough and systematic training in the special manipulation which belongs properly to modern gynecology, in order to be successful. The next article is on “General Consideration of Gynecological Surgery,” by E. C. Dudley, A.B., M.D., of Chicago, who urges the importance of “surgical cleanliness,” and devotes an excellent section to “antiseptics.” He advises “the primary operation of perineorrhaphy, even as late as two days after delivery,” believing that the parts can be more accurately adjusted to their former relations than at a later date; and the patient, if the operation be well performed, can thereby be protected against septic infection through the torn surfaces. Dr. Dudley offers in the sections on “Plastic Operations” and “Dilatation of the Uterus” many useful suggestions. The article next in order is by Dr. A. J. C. Skene, on “General Therapeutics.” We are told in the opening paragraph that “a rational system of therapeutics is based upon a knowledge of the various morbid states, a clear comprehension of the nature and action of the agents employed in the treatment of disease, and a judicious adaptation of the latter to the relief of the former.” Therefore in amenorrhœa, so often due to anæmia, “restorative tonics and proper food” are curative. “When there is exhaustion as well as impaired nutrition of the nervous system, nerve-tonics should be added to the iron.” In “depressed” states of the nervous system, “cerebro-spinal stimulants” are needed. “Nerve sedatives” are called for when “over-mental excitation” has produced menstrual derangements. When the cause of amenorrhœa is unknown, or not apparent, “emmenagogues” are to be used. When amenorrhœa is produced by exposure to cold, “diffusible stimulants” and heat are indicated. Constipation is opposed by “laxatives” and “alterative-cathartics.” “Local depletion” is recommended in pelvic congestion and inflammation. Dr. Skene deplores the fact that “local depletion” and “general venesection” have had to give way to “popular prejudice;” he is, however, “opposed” to the intra-uterine application of severe caustics in benign uterine disease. The sphere of usefulness of diet, massage, muscular exercise, and electricity, is pointed out; and, on the whole, a clear idea of “rational therapeutics” is given in about twenty pages. Other articles are contributed by A. D. Rockwell, A.M., M.D., on “Electricity in Gynecology;” by W. Gill Wylie, M.D., on “Menstruation and its Disorders;” by



A. Reeves Jackson, A.M., M.D., on "Sterility;" by Matthew D. Mann, A.M., M.D., on "Diseases of the Vulva;" by C. D. Palmer, M.D., on "The Inflammatory Affections of the Uterus;" by Thaddeus A. Reamy, A.M., M.D., on "Sub-involution of the Vagina and Uterus;" by Richard B. Maury, M.D., on "Peri-Uterine Inflammation;" and by Ely Van de Warker, M.D., on "Pelvic Hæmatocele and Hæmatomata."

There is, of necessity, in a work of this scope and character some overlapping of subjects; but this has the advantage of enabling the reader to compare different views, and estimate their respective values. The volume is illustrated with two hundred and one excellent wood-engravings, and three large colored plates. The press-work and binding are such as are characteristic of the publishers; that is, of the best and most durable quality. A work destined to become a classic, and whose value will be appreciated almost as fully by the general practitioner as by the specialist, thus makes a most encouragingly promising beginning.

A TREATISE ON DIPHTHERIA HISTORICALLY AND PRACTICALLY CONSIDERED: INCLUDING CROUP, TRACHEOTOMY, AND INTUBATION. By Dr. A. Sauné. Translated, annotated, and the surgical anatomy added: illustrated with a full-page colored lithograph and many wood engravings, by Henry Z. Gill, A.M., M.D., LL.D. St. Louis: J. H. Chambers & Co., 1887. pp. 656.

For a thoroughly complete review of the history, pathology, and clinical features of diphtheria, the work under consideration is to be heartily recommended. The author enthusiastically upholds the views of Bretonneau, Trousseau, Barthez and Rilliet, and the authors of the French school, as opposed to the views of Virchow, Wagner, Bühl, Rindfleisch, Rokitansky, and others of the German school, but only after a careful and critical review of all the theories and facts that have been presented on the subject. He supports the doctrine of identity of "pseudo-membranous angina and croup," and considers diphtheria "a general disease, specific, infectious, contagious, capable of localizing itself upon the most various points, adopting variable anatomical forms according to its region, and producing numerous visceral lesions," its principal characteristic being the "production upon the mucous membranes, or upon the deep layer of the epidermis, of fibrinous exudations commonly called false membranes." About eighty pages are devoted to the pathological anatomy of the disease; and its symptoms, diagnosis, etiology, course, duration, prognosis, etc., are separately and fully considered. Less than seventy-five pages are devoted to



medical treatment, the author's opinion being that "the specific remedy is not yet discovered. We may doubt if it ever will be." Nearly two hundred pages are devoted to the surgical treatment, accidents after, and sequelæ of tracheotomy. Full statistical tables are presented, and the operation of tracheotomy is discussed from all possible standpoints. The translator has made many useful additions, among which may be noted the surgical anatomy of the pre-tracheal region, and a description of intubation as brought to the attention of the profession by Dr. O'Dwyer.

A MANUAL OF TREATMENT BY MASSAGE AND METHODICAL MUSCULAR EXERCISE. By Joseph Schreiber, M.D. Translated with the author's permission by Walter Mendelson, M.D. Philadelphia: Lea Brothers & Co., 1887. 8vo. pp. 285.

This manual opens with a brief historical sketch of mechano-therapy and the Ling method of gymnastic exercise. Massage is then intelligently discussed, its uses and primary and secondary physiological effects being described. Following is a chapter on "Mechanical Interferences," such as pressing, pinching, squeezing, rubbing, passive movements, inunction, etc.; and a chapter on "Active Movements," in which is given a description and directions for the use of apparatus, and the physiological effects of exercise on the organs and tissues of the body. The concluding chapter is a lengthy one on the "Diseases suited to Mechano-Therapy." The claims made for the method are forcibly advanced, and its adaptability to diseased conditions is set forth in a simple, straightforward, and scientific manner that entitles the book to serious consideration. Dr. Schreiber in his enthusiasm may make larger claims for the method than dispassionate experiment can fully substantiate; but the utility of "mechano-therapy" in many and various morbid conditions is undoubted, and this exposition of the subject merits thoughtful reading. The descriptions of manipulations, apparatus, and exercise are brief and lucid, and are so excellently illustrated that the possibility of misunderstanding them is reduced to a minimum. The physicians are few in number who can afford to ignore the aid this revived method offers in the treatment of many common and obstinate afflictions of humanity.

DRUG ERUPTIONS: A CLINICAL STUDY OF THE IRRITANT EFFECTS OF DRUGS UPON THE SKIN. By Prince A. Morrow, A.M., M.D. New York: William Wood & Co., 1887.

This volume of about two hundred pages comprises a compilation, from all available sources, of the effects upon the skin resulting from either the internal or external administration of

various common drugs, about one hundred in number. The work is thoroughly and exhaustively done, as can be seen by reference to its bibliography, which covers some fifteen pages. In this little work the practitioner can find with ease those facts concerning the cutaneous effects of medicines which heretofore he has been able to obtain only by laborious search, and then only imperfectly. The author has wisely devoted his time largely to recording clinical facts in relation to his subject, and not devoted much space to the discussion of the *modus operandi*. For this he is to be commended. In addition to the effects of the drug upon the skin, various tests for its detection in the excreta are also given. It seems that this work must be invaluable to every practitioner, and the profession is to be congratulated upon its advent. The book is in most excellent type, and well and strongly bound.

ON THE PATHOLOGY AND TREATMENT OF GONORRHŒA AND SPERMATORRHŒA. By J. L. Milton, senior surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 484 pages. Illustrated. Price, bound in extra muslin, \$4.00. New York: William Wood & Co.

Nearly three hundred pages of this work are devoted to the history, pathology, and treatment of gonorrhœa and gleet. This part of the book is, in fact, simply another edition of the author's work on the same subject, published in 1884, and reviewed at some length in the issue of the *GAZETTE* for November of that year. No changes are apparent in this, the latest presentation of a very thorough and able work. The second part of the present volume treats of the history, pathology, and treatment of spermatorrhœa and impotence. In his preface, the author takes issue with those who look upon spermatorrhœa merely as a symptom, the arguments in favor of its being a disease *per se* being to his mind unanswerable. We are tempted to quote the following, which has sound sense to commend it, and to homœopaths will have a familiar ring: "Even were it merely a symptom, I should consider that it merits all the attention my readers can give it. One of the best practitioners of modern days, Sir Benjamin Brodie, tells us that the discrepancies between the systems of pathologists and the experience of surgeons would be avoided, 'if writers would sometimes condescend to treat of symptoms rather than diseases;' and he is only one out of many, who in the evening of life, warned by the errors and misery they have seen result from a blind adherence to systems and fashions, have arrived at the conviction that symptoms, which are eternal in their nature, and as indestructible as the qualities of matter,

belong to those little things which, after all, chiefly make up the great business of life, and which are of far more moment than any theory or system."

Dr. Milton is of opinion that the subject of spermatorrhœa has hitherto been far too slightly treated in medical literature. He observes, tersely and justly, that, "until the pathology and treatment of it form a more prominent feature than at present, in the regular course of lectures on surgery, and in surgical works, . . . it will remain one of the happiest hunting-grounds of the charlatan." The author will be found to disagree with many and high authorities, in that he refuses to admit occasional nocturnal emissions to be either natural, or consistent with sound health.

The work, as a whole, will repay a careful study. Dr. Milton is an original thinker and a wide and discriminating reader, and to both these facts his book bears testimony. We feel forced to add, in conclusion, our conviction that it is a grave mistake to refer to certain causes of gonorrhœa as "an imprudence." It is by no such ambiguous and excusatory phrase that criminal incontinence should be characterized by the physician when dealing with a patient weak in morals or in will.

A PRACTICAL TREATISE ON DISEASES OF THE EYE. By Dr. Edouard Meyer. Translated, with the assistance of the author; from the third French edition, with additions as contained in the fourth German edition, by Freeland Fergus, M.B. Philadelphia: P. Blakiston, Son, & Co., 1887. pp. 635.

We note with pleasure this first and recent translation of Dr. Meyer's excellent treatise into the English language. It has already gone through three French and four German editions, and has been translated into eight different languages, which fact is higher commendation than any thing that we can add by way of comment. It was first published some fifteen years ago, as a text-book for the French students with whom the author was associated. It would seem better adapted to the capacity of the advanced student than to the beginner. We do not mean by this to convey the idea that it is loaded with vague theories, but simply that it so enters into the details of the subject as to demand a concentration of mind that the beginner cannot command. Its explanations are clear, concise, and exhaustive. But few anatomical explanations are entered into; simply the methods of examination and description of the various diseases, with their treatment, surgical and otherwise, plentifully and judiciously illustrated by well-adapted wood-cuts.

The charm of the whole work is its originality and comprehensiveness. It enters into fulness of detail without being tiresome.



It is not a reflection from the mirror of another mind, as so many of these books are, but it is full of lively thought and original observation, and has the impress of individuality. His chapter on the "Diagnosis of the Consistency of Cataracts" illustrates this. Dr. Meyer here brings forward many little hints and observations that are of the utmost value, and that can be found in no other treatise of this kind.

The true ophthalmic surgeon cannot ignore these little points. His is indeed a science of detail, the observation of which gives the finishing touches to his education, and eventually brings success.

Dr. Meyer is a man pre-eminently adapted by nature and by circumstances to the successful prosecution of this present task. Of broad experience, controlling as he does a large hospital and private practice; possessed of large powers of analysis and practical application, and of mechanical ingenuity, — he has brought all this to bear with brilliant result.

On the whole, it is the most successful book of its kind yet published, because the most thoroughly satisfying; and we would heartily commend it to those interested in this subject.

THE POPULAR SCIENCE MONTHLY for August has no technical article of especial interest to the medical profession as such; but physicians interested, as all physicians should be, in the advances of general science, will find the number an instructive companion for a leisure hour. Among the most noteworthy contributions are Grant Allen's "The Progress of Science from 1836 to 1886;" and a paper by Sir Philip Magnus, on "Manual Training in School Education." New York: D. Appleton & Co.

THE CENTURY for August deals in the life of Lincoln, with the famous Cooper Institute speech. The "war papers" include one by Gen. Johnston on "Opposing Sherman's March to Atlanta;" and one by Col. Stone on "Hood's Invasion of Tennessee." Stockton's delightful serial brings Stratford perceptibly nearer his matrimonial fate. Prominent among the poems, is an exceedingly touching bit of homely verse which James Riley calls "Nothin' to Say." New York: The Century Company.

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*BOOKS AND PAMPHLETS RECEIVED.*

SYPHILIS. By Jonathan Hutchinson, F.R.S., LL.D. Philadelphia: Lea Brothers & Co.

CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY. Vol. VI. GYNECOLOGICAL EXAMINATIONS, MINOR THERAPEUTIC MANIPULATIONS, AND ELEMENTARY OPERATIONS, OPERATIONS ON THE OVARIES. By Dr. A. Hegar and Dr. R. Kaltentbach. Vol. X. DISEASES OF THE FEMALE URETHRA AND BLADDER.

- by F. Winckel, M.D., and DISEASES OF THE VAGINA, by A. Breisky, M.D. New York: William Wood & Co.
- A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP. By G. T. Jackson, M.D. New York: E. B. Treat, 771 Broadway.
- THE CURABILITY OF INSANITY. By John S. Butler, M.D. New York and London: G. P. Putnam's Sons.
- THE VEST-POCKET ANATOMIST. By C. Henri Leonard, A.M., M.D. Detroit: The Illustrated Medical Journal Company.
- MANUAL OF THE UNITED STATES HAY-FEVER ASSOCIATION FOR 1887.
- AMERICAN MEDICINAL PLANTS. Fascicle VI. By Charles F. Millspaugh, M.D. New York and Philadelphia: Boericke & Tafel.
- THE CAUSES AND PREVENTION OF INFANTILE DIARRHŒAL DISEASES. By F. R. Campbell, A.M., M.D. Reprint from "Buffalo Medical and Surgical Journal."
- A REVIEW OF THE MOST IMPORTANT ADVANCES IN SURGERY, MEDICINE, AND PHARMACY IN THE LAST FORTY YEARS. By C. W. Moore, M.D. Reprint from "Pacific Record of Medicine and Surgery."
- THE RADICAL CURE OF RETRO-DISPLACEMENTS OF THE UTERUS, AND PROCDENTIA, BY ALEXANDER'S OPERATION AND MEDIAN COLPORRHAPHY. By J. H. Kellogg, M.D. Reprint from "Transactions of the Michigan State Medical Society."

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### PERSONAL AND NEWS ITEMS.

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E. R. MILLER, M.D., has located at 21 West Street, Leominster, Mass.

A. C. REED, M.D., has located at 80 South Main Street, Clinton, Mass.

THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION will hold its fourth annual meeting in New Orleans, Dec. 14-16, 1887.

COMMENCING Sept. 14, Dr. H. K. BENNETT's office hours in Boston will be on Mondays, Wednesdays, and Saturdays, from 12.30 to 4 P.M.

BENJAMIN A. BRADLEY, M.D., has removed from 426 John Street, Cincinnati, O., to his new office and residence, 100 Auburn Avenue, Mount Auburn, Cincinnati, O.

THERE will be a vacancy on the resident staff of the Homœopathic Hospital, Pittsburg, on Oct. 1 next. Application should be made at once to Dr. J. H. McClelland, chairman of the executive committee, 411 Penn Avenue, Pittsburg, Penn.

This hospital with its large dispensary affords extraordinary opportunities for the acquirement of practical experience. Each resident serves successively in the medical, lying-in, and surgical wards.

DR. ALONZO BOOTHBY returned from his summer in Europe per steamship "Pavonia," sailing from Liverpool, Aug. 23. Dr. Boothby may be found by friends and patients at his residence, 260 Clarendon Street, at the usual hours. We learn with satisfaction that his vacation has proved a pleasant and profitable one.

MELLIN'S FOOD is a dry powder made from wheat and malted barley. By a careful, scientific process the indigestible portions of the grain are extracted, and the entire starch property is converted into dextrine and grape-sugar by the action of the malt diastase. Thus the greater part of the work of digestion is performed before the food reaches the stomach.

DR. SAMUEL WORCESTER left New England on Aug. 16, for his new home in El Cajou, San Diego County, Cal., where he proposes to engage in the practice of his profession, and also interest himself actively in fruit-growing. He will have an office for consultation in the city of San Diego. Dr. Worcester is well known to the profession as the author of a standard work on Insanity, and also as the lecturer on Insanity and Nervous Diseases in Boston University School of Medicine for several years past. The best wishes of his Eastern colleagues will follow him to his new home.

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

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EDITORIAL.

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*STENOCARPINE: A RIVAL TO COCAINE.*

THE new local anæsthetic and mydriatic known as "stenocarpine" is made the subject of an interesting series of "observations" from the pen of Dr. Edward Jackson of Philadelphia, and appearing in a recent issue of the "Medical News." Dr. Jackson, after careful study and experimentation, is inclined to the opinion, which he expresses with commendable caution and conservatism, that "stenocarpine" will prove "a local anæsthetic more powerful than cocaine, and a mydriatic more powerful than, yet as brief in its action as, homatropine," and therefore may lay just claim to investigation as "a new drug and one of great practical importance." Since experimentation would seem to suggest that, like cocaine, this new local anæsthetic has a usefulness wider than the sphere of any single medical specialty, we feel sure that our readers will follow with interest the following selections from Dr. Jackson's observations upon it.

"The discovery has now been announced of an alkaloid, said to be obtained from the leaves of a tree common in Louisiana, which certainly equals, and perhaps surpasses, cocaine in its power to abolish the sense of pain in the part to which it is applied.

"The story of the discovery is, that Mr. M. Goodman, V.S., having applied to the fetlock of a horse a poultice made, by chance, of these leaves, subsequently made a free incision into the part without eliciting any evidence of pain. He furnished some of the leaves to Dr. Allen M. Seward, who obtained therefrom an alkaloid, a two-per-cent solution of which caused



local anæsthesia in the eye of a cat. Some of this solution was placed in the hands of Dr. J. Herbert Claiborne, who found that it produced anæsthesia in the eye of the rabbit and of man, also of the mucous membrane of the nose, and of the skin; that it produced wide dilatation of the pupil, and in some cases a diminution of intra-ocular tension, and slight dulling of the sensibility of the tympanic membrane. Dr. Claiborne published an account of the drug, and the results obtained from its application, in the 'Medical Record' of July 30, 1887.

"After this Dr. H. Knapp experimented with it, applying the same solution to the mucous membranes of the eye, nose, throat, urethra, and rectum, producing anæsthesia in all of them. Hypodermatically it produced local anæsthesia of the skin, and a drop applied to the glans penis had the same effect; but in Dr. Knapp's hands external application to the healthy skin gave uniformly negative results. This I shall refer to presently. The injection of it into the cellular tissue of rabbits caused 'violent attacks of tetanoid convulsions in which opisthotonus was a prominent feature,' recurring every ten to forty seconds, for some fifteen minutes, but followed by complete recovery within an hour. The amount of the solution thus used to produce these symptoms varied from five to twenty-five minims. Ten minims injected directly into a vein of a rabbit's ear caused fibrillary convulsions, or tremors, of the front part of the body, and death in ten seconds. 'The picture furnished by these experiments bears the greatest resemblance to that of strychnine poisoning.' But 'chemical tests for the detection of strychnine,' applied to the drug, 'proved negative' (*Medical Record*, Aug. 13, 1887).

"After reading Dr. Claiborne's account of it, I obtained some of this two-per-cent solution of the drug.' It was clear, of a faint brown tint, and had a taste distinctly bitter, but nothing like the intense bitter of quinine or strychnine. A few seconds after its application to the tongue and lips there was a peculiar sensation of numbness precisely similar to that produced by cocaine, but more intense than that caused by the four-per-cent solution of the latter drug. No application I have yet made to the human subject has produced constitutional symptoms, but not over four minims of the solution have been used in any one case."

Here follow in detail a series of experiments as to the effect of stenocarpine upon the eye, as made by Dr. Jackson upon himself and upon sixteen other persons, seven males and nine females, ranging in age from five to fifty-two years. In every case the drug (used in instillation of a two-per-cent solution) —

... "caused the same anæsthesia; complete within one, two, or three minutes, and passing off mostly within a half-hour. In all, the palpebral fissure was notably widened, the pupils widely dilated and fixed, and the power of accommodation very nearly or quite abolished by a single instillation. When the instillation was repeated, the accommodation was always

entirely abolished. When no other mydriatic was used, recovery of the accommodation and pupil was almost complete at the end of three days; that is, it had reached that stage where it is commonly spoken of as complete, and where its incompleteness cannot be detected except by comparison with the fellow eye kept in a normal condition. Dr. Claiborne speaks of recovery, in the trial made by him, as complete on the third day.

“In three cases the drug was used to paralyze the accommodation, for the purpose of determining the refraction. In all it answered the purpose satisfactorily, and in one the subsequent use of duboisine revealed no additional hyperopia.

“In four cases it was used simultaneously with duboisine (after the methods given for cocaine in my paper on that drug in the ‘Medical News’ of Aug. 27, 1887); in three cases it was so used with homatropine, and in one with hyoscyamine; and in all it caused a wider dilatation of the pupil,—a dilatation very noticeably wider than did the other mydriatic.

“In no instance could I satisfy myself that it produced any change in the degree of intra-ocular tension, although I sometimes suspected it slightly decreased it. In no case did I perceive those corneal changes which I have noticed after the equally free use of a four-per-cent solution of cocaine, and which are described in the paper above referred to. In these normal eyes, and in three eyes suffering from acute catarrhal conjunctivitis, there seemed to be less blanching of the conjunctiva than I would expect to see from the same use of a four-per-cent cocaine solution.”

Hypodermically injected, one and a half grains of the solution caused instant and complete local anæsthesia over an area about four by eight millimetres in extent. The anæsthesia disappeared in about half an hour. Applied externally to the skin, it gave satisfactory results only as long as the surfaces under experimentation were kept continually moist with the solution, during which time there was complete insensibility to pain.

“In this respect,” Dr. Jackson says, —

. . . “my observations are directly opposed to those of Dr. Knapp, and in accord with those of Drs. Claiborne and Seward. I think Dr. Knapp’s experience may be accounted for in one of two ways. First, the anæsthesia, although absolute, is, in my experience, very superficial. By plunging the point of the needle somewhat deeply, one may feel it pass from the layer anæsthetized into one in which it causes the usual degree of pain.

“To make a painless incision in tissues anæsthetized in this way, one must do it by repeated superficial cuts with the knife, keeping all the time the cut surface bathed with the solution. Possibly Dr. Knapp made his first incision, or plunged his needle, too deeply, passing into the underlying tissues still acutely sensitive. But it is more probable that he entirely prevented the absorption of the drug by preliminary treatment of the skin,

adopted doubtless for the purpose of facilitating it. He washed the skin with soap and water. The writer tried washing the flexor surface of his fore-arm with soap and water, and then immediately applied the drug in the way above described. After half an hour no anæsthesia had been produced, although the surface was covered by the sticky residue left by the drying of the solution. The rationale of this is very simple: a portion of the free alkali of the soap probably remained adherent to the skin, and promptly precipitated the alkaloid from the portion of the solution that came in contact with it. Such a solution is very sensitive to the action of a free alkali. The simple blowing upon this solution, or a similar solution of cocaine, of air containing free ammonia, quickly renders it milky with such a precipitate. In the trial mentioned, when the solution of the drug had failed to produce anæsthesia at the end of the half-hour, I stopped its application, and placed on the surface covered with its residue, a dilute acid solution, and in ten minutes had quite a notable anæsthesia."

Upon frogs, stenocarpine was found to act as a violent depresso-motor poison. The relatively smallest fatal dose given was one grain of the solution to a frog weighing 310 grains. The largest was two grains to a frog weighing 240 grains. This frog, it is worthy of note, had previously recovered after receiving four grains of a four-per-cent solution of cocaine.

"In every case in which the drug caused death, the heart continued to beat steadily, often for hours, after all other evidence of life had ceased. When, however, the chest was opened, and the heart was bathed in the solution, its action immediately became slower, then more feeble, and presently ceased."

In comparing the powers of this new drug with those of cocaine, Dr. Jackson concludes:—

"It seems to me, from a careful review of my experience with it, that this drug does possess certain powers, in degree at least, peculiar to it. My impression, from my present experience, is that the solution used, said to be a two-per-cent solution, is a more powerful anæsthetic than the four-per-cent solution of cocaine. It certainly has a more powerful influence on the frog. The frog killed by two grains of this solution had withstood the action of four grains of the four-per-cent cocaine solution. And in a series of some thirteen parallel experiments performed on frogs with these two drugs, cocaine always showed itself the less powerful. Yet this new drug has seemed to exert less influence on the local circulation, and the nutrition of the cornea, than cocaine.

"Then, too, cocaine has but little power of paralyzing the accommodation, while this new anæsthetic-mydriatic has a much greater power in this direction. Still the recovery after the use of the new drug is more rapid than



after any other efficient mydriatic except homatropine, and it has a more powerful influence over accommodation than homatropine. The superiority of the new drug in this direction is especially manifest in its ability to overcome the influence of eserine. Thus the influence of cocaine on the pupil is overcome by one-fiftieth of its weight of eserine, and its influence on accommodation by still less. Homatropine is neutralized by one-eighth its weight of eserine. But this drug requires two-thirds or four-fifths of its weight of the myotic to overcome it."

From the above observations, it would certainly seem that "stenocarpine" has claims to as wide, immediate, and thorough investigation as that which secured for cocaine its present honorable place in therapeutic resource. We need not add that any record of the results of such experimentation would receive a cordial welcome to the pages of the GAZETTE.

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#### EDITORIAL NOTES AND COMMENTS.

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THE QUESTION OF THE INTER-CORROBORATIVE PROVINGS OF DRUGS, new and old, as an indispensable condition of their permanent place and recognition in our materia medica, is a question that has come to stay, and the affirmative answer to which is a foregone conclusion. It is a question which the GAZETTE has discussed so often in the past, speaking both in its own person, and through the worthier medium of the papers of scholarly contributors, that any new mention of it must have to our readers a familiar echo, as of the galloping hoofs of a hobby-horse. Nevertheless it is a question that will bear discussion now and then, until discussion is merged in universal affirmation.

It is suggested afresh just now, by an admirable little paper published in the July number of the "Medical Advance," and from the pen of Dr. Lewis Barnes, — a paper which we reprint elsewhere in our present issue, and to which we take pleasure in calling the attention of our readers. It is one of the utterances of that vigorous and virile Protestantism, which, in the world of homœopathy, is combating the spirit of bigotry and dogmatic assertion and reiteration which would make of homœopaths, not rational, progressive, and scientific physicians, but noisy supporters of the infallibility of a medical pope. Of this

Protestantism, the reform, purification, and scientific establishment of our materia medica is the central and most significant demand. The *sine quâ non* of a reliable materia medica is the exclusion from it of inadequately proven drugs. What constitutes the adequate proving of a drug, is therefore one of the most pressing and practical questions of our world. Dr. Barnes's position on this question, as set forth in the paper referred to, proves that on this point the Protestants of homœopathy may hail in him a comrade. His demand that no provings shall be incorporated as such into the materia medica, until the symptoms they offer "have been repeatedly observed in different persons," is of the same ringing note as the well-remembered words of the honored leader in this reform: <sup>1</sup> "Provings shall manifest distinct congruity in sense and meaning; . . . if they do not manifest such congruity, they shall be excluded as useless. . . . In seeking for true effects, certain causes acting under like conditions, always produce the same effect; and hence, conversely, if we are seeking for causes, the rule will be that widely varying effects are not to be attributed to the same cause." And this note is the keynote of a scientifically formed materia medica.

The "Cyclopædia of Drug, Pathogenesis," of which Part VI., now before the profession, is noticed in our present issue, is the most notable outcome of homœopathic Protestantism, and the worthiest example of its aims and usefulness. Far from a perfect work, it yet moves on that highway whose goal is perfection. And on that highway we all move in so far, and only in so far, as we take for our guide patient, exact, and rational experimentation, rather than blind acceptance of dogmatic assertion.

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THE NINTH INTERNATIONAL CONGRESS, concerning which prophecies of all sorts have so long been rife, has come and gone. As one of our esteemed contemporaries of the allopathic persuasion — with what, all things considered, seems rather severe irony — puts it, "the smoke and roar of battle have not as yet sufficiently cleared away," for it to be determined, beyond

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<sup>1</sup> Our Methods of Drug-Proving. By Dr. C. Wesselhoeft. N. E. Medical Gazette, June, 1886, pp. 245 *et seq.*

cavil, in what aspects and to what degree the Congress may be considered a success. From the very full reports, however, already presented by the "Medical Register," the "Medical Record," and other journals, it is possible to gather certain facts that cannot fail, from their exceeding suggestiveness, to be of very general interest. Most prominent among these is the fact, that among the great throng of physicians assembled at Washington, — variously estimated at from two thousand to three thousand, and probably averaging during the session at least twenty-five hundred, — the leaders of the profession, both in this country and in Europe, whose names are "rational" medicine's pride and watchword, were conspicuously absent. The reason of this absence, with a few exceptions, — as of advanced age, or precarious health, in individual instances, — is too well known to admit of a doubt. Such men as Virchow and Lister, Pasteur and Porro, and their *confrères* equally illustrious, could only be tempted to cross the ocean, by the certainty that they would thus earn the opportunity to "hold high converse with their peers," the leaders of American medicine; and it was settled beyond peradventure, long before the opening of the Congress, that a great majority of the men who alone could lay claim to such leadership would decline to present themselves at an assembly whose nucleus was the American Medical Association: that august body which, so short a time ago, doomed to exile the physicians, whose names were its honor, on an indictment having no less than these three formidable counts: —

I. Because they, like Galileo, had discovered that "the world moves."

II. Because they promulgated and practised the heresy, that medical ethics was not incompatible with the teachings of Christianity.

III. Because they claimed that in addition to the "inalienable rights" to "life, liberty, and the pursuit of happiness," the nineteenth-century American has an inalienable right to the formation of, and action according to, an individual opinion.

For these offences, abhorrent to the traditions of the Association and the present mental limits of a majority of its members, the lights of American medicine were practically extinguished as far as the Congress was concerned; and their European



peers, not unnaturally, declined to come over and sit in darkness. "The discord," said Dr. Unna of Hamburg, "has prevented many foreigners from coming. . . . If it had not occurred, many Germans would have come; not thirty, nor fifty, but two hundred. . . . Men like Agnew and Loomis are much missed."

"I have met," said Dr. Semmola of Naples, "very few Americans whom I expected to see, and it is a matter of sincere regret to me."

"It is impossible to deny," says the "Medical Record," with sorrowful candor, "the fact that the representation of distinguished foreigners was extremely small. From an international point of view, it was tremendously lop-sided: being made up largely from the West, still more from the South, with a touch of the East, and a Continental sprinkling from Europe."

"There are," says the correspondent of the "Boston Medical and Surgical Journal," "very few New-England physicians, a very small representation from New York, and only a part of the Philadelphia men."

The significance of the fact that those whose absence was so frankly lamented were willing, when the trial-moment actually came, thus to publicly sacrifice national pride, to their belief in liberty of medical opinion, is a significance happy quite beyond computation; a significance, grasping which those who hope for future professional unity on the solid basis of liberty of professional opinion may well thank God, and take courage.

The scientific work of the session is pronounced, by the "Record," to be "respectable, though falling much below the average of the preceding Congresses," — an opinion which is confirmed by Dr. Semmola, who said, "It is considerably below the average of its predecessors." One notes with interest, that while the sectional meetings on obstetrics, gynecology, surgery, and other specialties, were well attended, "the section on general medicine was pretty much a failure." "We are now surgeons or specialists; we are no longer doctors!" mourns a Canadian practitioner, *apropos* of this fact.

The GAZETTE may take occasion in future issues to comment on certain of the more noteworthy addresses delivered, but space forbids such comment at present. We can pause but to say, that whereas, while the Congress was yet in embryo, the advo-

cates of free thought were not infrequently alluded to, by their "ethical" superiors, as "traitors and mutineers," there now, at the close of the Congress, may be raised a doubt as to who, in the final issue, will permanently wear the title of traitors and mutineers, — the physicians who rise in revolt against bigotry, discourtesy, and mole-eyed worship of tradition, or the physicians who rise in revolt against manly liberty of personal opinion and manly freedom of personal action. Such a question once definitely raised, and the American *vox populi*, whose utterances are wont to set themselves to the tune of the "Yankee Doodle" of independent thought, will not be slow or uncertain of reply.

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THE SUBJECT OF INDECENCY IN MEDICAL LITERATURE was briefly commented upon in the issue of the GAZETTE for February last. In that comment it was said, as it seemed only just to say, that offences against decency of phrase were, while fortunately not common in the journals of either school, noticeably less common in the journals of the new school than in those of the old. An instance which would seem to go far toward proving the contrary is afforded by an article appearing semi-anonymously, in the department of "Comment and Criticism," in the September number of the "Medical Advance." So flagrant an example does this communication afford of the indecency referred to, and of the pernicious inappropriateness of its appearance in the councils of those who claim to be not only scientists, but gentlemen, one feels that to let the matter pass in silence were in some measure to soil one's self by tacit acquiescence in the use of methods and phrases abhorrent alike to scientists and to gentlemen, of whatever school of professional thought. So nearly as it is possible to catch a drift of meaning through the whirl of illogical and wordy incoherence, the writer in question aims to attack, through attacking our honored contemporary, the "North-American Journal of Homœopathy," a gentleman well known to homœopathic practice and literature, whose suggested name, though suggested only in coarsest vituperation, lends to the communication in question the only dignity to which it can lay claim. With this attack we have at present nothing to do. No greater com-

pliment can be offered a writer or a journal, than such evidence as is afforded in the present instance, that his and its logic and character disarm adversaries of all weapons save that of clamorous abuse. What we do wish at this moment to protest against, with such force of protest as in us lies, is the utter indecency of the similes and metaphors employed in the course of his tirade, not once nor twice, but openly, gleefully, and continually, by the correspondent of the "Advance." In this connection, quotation is obviously impossible, though quotation alone could bear adequate testimony to the heinousness of the offence. The language is of a sort, that, used on the public street, would speedily relegate the speaker to the safe retirement of the nearest police-station; and used in the public print, should condemn a writer, and that permanently, to an analogous fate. Physiological metaphor, undignified and unnecessary at best, in the present connection is sunk to the level of filthy Billingsgate, by the motive of its employment; such Billingsgate as that with which the society of the slums clothes its personal malice, and which society above the slums never employs at all. The appearance of such language in a medical journal, where one takes for granted that personal animosity must at least wear the garments of decent courtesy, is utterly intolerable, and a shame to be cried out against without ceasing.

Adam Badeau tells us that once, in the presence of Gen. Grant, a young officer began to tell, as a "good story," some anecdote of doubtful savor. The general's lifted hand silenced him. "Why, General," he said in some confusion, "there are no ladies present." — "No," said Grant, with quiet sternness, "but there are GENTLEMEN present!" It is to be hoped that a general expression of protest against entirely gratuitous indecency of speech will make the semi-anonymous vituperator of the September "Advance" conscious, at least, that in the journalistic councils of homœopathic physicians, there are not only ladies, but gentlemen, present.

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DURING the last illness of the Hon. Thaddeus Stevens his doctor, on entering his room one morning, said, —

"Mr. Stevens, I think your appearance is better to-day."

"It isn't my appearance that troubles me, doctor, it is my disappearance," dryly responded the old man. — *Medical Era.*



## COMMUNICATIONS.

ON *ARSENICUM IODIDUM*.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

[Continued.]

“*Catarrho-pneumonic ; consolidation ; resolution*. A. F——, a boy of five years, seen first on April 15, 1871. Had suffered from loss of appetite and frequent colds all the winter, but had not been under medical treatment more than a week before he was sent to Bournemóuth. I found him with a loud wheezing, rapid breathing, and a short, dry, continuous, hacking cough. Pulse 90, respirations 40 per minute. On examination, the left half of the chest was seen to be flattened and motionless, and on percussion it was dull as a board from the apex to below the axillary border of the great pectoral muscle in front, and to the middle of the scapula behind. Below these limits the sound gradually cleared, and was normal at the base, as well as throughout the other lung. Auscultation revealed superiorly on the left side no murmurs of any sort ; about the middle of the lung, tubular breathing obtained, and puerile breathing at the base. Throughout the right lung both inspiration and expiration were exaggerated, vibratory, almost musical. Tongue clean, bowels regular, appetite fairly good ; sleeps well, though he is occasionally awaked by his cough ; he has to sleep high, propped on two or three pillows ; occasional night-sweats. Heart normal ; no œdema ; considerable and progressive emaciation ; no expectoration.

“One grain of the sixth decimal trituration of *arsenicum iodidum* was given three times a day, and continued till May 4, when, as improvement had ceased, the third decimal trituration was given twice a day with good effect, and continued till the 25th, the patient again becoming stationary. *Ars. calc.*, third decimal, was prescribed, and continued twice daily till June 22, when he left for home.

“His condition then was : little or no cough ; pulse 76 to 80 ; respirations 24 ; can walk, ride, or play, without distress ; breathing in right lung normal. In the left the area of dulness is reduced by two-thirds, and is by no means so absolute ; air enters freely every portion of the lungs, but the expiratory sound at apex is somewhat prolonged.

“I heard in September that he had completely recovered.” — HERBERT NANKIVELL, M.D.

“*Catarrho-pneumonic ; resolution*. — B. O——, a lady æt. 40,

came under my care in November, 1871, for severe injury to the right arm. I found after a few days that she had a severe cough, contracted during the summer; for several weeks the expectoration had been heavy during the night and in the morning. Pulse below 80; appetite fair; complexion sallow. Physical examination was made on the 30th, and disclosed marked dulness at the right base posteriorly, shading off into normal resonance about the middle of the scapula. Coarse crepitation was audible over all the duller portion of the lungs.

"The *iodide of arsenic*, in grain doses of third decimal trituration, was given night and morning for a month, and this was followed by quarter-grain doses of the second decimal trituration for another month.

"The improvement was remarkably steady, and by the middle of February the only distinction between the two sides was that the respiration was rather less ample on the affected side. All crepitation and dulness had disappeared, and the cough which remained was but slight; the pulse had fallen from about 80 to 64, and no apparent delicacy or invalidism remained.

"The chest was again examined in April, and found to be perfectly normal." — HERBERT NANKIVELL, M.D.

"*Catarrho-pneumonic; partial caseous degeneration, and fibrosis.* — D. E.—, æt. 18, first seen on Dec. 29, 1870. She had been out of health, and suffering from colds in the autumn, and in October was treated for a serious attack of bronchitis and congestion of the lungs, and was then recommended to spend the winter in Bournemouth.

"There was no marked wasting; pulse weak, from 84 to 92; breathing too rapid, even when at rest, and increasingly rapid on exertion, which soon gave rise to audible wheezing. Frequent, short, suppressed cough, often loose, with muco-purulent expectoration. She lay high in the bed. There was generally wheezing on first lying down. Digestive system was in good order.

"There was comparative immobility of the right chest, with comparative dulness in front of and behind the upper portion of the lung, increasing to absolute dulness posteriorly beneath the scapula. On auscultation, feeble respiration, with plenty of dry râles, was heard over the anterior surface of the lung, and over the upper part of its posterior surface; coarse crepitations were distinguished posteriorly about the centre of the lung, while at the base there was bronchial respiration. Left lung healthy.

"The third decimal trituration of *ars. iod.* was given during January; the second decimal, during February; the third decimal, again during March and April. The only intercurrent

remedies were *bry.* and *tart. emetic* for occasional colds, and *sulphur 12* during one week.

“Improvement soon commenced, and was continuous; cough and wheezing soon decreased, and there was greater ability for exertion. In March and April, walks twice daily, and rides for several miles, were enjoyed.

“In the second week of May there was complete absence of wheezing; mobility and percussion sound much improved; dulness at the right base posteriorly was still present, and a forced inspiration induced crepitation in that locality; respiration in the rest of the lungs was normal. Pulse 72; breathing natural; appearance thoroughly healthy.

“The summer and autumn were spent on the Yorkshire coast, the winter at home in the Midlands. She again visited Bournemouth for the spring months; and I was glad to find the dull spot at the right base decidedly contracted, and free from any crepitation. Her general health was excellent.” — HERBERT NANKIVELL, M.D.

“*Catarrho-pneumonic; softening; partial resolution; partial induration.* — F. B——, æt. 20, first seen Oct. 21, 1870. She had been ill three or four months with cough, loss of flesh, heavy morning expectoration, and complete aphonia. Pulse 90; respiration much quickened by exertion; night-sweats; catamenia delayed and scanty. There was dulness anteriorly beneath left clavicle, with coarse crepitation; posteriorly on left side, absolute dulness above, decreasing toward the base, with crepitations coarser and more defined above, but mixed with vesicular respiration toward the base. The right lung appeared quite healthy. Expectoration, muco-purulent, in heavy lumps, contained a good deal of elastic tissue.

“*Tartar emetic* was given for fourteen days, with the effect of lessening the amount of mucous râles. Then *ars. iod.*, third decimal, was given night and morning for a fortnight, with inhalations of *iod. φ.* The cough lessened, and the dulness decreased from below upwards decidedly; and in consequence of the night-sweats, recourse was had to *calc. iod.* and *phos. ac.* The *ars. iod.* was again prescribed on Dec. 2, and continued with improvement for four or five weeks, when she passed from under my immediate care, although the inhalations and general regimen were continued.

“I examined the chest before she left Bournemouth in April. No morbid sound in front, except harsh crepitation beneath left clavicle; posteriorly, decided supra-scapular dulness, shading off into the normal sound towards the base. Respiration at apex tubular, at base feebly vesicular; no crepitation; cough very infrequent; no expectoration. Voice had returned, but



was gruff like a man's. No night-sweats; catamenia regular; pulse 72; respiration 20.

"I have no account of the further history of this case." — HERBERT NANKIVELL, M.D.

"*Hemorrhagic phthisis; resolution.* — Rev. C. R. —, thirty-eight, consulted me at the close of November, 1871; had been out of health for some time, and in the summer of 1871 had considerable hæmoptysis, for which he had been treated allopathically. There had been at the same time congestion of the lungs. He had rested from duty to a great degree ever since. He had little or no cough, and very scanty expectoration.

"Physical examination shows the long thorax so favorable to lung-deposit, with general feeble respiration going on. On the left side, below the border of the greater pectoral, and around posteriorly to the base of the lung, comparative dulness, and coarse crepitation. Pulse 70; appetite fair.

"He took a quarter of a grain of *ars. iod.*, second decimal trituration, night and morning for a month, and on the second examination great improvement was noted; the respiratory power was greatly increased, the dulness was much diminished, and the crepitation only heard slightly with forced inspiration. His general health improved; he was able to take continued exercise in all weathers, and to resume duty on occasions. At the time of writing (last week in May) the improved conditions continue. He is taking two or three doses of *arsenic* only a week." — HERBERT NANKIVELL, M.D.

"*Broncho-pneumonic and hemorrhagic phthisis; fibroid changes.* — The last case that I will mention of those benefiting by the *iodide of arsenic* is of the same class as those before mentioned, but the disease has been of longer standing. Several attacks of pneumonia during childhood, and of bronchitis during the years of development, had laid the foundation of the physical symptoms hereafter related; and the occurrence of hæmoptysis at twenty-one years of age, followed by several months of ill health, was a further complication, and not by any means a favorable one. The left half of the thorax was contracted both superiorly and inferiorly; in front no marked dulness, but prolonged expiration; posteriorly, decided dulness in left supra-scapular region, shading off gradually into a moderately clear sound below the scapula. Auscultation detected prolonged expiration, and the soft 'click' over the dull portions, while inferiorly the respiratory murmur was almost hidden by coarse crepitation. The sounds on percussion on the right side were clear; on auscultation, bronchial râles, both moist and dry, were generally heard, and at the right base, in front and in the axillary region, coarse crepitations permanently obtained. Elastic

fibres were generally visible in the expectoration; there was considerable emaciation, but the pulse was below 80, except when fresh cold had been taken. The amount of expectoration on such occasions would be from half to three-quarters of a pint of muco-purulent sputa; whereas, when matters were quiescent, it would only be from three to six large lumps of heavy yellow pus. On several occasions small abscesses had evidently burst, giving rise to an increased purulent expectoration, sometimes tinged with blood, and to temporary gurgling in the left apex on auscultation. But these healed readily, and the signs of an open cavity were never obtained. *Lyc., calc. carb.,* and *calc. phos.* had been given with benefit; but the physical signs had always a tendency to recur, and the crepitations at the base of the lung continued. The *iodide of arsenic* was given for several months, with good effect, last winter and spring (1870-71); the bronchial râles disappeared, and so did the crepitations at the base of the lung, and for several months in the summer the left apex remained free from moisture. During this winter occasional relapses have occurred, which, strangely enough, received no benefit from the *arsenic*; but the health of this patient has been in better condition during the past three months than at any corresponding time during the four last years, and there is every hope of this improvement being improved upon." — HERBERT NANKIVELL, M.D.

[*To be continued.*]

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#### NOTES OF THE TYPHOID EPIDEMIC IN AUSTRALIA.

BY W. K. BOUTON, CH.B., M.D., MELBOURNE.

TYPHOID-FEVER visits us in an epidemic form each summer, usually commencing with the hot weather, which with us comes just before Christmas, and running through the months of January, February, and March. Formerly it was known as "colonial fever," but as from year to year it assumed more of the nature of typhoid, it has now come to be known by that name. The season just past has been one in which this disease has been unusually severe, as regards the number of cases, the wide extent of country over which it has held sway, and the unusually large mortality. There seems to be a general opinion that the more than ordinary length of the hot season has had somewhat to do with the cause. One general peculiarity is, that the fatality has increased as the season has advanced. This year, instead of ceasing with the month of April, the epidemic has continued up to the present writing, June 10, though it is fast leaving before the approach of winter. General statistics are

not yet available, but the number of cases treated in the Melbourne Homœopathic Hospital from Jan. 1 to June 1, 1887, reached a hundred and thirty-two; of this number thirteen died; three deaths took place less than thirty hours after admission, two less than sixty hours, while the remaining eight were under treatment from four to thirty-five days. The death-rate of hospitals in Melbourne under allopathic administration has been one in five; while it will be seen from the foregoing that in the homœopathic hospital it has been one in ten. It will also be noticed that cases were received into the hospital in a moribund condition, having been neglected until past help; the large majority of persons attacked coming from the poor and overcrowded portions of the city.

In general outline the disease possessed many of the epidemic characteristics, with the variation that early in the season the intestinal tract was the seat of the principal complications; while as the epidemic advanced, and especially as the weather changed from torrid heat and drought to the cooler and rainy months, the lungs were the seat of the most dangerous complications. And yet, notwithstanding a certain likeness, each case had its own peculiarities. One of the most noticeable of these peculiarities was the temperature, which at times ranged very high — a hundred and six and a hundred and seven degrees — without apparent effect on the patient, while in other cases death ensued without the thermometer showing a record of over a hundred and two degrees. So marked has this difference been in many cases, that it has led to a discussion among our physicians as to the real value of the clinical thermometer. As a matter of fact, on examining all the charts of the cases treated, those reaching the highest figures have been discharged cured.

Another point was the absence of the circumscribed gradual rise and fall of morning and evening temperature, which, if text-books are to be believed, is of mathematical precision. By again referring to the charts, it is found that an irregular rise and fall has been the rule, rather than the exception; in some cases the difference being a variation of from two to six degrees. As an instance of this, the chart of A. W.,<sup>1</sup> aged thirty, male, dark complexion, may be mentioned. On being admitted to the hospital this patient had a temperature of 100°, which on the second day rose to 105°, falling within twenty-four hours to 99°; for the next three days remaining, in the morning, 98° to 99°; evening, 101° to 102°. The following day it rose to 105°. This it held for five days, then it fell to 99°, again to rise to 104°. This case proved to be a very protracted one, but was discharged cured after being in the hospital forty-five days.

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<sup>1</sup> Not included among the charts appended.



During the five months through which this epidemic has extended, cases of almost every imaginable description and variation have been under observation, so that to give more than general characteristics would take a volume. There were patients that lived but a few days, having no apparent intestinal trouble. Others had several weeks of violent illness, with absence of diarrhœa. Again the discharges were of the most pernicious character. The majority of cases had little or no hemorrhage, and yet there occurred in some an excessive loss of blood from the bowels, both bright in color, and in large clots; while in one instance blood flowed from mouth, nose, and ears. Entire absence of delirium was noticeable in some cases, as compared with others to all appearance less ill, and yet unconsciously violent. There were to be seen those who would lie in an almost continual sleep, while others did not close their eyes for days. The prodromic stage, in the majority, was well marked; while there were those in whom a few hours sufficed to develop the disease. Both infants and old people contracted the fever, though, as is generally the case, strong healthy men and women, from twenty to thirty years of age, were most often the victims. From perfect health, usually the first complaint was of a disagreeable pain in the head, followed by gradual loss of appetite, want of interest in usual avocations, easily tiring, pain and weakness in back and extremities, bad taste in mouth, tongue heavy, moist, and covered with thick white coating. This condition covered a period of one to three weeks. The patient then felt feverish at night, with marked thirst; tongue began to grow dry at tip, the dryness gradually working back until later on the entire tongue was dry, hard, and brown. The temperature would rise quickly to  $104^{\circ}$  or higher, or would not go above  $99^{\circ}$ , though in a few days slowly rising, but in either case it was apt to again fall to  $99^{\circ}$  or  $100^{\circ}$ , remaining one to three days, but invariably rising to its former scale or above. The rash might make its appearance, though in the majority of cases it was absent; there might or might not be tympanitis or tenderness. Some bad cases never showed any abdominal tenderness, or tendency to diarrhœa. Others complained of and shrank from weight of bedclothes, and had constant diarrhœa, passing unconsciously stools of a pasty or thin watery consistency, mixed at times with blood. There might be constant vomiting on taking any thing into mouth, even medicine, or the stomach might retain all that it received. There was often delirium, especially at night, though some of the worst cases retained perfect consciousness through the entire sickness; while others passed into a comatose condition, from which they awoke to a partial idiocy though ultimate recovery, or death too

place while in coma. In some cases the mouth and tongue remained dry and clean, as though scalded; while at other times the entire mucous membrane seemed given over to putrefaction. Severe pulmonary complications might ensue; this, in one case, being so rapid that death took place in six weeks from phthisical breaking-down of lungs. There was in some cases excessive perspiration, soaking the bedding; other patients were dry and parched over the entire body. The pulse was full and quick, from 110 to 180. At times there was marked subsultus, which indicated serious results. The temperature, as before indicated, was found to be little or no guide as to the period or length of time the patient had been ill.

General diet consisted of milk, all that the patients could be induced to take. If there was a tendency to vomit, ice or soda water, lemonade or seltzer water, mixed with the milk, was often of much service. Alcohol in any form (brandy, whiskey, or wines), taken internally, was found wanting in beneficial results, if not positively harmful, though at times used in bath or foment it was useful. In place of alcohol, where a stimulant was needed, liq. ammo. fort., in drop doses, with a teaspoonful of water, was excellent in its effects. Murdock's Food was found a wonderful auxiliary in the matter of diet.

For general treatment, the patient was given a tepid sponge bath every two to four hours, night and day; cold was applied to head and body, or a wet pack was used. If thought necessary, vinegar, acetic acid, or brandy was added to the water for the bath.

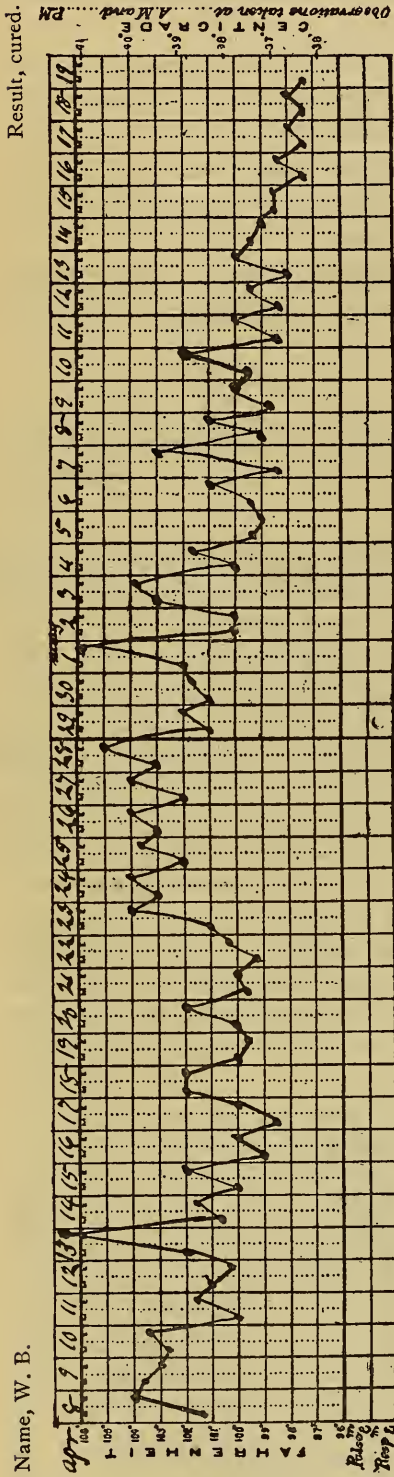
Special and internal treatment varied according to the indicated remedy. In the early part of the season, baptisia headed the list of remedies, it seeming to be especially useful in this country, in febrile attacks of an inactive, tardy nature, where the patient is dull, slow to understand or answer when spoken to; expression of face heavy, much prostration: a peculiar fetid, sour odor in the perspiration, breath, and, in fact, whole body. The change in the character of the disease, later in the season, called more for bry. and rhus tox. While there are certain remedies which seem peculiarly adapted to this climate, they are only so when used in compliance with the teaching of Hahnemann. Other remedies used were, acid carb., *acid hydrocyanic.*, acid phos., allium cepa, antimonium tart., *arnica*, *ars.* (in different forms, alb., iod., etc.), *bell.*, *camphora*, *calc. phos.* (Schüss.), *camph.*, *carb. veg.*, china, crot. hor., fer. phos. (Schüss.), *gels.*, ham., hepar, ignat., kali bich., kali carb., *lach.*, lyco., *merc.* (in its various forms), nux v., opium, *phos.*, pod., puls., secale, sil., stram., sul., tereb., ver. alb., and occasionally atrop., capsic., ipec., etc. Rhus tox., bap., and bry., with those in the





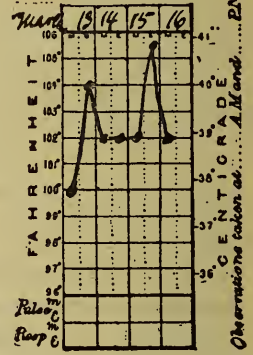


CASE, W. B. — Male, age twenty-two. Admitted April 8. Had been complaining some ten days with the usual pains and aches, and for three days was ill in bed; inability to sleep; delirious at night; no tenderness of abdomen; urine scanty and difficult to pass. Three days later became suddenly violent; would not stop in bed except when forced; retention of urine. On 12th, passed urine, but unconsciously in the bed. 16th, very violent and noisy, praying, singing, and screaming. 22d, diarrhoea smelling badly; has grown very weak, less violent. 25th, low muttering; very frequent, unconscious stools with blood; mouth in terrible condition, black putridity collecting as soon as washed off. 26th, hemorrhage increased, eyes open and glazed, breathing obstructed and choked; does not swallow unless forced; thought to be dying. 28th, much the same, but takes some nourishment. 30th, breathing easier, eyes closed, repeats one word "drink." The following day temperature rose again to 106°; but greatly to our surprise, from this time improvement was slow but steady, and he was discharged cured a month later.



CASE, J. J. — Male, age twenty-four, tall and dark; is a wood-chopper, living in tent, drinking water from River Yarra into which much of the city sewage runs. When admitted to hospital had been feeling ill three days, though he continued at work. Complained of pain in head, back, and legs; could not eat, and continued much the same for two days after coming to hospital. On third day was taken with severe epistaxis, lasting at intervals for some hours, and followed by coma, death taking place on fourth day. In this case there was absence of all abdominal tenderness, diarrhoea, and delirium.

CASE, K. C. — Female, age twenty-four. Admitted to hospital, April 13; had been ill five days. Usual symptoms of pain in head and body, loss of appetite, etc., with an unusually copious perspiration.



16th, complains of pain in right side; examination gives "pleurisy rub;" the spots affected could be covered with small end of ordinary stethoscope. 20th, well-developed pneumonic condition of both lungs; deep red face; great tenderness of abdomen.

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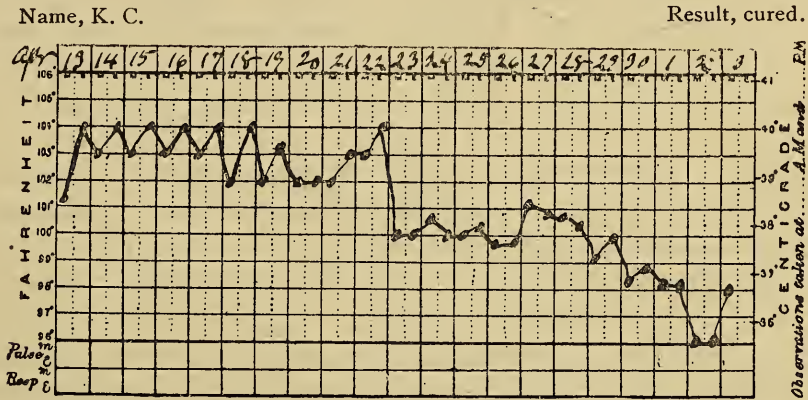
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21st.— All symptoms worse. Hemorrhage from mouth and nose.

22d.— Increased hemorrhage; stools of blood with little fecal matter; blood from ears, and so profuse from nose and mouth that nares were plugged with the effect of lessening the flow; vomiting of bloody slime.



23d, loose rattling breathing; hemorrhage lessened from mouth, increased from bowels. 25th, less hemorrhage; breathing still very difficult, but can now raise a little stringy tenacious mucus. Improvement continued very slowly, and a week later she much improved with ultimate recovery.

### PHOSPHORUS IN THE TREATMENT OF INCIPIENT PHTHISIS.

BY E. A. WILSON, M.D., ROCKVILLE, CONN.

[Read before the Connecticut Homœopathic Medical Society.]

THE reports of the four cases brought to the notice of the Society are taken from my last year's practice, and in each case I have been able to have the sole management. In none of the cases was I the first physician. I wish to particularly emphasize the fact that phthisis in its incipient stage only is to be dealt with.

CASE I.— Jennie B., age 26, spare build. For about a year has had slight cough in the morning, and on exertion; pain in left chest on inspiration, sensitive on pressure; expectoration frothy and occasionally stained with blood; fever in the evening; night-sweats about twice a week, generally about four o'clock in the morning; loss of flesh quite marked. March 15, 1886, examination showed depression in left supra-clavicular region; dulness on percussion over an area extending from the clavicle to the fifth rib; chest walls extremely sensitive to pressure. Auscultation: tubular breathing; moist râles; vocal fremitus increased; heart-sounds intensified. Respirations 22, pulse 108; temperature, morning 99.3°, evening 101°. For about six months has been taking cod-liver oil and Fellows' Syr. Hypophosphites. No benefit has been derived. *Phosphorus* 3x., tablet every six



hours. No more night-sweats; cough grew less in about two weeks, and gradually disappeared; improvement was rapid and general. March 31, the end of the fourth week, she began full inspirations at night and morning. June 1, coughs only in damp weather, and then very little. Complains of cold feet and limbs. *Calc. sulph.* 6x., tablet at night. June 28, reports that she thinks she is cured. Left town, and now writes that she is well.

CASE II. — Edward H. P., age 23, spare build. Father and older brother died of consumption within a year. He has had two slight hemorrhages within the last six months; has been taking cod-liver oil, Fellows' Syrup of Hypophosphites, syrup of iodide of iron, but with no benefit. April 10, inspection: left chest flat over second, third, fourth, and fifth ribs; inspiration hardly visible on that side; expiration slow and labored; percussion flat. Auscultation: moist râles; vocal fremitus increased; heart-sounds intensified; dyspnoea; night-sweats; cough constant; expectoration viscid, salty in taste, blood-streaked. Respiration 26; temperature, morning 99°, evening 102°. Pulse from 95 to 120. *Phos.* 3x., every four hours. The third night there was no sweat, nor has there been any since; less cough at night; expectoration whitish, and easier to raise; appetite improving; gained three and a half pounds in weight the first two weeks. May 10, "feels so much better that he said he would not need any more medicine." His condition had improved in all ways; slept all night without cough; temperature, evening, 99.4°. June, July, and August showed a steady improvement. In October was married. April 15, says he is a perfectly well man.

CASE III. — Kate D., 19, tall and slight. In March, 1886, brother died of consumption. At that time was complaining of pain in left chest, and cough, loss of flesh, and occasional night-sweats. Took Fellows' Syrup of Hypophosphites until October, then began cod-liver oil, which nauseated her. Has grown weak very rapidly in the last six weeks. Oct. 24, came to my office in a carriage, was scarcely able to walk. Very marked dyspnoea and prostration; voice nearly gone, generally whispered; had a hemorrhage of bright red blood a week ago, about two mouthfuls as she said. Percussion: marked flat sound over upper third of left lung; left chest is almost immovable. Auscultation: loud sibilant râles; tubular breathing; heart-sounds intensified. Respiration 35; pulse 120; temperature, morning 100.2°, evening 102°; night-sweats frequent and very profuse. She could not stand alone over two minutes. She fainted before I finished the examination, and so it was incomplete. Menses have been irregular and scanty for four or



five months. Diarrhœic tendency. Phos. 3x. every four hours. Oct. 31, reports as much improved; night-sweats ceased on the third night; no more diarrhœa; coughs very little at night; appetite and strength improved; walks across the room alone. From this time she gained rapidly for five weeks, when she caught cold and complained of sharp stitches in left side. Bry. 30 cured in two days. Dec. 15, phos. 3x. night and morning; now instructed her to take one full inspiration five or six times a day, always breathing with the mouth closed. Her progress was rapid, and Feb. 23 I discharged her with no cough or expectoration. Her weight had increased from 115 to 138 in four months. She took sac. lac. for the last month, one tablet at bedtime.

CASE IV. — Alfred W., 19, slight build. Father and two brothers died of consumption in 1885 and 1886. He has had catarrh all his life; has been losing flesh for several months; cough; expectoration; dyspnœa; night-sweats; diarrhœa; two slight hemorrhages in the spring.

Sept. 12, percussion: dulness over second, third, and fourth ribs on left side, over a space of about 2 by 5 inches. Auscultation: moist râles; tubular breathing; heart-sound intensified. Pulse 110; respiration 30; temperature, evening, 100°. Phos. 3x., three times a day. He did not report again until Dec. 5, when I found his condition very much worse. Dulness over the whole left chest, with marked flatness in the upper portion; loud sibilant râles; respiration very slight; expiration slow and labored; pulse 120; temperature 102°; respiration 44; sputum purulent, sinks in water, often blood-streaked. Phos. 3x., tablet every three hours. Dec. 10. Night-sweats ceased; diarrhœa much improved; cough not so violent; sputum copious and frothy; pulse 116; temperature 100.3°; respiration 38. He is now in bed. From this time until February he continued the phos. 3x. with improvement in every way. Feb. 6, complained of cold feeling; was anæmic. Ferrum phos. 6x., morning and night. During March remained about the same, except that his appetite was irregular. April 10, complained of sore throat on the left side; passive congestion; stitch-like pains; dysphagia. Lachesis 30 cured in three days. His cough tightened; slight and difficult expectoration; suffocative attacks at night. Phos. 30 relieved at once.

April 23, phos. 3x., because the patient said it made him feel better than any other medicine. May 1, is up and dressed one or two hours a day. The prognosis of this case is, to my mind, exceedingly grave; but it seems to me that without the phos. he could not have survived the winter.

As all the cases had been under the ordinary routine treatment for phthisis, and with no benefit, I gave phosphorus as a

last resort, having confidence that certain symptoms would be more relieved by it than by any drug I knew; viz., difficult and blood-streaked expectoration, dyspnoea, hoarseness, night-sweats, diarrhoea, loss of strength, and rapid emaciation.

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*PLASTIC OPERATIONS ON THE EYE AS PERFORMED  
BY PROFESSOR KUHN AT JENA.*

BY DR. AUGUST A. KLEIN.

CASE No. I. A young man twenty-one years of age, glass-blower, presented himself at the clinic with the following condition: Left eyelids swollen, red. Conjunctiva œdematous, injected. Cornea hazy, a gaping wound of about a quarter of an inch in length at lower quadrangle; iris protruding; severe pain in eye and through left side of head. Vision in left eye, only perception of light. Right eye normal.

*History.*—While at work a hot piece of glass had flown into his eye; it was removed by the foreman of the factory.

Prognosis very doubtful.

*Treatment.*—Ice-bags day and night. On the following day the swelling had considerably diminished, so much so that an operation could be performed. The patient was put under the influence of chloroform. The professor performed iridectomy of the protruding iris, and then removed the thickened and infiltrated upper edge of the corneal wound. This caused a gap in the cornea about a twentieth of an inch wide. The conjunctiva was then separated from its attachment around the lower half of the cornea, and about a quarter of an inch from the sclerotic, a vertical cut having been made in it at the vertical meridian. It was then sewed together over the wounded and gaping cornea, covering the wound and lower half of the cornea completely. An incision was then made on each side, and as far back as possible, to prevent too severe stretching of the sutures. Iodoform and a light bandage were applied; the patient put to bed, and the ice-bags continued. Next day the eye presented a very swollen appearance, and the patient was suffering severe pains; leeches were applied to temple of the injured side, and ice-bags continued. Next day the swelling had gone down considerably, and the patient had less pain. Ice-bags were continued until all inflammation had gone. Six weeks after the operation, the patient was considered well. The corneal wound had united, with adhesion of the conjunctiva. The patient could read five-ninths, and although he had a large coloboma, yet, the conjunctiva covering that part of the cornea, it was less observable than it would have been otherwise. The patient's eye had been saved.

CASE No. 2. A young man nineteen years of age presented himself at the clinic with a scar about an inch long over the left eyelid, drawing the lid away from the eye, exposing the globe, and causing a severe deformity.

*History.* — He had indulged in too much beer with a companion, and finally they quarrelled, his friend throwing a beer-tumbler at his head, taking off a piece of skin about an eighth of an inch wide. A physician, having been called, stitched the edges of the wound together, with the above result.

*Treatment.* — The patient was put under the influence of chloroform, the scar excised, and a model of the wound taken; a piece of skin the shape of the model, only a little larger, was then taken from the patient's arm, and placed over the exposed surface of the wound over the eye; the edges of the wound having been undermined, the edges of the flap were pushed underneath them, so that the flap-edges were completely covered for about a sixteenth of an inch all around. An incision was made in the centre of the flap for drainage, iodoform and a firm bandage applied, and the patient put to bed. On examining the wound on the fifth day, the flap was found adherent; the edges of the wound had retracted, and appeared shrivelled, yet not exposing the flap-edges. In about three weeks, the wound had healed, with complete removal of deformity, and only a slight scar around the flap. Not a suture had been used in this operation.

In speaking to his class about this case, the professor said that the frequent failure of plastic operations was due to stitching the flap-edges to the wound-edges, which caused them to become necrotic, and thus cause the death of the flap. If the skin surrounding the wound was undermined, and the edges of the flap pushed underneath, they would have a healthy, firm, and the best antiseptic covering that could be procured. Another point of great importance in plastic operations was the perforation of the flap so that it would lie close to the surface of the wound, to which it should be held by a firm bandage. It should not be examined before at least five to seven days.

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DOCTRINES OF THE ORGANON.<sup>1</sup>—PRIMARY AND AFTER EFFECTS.

BY LEWIS BARNES, M.D., DELAWARE, O.

WE are told in Sect. 63, that "every drug . . . produces a certain change in the state of health of the body," and that "this is called *primary effect*;" that there is a re-action of the vital

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<sup>1</sup> Reprinted from the *Medical Advance*, July, 1887.



force which "endeavors to oppose this effect, . . . and it is called after-effect or counter-effect;" and that (§ 64) "during the primary effect . . . our vital force seems to be only receptive or passive," "compelled, as it were, to receive the impression made upon it by the drug," but that afterwards "it seems to rally," "and the result may be twofold," — first, "the exact counterpart of the primary effect;" second, "where nature affords no exact opposite condition," the vital force appears "to put forth its superior strength" to extinguish the effect of the drug, and to establish "the normal state of health, which is the *after-effect, or curative effect.*"

The "twofold" action referred to, called counter-effect and after-effect, amount to the same thing, for in § 65 they are no less than four times employed thus together.

Hence our drugs are to be so given that the so-called primary effects must correspond with the symptoms of disease. They are, indeed, the chief if not the only forces of the drugs, those that come afterwards in an opposite or counter form being the opposing powers of the vital force. The point here is, that cure results, not really from the drug, but from vital action excited by it; this is opposite the disease, because it is against the drug, which acts like or with the disease. But medicines given in seeming opposition to disease are really in opposition to the vital force, which is acting or re-acting against the disease. This action of the drug, therefore, may serve to check disease in a measure, that is, to palliate it; but in so doing it weakens and impairs the vital force, which is the only really curative agency. And thus permanent mischief is likely to result.

Such is the clearly expressed doctrine of the *Organon*. It is not my present purpose either to approve or deny its truth, but simply to show what the Hahnemannian teaching is, and, as far as his authority is concerned, to settle the vexed question as to whether cures are wrought by the primary or secondary effects of drugs. The point is clearly in favor of the primary as the essential agency. It is important to have this fixed in the mind. If any one is in doubt about it, he should examine the sections above quoted, and see; for a serious matter hangs upon it.

The matter is this: Our provings appear to be made up of an indiscriminate mixture of primary and secondary effects, — drug-effects, and counter-effects of the vital forces; those that are like and those that are unlike. Here lies before me now, while writing this, a published account of a proving, in one of our very best magazines. A drug, no matter what, or what potency, was taken — three, six, and nine doses — on three successive days. Would the primary and secondary mix during that time? Let us waive that, for we have ten pages of symptoms recorded day

by day for *seventy-four* days, — all given as medicinal effects of the drug! recorded as guides for its use! What a mixture of primary and secondary, allopathic and homœopathic, even supposing them all to be drug effects! How much of our *materia medica* has been composed in a similar way? Perhaps you will say that it is reliable and proper, for all that, and will appeal to cures in favor of your statement. I have nothing at present to say in reply, except *that it violates the clear teaching of the Organon.*

I am aware that it is said (§ 112) that after-effects “are rarely if ever perceived after moderate doses administered to healthy persons, for the purpose of experiment; and they are altogether absent after minute doses.” This looks, at first sight, as if all effects might be chargeable to the drug as primary. But it may be answered, that the implied reason why they do not appear is, because they are too weak to be “perceived.” We may conclude, therefore, that, if counter-effects *do* appear, it is evidence that they belong to the vital force, and not to the drug; and have no proper place in the drug record.

We are told further (§ 115), that some drugs produce effects which appear to be counterparts of other symptoms, but which “are not to be regarded as actual after-effects or counter-effects of the vital force, because they merely indicate an alternation or fluctuation of the various stages of the primary effect.”

These contrary symptoms, moreover, appear only “in regard to certain minor features,” and in characteristically important ones. And since they constitute a mere “fluctuation,” they should appear in close connection with the characteristic primary effects. If they appear some hours afterwards, can they be called fluctuations? If some days after, are they not “after-effects”? If new symptoms appear after days or weeks, whether contrary to those of the first days, weeks, etc., or not, should they not be assigned to re-actions of the system instead of being counted as primary effects of the drug? This is upon the idea that they come in consequence of the drug. But who knows or can know that such is the case? After-effects are not necessarily counter or contrary. Most symptoms, the most important ones, indeed, have no opposites. Such are all the pains. Their opposites are mere absences, — states of ease, — which are not recorded among symptoms. Such are mental disturbances, the most important of all, since their opposites are normal states. But when the system is impaired or disordered by a drug, or any evil agent, its re-action may appear in many disordered states, depending perhaps upon its comparatively weaker or stronger points. Why count them as characteristics of the drug?

After-effects may be called responses of the system, and each



system may respond in its own way, each somewhat differently from every other, just as each man's mind may respond differently from other minds, to the same invading influence. After-effects, therefore, should not be assigned to the drug so much as to the peculiarities of the "prover," which may not appear in another person, or perhaps in the same person at another time. This is an important reason why the experiences of provers should not be recorded as parts of a materia medica, unless they have been repeatedly observed in different persons.

I am aware that these facts will be unpalatable to many of our enthusiastic friends, who do not wish to have their terribly redundant materia medica stirred up and shaken. Once, at a meeting of the American Institute, I was privately expostulated with by one of our noblest college professors, for comparing the ideas of members with pure facts. He said they did not like to be held to the strict rules of evidence. But the time is at hand when they must be. We shall never stand upon solid ground until our system is developed in this way.

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### CEPHALALGIA SATURNINA.

BY S. M. GRIFFIN, M.D., DANBURY, CONN.

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

PERHAPS no single symptom is so frequently, obtrusively, and persistently presented to the physician's notice, as headache; and the day that passes without at least one prescription for this omnipresent malady is a remarkable exception. There is a special headache for each hour of the twenty-four, and frequently one that has all hours for its own. There is, doubtless, a distinct headache for each separate disease of every organ in the body, — headaches that come on in a greater variety of conditions and in more ways than the water comes down at the cataract of Lodore.

But sometimes we, as one may say, meet a bushwhacker, a free lance, — a headache apparently unconnected with any other symptom. It is just a headache; "only this, and nothing more." Go down the entire length of the patient's system, examine every organ, seek subtly to extort a *quasi*-admission from the victim regarding some other lesion: it is all in vain; it is a headache with no characteristic and no identity.

Such an one obtruded itself on the writer's notice two years since. The patient was a lady in otherwise excellent health, quite past the climacteric, hale and hearty in appearance, a farmer's wife in well-to-do circumstances and healthy surroundings.



The headache was chiefly peculiar in that it had no peculiarities. It came on at very irregular intervals, and from no apparent cause, and lasted a few hours or as many days. In no other respect did the system suffer. I had been recently introduced in this family, — a family of decidedly allopathic tendencies, and they evidently expected my remedies to cure that headache if they possessed any virtues whatever. With very little on which to hang a prescription, one's imagination must perforce be drawn upon; and *nux* was given upon the supposition that the patient, being a good liver, was overfed. Again *belladonna* was prescribed for real or fancied turgescence of the cerebral blood-vessels. Or *sepia*, when the derangement was thought to have followed the climacteric. Anon *mercury* was exhibited, chiefly because no other remedy was indicated. Again *sulphur*, since that remedy is to be poured in as shrapnel, when no target is visible for a ball. Still the disease was not even mitigated, either in frequency or severity.

After repeated attempts, two symptoms only were discovered, — the pain was most severe at the vertex, and was sometimes accompanied with vertigo. This reduced the possible number of remedies from forty to fourteen. After perhaps a year's occasional prescribing, when riding by the house, musing on the unalloyed bliss of a physician's life, a group of excited persons were seen in the yard beckoning me to approach. The lady had suddenly become very dizzy, and fallen heavily to the ground. It resembled a paralytic seizure, but no symptoms ensued that should have followed an attack of that kind. From this time the paroxysms increased in frequency and severity, especially the vertigo, which detained her in bed often for three days.

After a time, and led possibly by these symptoms, it occurred to me that the lady's hair retained its color in quite a remarkable degree, and questions were put on this subject.

With an embarrassment that would have been charming in a lass of fourteen, the punctiliously truthful old lady confessed that she had used a little — just a little — of a hair-dressing that she knew to be harmless, as she had used it for a long time. By dint of persuasion the bottle was produced, and a sample obtained, which, when tested, was found to be strongly impregnated with lead. This discovery was convincing; the strictly "Vegetable Hair Renewer" was abandoned; and simultaneously with the appearing of a light streak where the hair was parted, the much-combated headache voluntarily retired from the field.

No other symptoms of lead-poisoning could be found, save those stated in the above report.

## GLEANINGS AND TRANSLATIONS.

COMMON-SENSE UTTERANCES. — Patients sometimes come to us, saying that they have ailments involving certain organs, and desire us to set things in proper order ; and this they do with an air which shows very clearly that no doubt of our ability to do as they suggest for a moment enters their minds. Another wants his blood cleansed. He says the vital fluid is impure, and he would like something to clarify it. Poor fellow ! he knows not what he asks. Wherewith shall a doctor cleanse the blood ? In what respect is his blood impure ? Oh that people could have their ideas of pathology sifted ! The blood impure, and physicians the scavenger agents !

What a relic of the dark ages ! We smile at the ignorance and credulity of such people ; but do they deserve to be made the butt of our mirth more than those of our own colleagues, who believe the two hundredth or two thousandth attenuation of *pulsatilla* capable of turning the child in *utero* ?

Let physicians be frank in their teaching, without regard to the effect on homœopathic claims. If animated by true motives, we are not endeavoring solely, or mainly, to establish the verity of certain dogmas ; but, like honest philosophers, we are seeking the truth, the whole truth, and nothing but the truth. We feel sure that a grand and simple principle of cure for disease has been discovered ; but we do not yet know that it is universal, and applicable to all organic and inorganic substances now employed as remedies. — DR. SHELDON LEAVITT, in *Clinique*.

HEADACHES IN DIAGNOSIS. — The “Pacific Record of Medicine and Pharmacy” says : 1. When pain is located between the ears at the occiput, below the lambdoidal suture,

The gastro-digestive apparatus, the automatic centres of life, and the sexual organs will be the seat of disturbance.

2. When pain is located in the region of the parietal bone, from the coronal to the lambdoidal suture, and from the squamous suture to the superior outline of the parietal eminence,

The duodenum and small intestines will be the seats of disturbance.

3. When pain is located in the forehead, from the coronal suture to the superciliary ridges below, and within the temporal ridges on either side,

The large intestines will be the seat of disturbance.

4. When pain is located below the superciliary ridges includ-

ing upper eyelids, to the external angular processes on either side,

The nasal passages and buccal cavity will be the seats of disturbance.

5. When pain is located in the temporal fossa, from the squamous suture to the zygoma below, and from the temporal ridge to the mastoid process,

The brain and its meninges will be the seats of disturbance.

6. When pain is located at the vertex, from the coronal suture and two inches posterior to it in the median line, and two inches on either side of that extent,

In the female the uterus, and in the male the bladder, will be the seat of disturbance. —DR. C. BENSON, in *Medical World*; *St. Louis Periscope*.

A CASE OF DIFFICULT VERSION. (By William T. Lusk, M.D.) — I was recently called at midnight to the Emergency Hospital, to a case of shoulder presentation, the patient having been sent to the hospital twelve hours after the complete prolapse of the arm into the vagina. On my arrival, the hand was outside the vulva, the arm greatly swollen, and the shoulder so wedged into the pelvis that the introduction of the hand into the uterus, to accomplish version, was rendered impossible. In this dilemma I recalled a paper by Dr. F. P. Foster, published in the ninth volume of the "American Journal of Obstetrics," "On Prolapse of the Arm in Transverse Presentations," in which the author gave the history of a case in which he had succeeded in elevating the cephalic pole by seizing the arm and pushing gently upward in the direction of the os brachii, so that with the index-finger alone in the cervix he managed to reach the breech of the child.

In my case the head was to the right, the belly to the front, and the right arm presenting. Owing to the protracted course of the labor, the uterus was firmly retracted. However, after anæsthetizing the patient, I succeeded, by persistent efforts, in replacing the arm in the uterus by Dr. Foster's manœuvre, thus rendering it possible to introduce the hand into the uterine cavity and bring down a foot. Without the hint derived from Dr. Foster's paper, I should have been obliged to resort to embryotomy. I report the result briefly, to prevent a most serviceable plan of treatment from being forgotten. — *New York Medical Journal*.

WATER TESTING. — The following tests for water should be made widely known among those interested in water supply. For hard or soft water: Dissolve a small quantity of good soap



in alcohol. Let a few drops fall into a glass of water. If it turns milky, it is hard; if not, it is soft. For earthy matters or alkali: Take litmus paper dipped in vinegar, and if, on immersion, the paper returns to its true shade, the water does not contain earthy matter or alkali. If a few drops of sirup be added to a water containing an earthy matter, it will turn green. For carbonic acid: Take equal parts of water and clear lime-water. If combined or free carbonic acid is present, a precipitate is seen, to which if a few drops of muriatic acid be added, an effervescence commences. For magnesia: Boil the water to a twentieth part of its weight, and then drop a few grains of neutral carbonate of ammonia into a glass of it, and a few drops of phosphate of soda. If magnesia be present, it will fall to the bottom. For iron: (1) Boil a little nutgall, and add to the water. If it turns gray or slate, black iron is present. (2) Dissolve a little prussiate of potash, and if iron is present it will turn blue. For lime: Into a glass of the water put two drops of oxalic acid, and blow upon it. If it gets milky, lime is present. For acid: Take a piece of litmus paper. If it turns red there must be acid. If it precipitates on adding lime-water, it is carbonic acid. If a blue sugar-paper is turned red, it is a mineral acid. — *The English Mechanic and World of Science; Homœopathic Review.*

**PHTHISIS IN THE UNITED STATES.** — Contrary to the opinion generally entertained, this country, taken as a whole, would seem to be favored above others as regards the liability of its inhabitants to pulmonary phthisis. According to Hirsch, the average number of deaths from phthisis is about three per thousand, and in many of the more populous regions of Europe it runs up to six or seven per thousand. In a paper on the "Geographical Pathology of Consumption," read by Dr. G. W. McCaskey before the Indiana State Medical Society, in May, 1885, a number of statistics gathered from the United States Census Reports are presented, showing the mortality rate from the disease in this country. These tables reveal the fact that the mortality from phthisis in the whole country is only 1.8 per thousand, or less than that in Switzerland. Of course, the large centres of population present a much less favorable showing than this. The New-England and Middle States and California show the highest percentage of deaths; the Interior and Lake States are very near the average for the whole country; while the South Atlantic and Gulf States, and the States and Territories west of the eighty-fifth meridian (except Texas and California) have a mortality of hardly more than one per thousand. Another fact at variance with the general belief, which is shown from Dr.

McCaskey's tables, is, that consumption is not, with any thing like uniformity, more prevalent on the sea-coast than inland. — *Medical Record.*

HYPNOTISM AND CHILDBIRTH. — A very interesting communication was presented to the Paris Academy, at its session of July 12, by M. Mesnet, concerning a case of labor which progressed to a successful termination while the woman was in a state of induced somnambulism. The patient had previously been under Dr. Mesnet's care, and was known to be a good "subject." She was of a neurotic temperament, and had presented many hysterical symptoms of an aggravated character, which had been much benefited by treatment.

Labor began normally; but, possibly on account of the exalted nervous susceptibilities of the woman, the pains were more than usually severe,—the patient complaining bitterly. Somnambulism was now induced by M. Léon, the interne; but the woman still felt the pains as before. She was then told that her pains were less severe, that they were gradually disappearing, and that she would suffer no more during the rest of her labor. After this, she ceased to complain; and declared that she felt no pain, although the uterus was contracting energetically at intervals of two or three minutes. All went well for two or three hours, until the bag of waters burst, when the sensation of pain apparently returned; and the woman seemed to suffer as much as if she had been in the possession of her normal faculties. At the expiration of two hours more, the labor was terminated,—the woman still being in the hypnotic state. She inquired the sex of the child, and expressed keen disappointment on learning that it was not a girl, as she had hoped that it would be.

After the bed had been changed, the woman was awakened; and then remarked on the presence of the doctor at such an unusually early hour, and asked if she had slept long. Soon after, having by chance placed her hand on her abdomen, her surprise at the disappearance of the swelling was extreme. She remembered nothing of all that occurred while she was in the hypnotic state. She inquired again as to the sex of the child, and expressed her disappointment, as before, on hearing that it was a boy. A few hours later, she was again hypnotized; and then related all the circumstances attending her confinement during the previous night.

It is, of course, improbable that the analgesic influence of hypnotism will ever be used—except in very occasional instances—in ordinary labor; and the case just cited possesses more interest to the psychologist than to the obstetrician. It is interesting, however, in the highest degree to the metaphysician,

since it demonstrates so clearly the possibility of a dual existence. The memory of the woman while in her normal condition was a blank, as far as concerned the knowledge acquired by her in the hypnotic state; yet, upon passing again into this condition, she was able to recall perfectly every thing that had occurred previously in her somnambulistic existence. It would appear, however, that the converse of this did not apply; for the woman remembered, while hypnotized, much, if not all, that had happened to her in her normal state. — *Medical Record.*

TREATMENT OF HEADACHE BY PRESSURE. — At a recent meeting of the Paris Biological Society, M. Féré read a note on the treatment of hysterical headache by pressure. Manual pressure in such cases being too tiresome for the operator, on account of the length of time required, the author had recourse to a mechanical contrivance. The instrument best suited for the purpose consists of cushions filled with shot, which may be in any shape. In this way a head-piece may be made, by which any required pressure can be applied. In four cases treated by the author, satisfactory results were obtained by this plan. When, however, the pain — as is often the case — is in both temples, the difficulties of compression are best overcome by means of a compressor provided with a spring, as constructed by M. Aubry. — *British Medical Journal; Maryland Medical Journal.*

A NEW AID IN THE DIAGNOSIS OF GASTRIC DISEASE. — It is a point of capital importance in the diagnosis and treatment of diseases of the stomach, to determine the motor power of the organ; or, to be more accurate, the period that elapses between the entrance of food through the cardiac orifice and its exit through the pylorus. The chemical properties of salol have enabled Ewald ("Wiener med. Presse," 1887, No. 28) to accomplish this desirable object. The decomposition of this substance, and consequent appearance of salicylic acid in the urine, does not begin until it has passed into the small intestine. Salol may be mingled with the contents of the stomach, and kept at the temperature of the body for hours without decomposition. This fact was determined by Ewald in twenty-five experiments. On the other hand, it is rapidly decomposed in the alkaline secretions of the intestine. In healthy persons, salicylic acid appears in the urine in from one-half to one hour after the administration of salol. If this limit is overstepped, the delay may be attributed to pathological changes in the stomach. In eight typical cases of dilatation of the stomach studied by Ewald, salicylic acid could not be found in the urine



until from two to three hours after the ingestion of salol, and in two obscure cases the same observer was enabled to detect dilatation by means of this delayed re-action.

This interesting observation is applicable, not only as a means of diagnosis, but as a test of the effect of treatment; for, by means of it, Ewald has been enabled to determine that both electricity and massage hasten the passage of the chyme into the intestine. — *Medical News*.

PURULENT PERITONITIS CURED BY INCISION AND DRAINAGE. — In the "Revue Médicale de la Suisse Romande" of May 15, 1887, p. 291, Dr. E. Ceppi of Porrentruy publishes a remarkable case of chronic purulent peritonitis in a previously healthy and robust woman of twenty-nine, which was cured by abdominal incision, with drainage. The disease proved to be of gonorrhœal origin, small accumulations of Neisser's gonococci being found in the pus-cells. Similar microbes (diplococci consisting of ovoid cells measuring  $0.85\mu$ ) were discovered also in the purulent discharge from the uterus. This case is the first in which the gonococcus has been found in the peritonitic exudation. — *Medical News*.

EFFECT OF TOBACCO UPON THE HEALTH. — Madame Walitzkaja, a Russian physician, has examined more than a thousand men, women, and children, employed in tobacco-factories in Charcow. She finds that the constant exposure to the tobacco-dust induces nervous disorders of a marked character; such as dilatation of the pupils, exaggeration of the tendo reflex, tremor and dyspnœa. The employees are also subject to headache, fainting, gastralgia, muscular spasms, and nervous coughs without any perceptible disease of air-passages. The author has made experiments on rabbits and dogs, by keeping them in an atmosphere containing tobacco-dust, and finds that similar effects are produced. — *Bull. Gen. de Thérap.; Buffalo Medical Journal*.

CASTRATION OF CRIMINALS. — The following is the recommendation of an enthusiastic sociologist, who proposes castration as a means of limiting crime. The good effect of this kind of punishment upon the criminal class would be fourfold: —

1. No offspring with an inherited tendency to commit crime.
2. An added terror to the punishment inflicted for breaking the laws.
3. A gradual improvement in time of the morals of the public at large.
4. An improvement in the disposition of the person operated upon. — *Medical News*.

## SOCIETIES.

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 WORCESTER-COUNTY HOMŒOPATHIC MEDICAL  
 SOCIETY.

THE second quarterly meeting of the Society was called to order at 10.50 A.M. by the Secretary, the President and Vice-President both being absent.

Dr. Barton was elected President *pro tem.* by the vote of the Society.

Dr. L. A. Phillips of Boston, on motion of Dr. Bennett, was invited to become our guest and to take part in the discussions of the meeting.

The minutes of the last meeting were read by the Secretary, and approved by the Society.

The chairman of the Bureau of Surgery and Gynæcology not being present, the President *pro tem.* called upon the Secretary to read his paper, the subject of which was "Tubercular Osteitis." A lively discussion of the paper followed. Dr. Warren opened the discussion. Dr. Barton inquired, in anticipation of his own paper, what was the contagiousness of erysipelas, which was mentioned in the author's paper as the origin of tubercular osteitis in his reported case.

Dr. L. A. Phillips asked, first: As regards the percentage of success in operating in tubercular osteitis. Second: Was a microscopical examination made of the amputated part in the reported case? And, third: What remedies were successful in the case?

Cases relative to the subject of the paper were next reported by several different members.

The discussion on this paper having been closed by the President *pro tem.*, he called upon Dr. Warren, the chairman of the bureau having the meeting in charge, to take the chair and read his paper. Dr. Warren assumed the chair, but returned the compliment to Dr. Barton, and requested him to read his paper. The paper was offered by request, and was on the subject of "Erysipelas, and its Relation to Puerperal Fever," with a reported case.

Dr. Chamberlain reported cases of erysipelas in general practice occurring at the time he was attending obstetrical cases, with no puerperal fever following. He said that kali permang. and Labarraques' solution, ää ʒj to ʒj water, will remove the obstetrical odor from the hand of the accoucheur.

Dr. Barton said that eucalyptus  $\phi$  will do the same.

Dr. Bennett always washes his hands, before attending a case of confinement, in merc. cor. 1 : 1,000.

Dr. Brown never uses any antiseptics other than soap and water.

Dr. Goodwin lost one case only of puerperal fever after he had most thoroughly disinfected himself.

Dr. J. P. Rand reported a case of puerperal fever, following one of abscess of the thigh, in one who lived a neighbor of the latter. Were they in any way related to each other? The puerperal-fever patient recovered.

At 12.40 P.M., adjourned to dinner at the Bay State House.

On re-assembling after dinner at 1.45 P.M., we found Dr. Nichols of Hoboken, N.J., present with us, and he was invited by the President *pro tem.* to take part in the discussions of the meeting.

The first paper that was called for after dinner was read by Dr. G. F. Forbes, on "Non-specific Urethritis," with reported cases. He opened his remarks by saying that he was surprised by the paucity of literature on this subject in either the homœopathic or the allopathic schools. Here is a fruitful field for some aspiring author to write either a monograph or a book, for the benefit of suffering humanity as well as the bewildered prescriber. Discussion followed.

Dr. Cushing next read his paper on "Homœopathic Gynæcology." In the course of his remarks he said that *helonias dioica* will cure proclidentia.

The President called upon Dr. Whittier to open the discussion of Dr. Cushing's paper; he complied with the request in his usual able manner.

The last paper of the meeting was presented by the Chairman of the Bureau, Dr. Warren, on "Plastic Surgery."

The meeting was adjourned at 4.15 P.M.

Before adjourning the meeting, the President of the Bureau said that he had early notified all those who were appointed on the bureau, and asked them to contribute papers appropriate to the subject. Not one complied.

Every paper presented at the meeting to-day was given at the personal request of the Chairman, for which he heartily thanked the contributors. He said that no good can come from our meetings without personal work and perhaps hard work, and he urged every member of the Society to be ready and prompt to fulfil his part in contributing to the usefulness of the Society's proceedings.

Respectfully submitted.

LAMSON ALLEN, M.D., *Secretary.*



order by the Secretary at 10.50 A.M., in the absence of the President and Vice-President.

Dr. Whittier was elected President *pro tem.*

The minutes of the last meeting were read by the Secretary, and with one correction by Dr. Chamberlain were approved by the Society.

The names of C. E. Perkins, M.D., of Warren, E. D. Fitch, M.D., of Worcester, and P. R. Natts, M.D., of Worcester, were proposed by the Censors for admission to the Society.

Dr. Atkinson was called upon to read the first paper, which was a case reported for consultation from the Society.

The second paper was read by Dr. Mellus. In discussing his paper, Dr. Whittier said that contraction of the cervix uteri is under control of the mind more than we are wont to allow, and cited cases in support of his remarks.

Dr. Perkins wished to know whether any drug or drugs contract a normal, unimpregnated cervix uteri.

At 12.20 P.M. the meeting adjourned to take dinner at the Lincoln House.

On re-assembling at 1.50 P.M., the Society went into executive session. It was moved by the Secretary and voted by the Society, that a committee of three be appointed by acclamation to revise the By-laws of our Society.

Drs. Allen, Goodwin, and N. W. Rand were nominated, and declared elected.

The last paper of the day was read by Dr. Goodwin, on "Labor, how induced." A full discussion followed.

After discussion of this paper was closed, the President, who was in the chair, asked who were in the habit of using the obstetrical binder? Only one raised his hand. The expression of opinion upon the appropriateness of the binder was varied.

At 4.50 P.M. the meeting was adjourned to the next regular meeting.

Respectfully submitted.

LAMSON ALLEN, M.D., *Secretary.*

13 MECHANIC ST., WORCESTER, MASS., Aug. 10, 1887.

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## REVIEWS AND NOTICES OF BOOKS.

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AMERICAN MEDICINAL PLANTS. By Charles F. Millspaugh, M.D. Fascicle VI. New York and Philadelphia: Boericke & Tafel.

It is with pleasure we chronicle the completion of this artistic and valuable work, which has demanded over five years of con-

tinuous labor on the part of the pains-taking and talented author. This, the sixth fascicle, contains plates illustrating many plants in almost daily use with the homœopathic practitioner, such as *æthusa*, *cannabis*, *dioscorea*, *erigeron*, *euphrasia*, *hyoscyamus*, *lycopodium*, *rumex*, *sambucus*, *tanacetum*, *urtica urens*, and *uva ursi*.

The work as a whole contains a hundred and eighty plates. Of the plants illustrated, "a hundred and twenty-eight are truly indigenous, twenty-three are fully naturalized, twenty-two are escapes from gardens, six are cultivated, and one only is too rare to be of much value to the pharmacist." The majority of them are common throughout the northern portion of the United States. "The original intention in regard to drawing the plates from the plants as they stood in the soil has, in the majority of cases, been rigidly adhered to." The drawings have been made to a mechanical scale, and, unless otherwise stated, are of natural size. The coloring has been as nearly *natural* as possible, without especial regard to artistic beauty. Inability to reproduce exact coloring and texture, and the present imperfections of the lithographic process, account for the slight deviations from the natural which are occasionally found.

Presented with this, the concluding fascicle, are to be found the title-pages for two volumes, the dedication, prospectus, and preface, an alphabetical list of remedies, and the natural arrangement of the plants included in the work; also an appendix containing a full glossary, bibliography, and bibliographical index. The alphabetical index is complete, and reference to a given subject is rendered an easy task. A list of errata is also given, which is commendably small, considering the extent of the work and the time occupied in its publication.

The author and publishers deserve the hearty congratulations of the profession on the completion of a work whose merits are neither few nor small. The character and scope of the work are too well known to need further comment, and it is to be hoped that its utility will be practically appreciated and called into service. By such appreciation only can the profession discharge its debt to author and publishers.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Edited by Richard Hughes, M.D., and J. P. Dake, M.D. Part VI. Chromium-Conium. London: E. Gould & Son. New York: Boericke & Tafel.

Another instalment of the Cyclopædia is upon us, and almost before we have half-way familiarized ourselves with Part V. The thought suggests itself: if the subscribers to the Cyclopædia devote themselves as assiduously to its careful reading or study

as the editors are doing to its construction, the day of its completion will indeed be a day of rejoicing to diseased humanity, as well as to homœopathy.

The pathogenesis of chromium is concluded in the present part, and a very instructive and suggestive series of selected cases of poisoning are presented for consideration. *Cicuta* presents but one proving, an heroic one however, which, with the serious cases of poisoning recorded, offers most convincing testimony to the powerful toxic properties of the drug. *Cimicifuga* follows with quite a full pathogenetic record. It is with no little satisfaction one reads the series of provings (No. 14) made upon forty-six students, who were entirely ignorant of what they were taking. In at least ten different instances, the provings were so nearly alike that one would suppose them copied from a single record but for the fact that the style of expression was different in all. *Cina*, the next drug in order, is somewhat overshadowed by *santoninum* in regard to the number of provings and poisonings recorded. *Clematis*, one of the least toxic of the drugs included in this part, has nearly twenty pages of provings, which prove, perhaps, less interesting reading than the presentation of *coca* and its alkaloid *cocainum*, the recent popularity of which has offered numerous opportunities for intentional and unintentional provings and poisonings. *Cocculus* is rather briefly disposed of, chiefly because no provings have been added to those of Hahnemann and his fellow-workers. Its alkaloid *picrotoxinum* has scarcely a page devoted to its single proving and its record of "experiments on animals." This at first sight seems almost unaccountable, and it suggests a field for practical work. About twenty pages are occupied with a recital of provings of *coccus cacti*, the cough symptoms being particularly interesting. *Coffea* and *caffeinum* present sufficient corroborative evidence in their provings and poisonings to convince the most sceptical that coffee is not wholly a harmless beverage. Quite a thorough study of *colchicum* has been made, *colchicinum* coming in with a short proving. The fact seems to have been entirely overlooked by writers in our school, that so many cases of poisoning by *colchicum* have been mistaken for cholera and even treated "as a case of cholera, with emollient and narcotic medicines." The suggestiveness of this fact is obvious. *Collinsonia* reports but two provings, and occupies scarcely one and a half pages. Its wide reputation is therefore based upon "clinical experience." *Colocynthis*, on the other hand, exhibits a pathogenesis that possesses strong characteristics, which are reflected in the record of *colocynthinum*, though not particularly intensified thereby. *Comocladia* does not long claim attention, and one



passes quickly to the pathogenesis of conium, which begins on the opposite page. The provings of and poisonings by this classically renowned drug are presented to the reader, and a beginning is made in the record of selected "experiments on animals," but for the conclusion of the same it will be necessary to wait the appearance of Part VII. In the mean time, only a little energy and co-operation will be needed to enrich the pathogenetic records of cocculus, cina, and collinsonia, which in this number give evidence of the necessity for such work. No more useful work than this could be suggested to our medical societies, and the results might easily be incorporated in the appendix to Vol. II.

THE ELEMENTS OF MODERN DOMESTIC MEDICINE. By Henry G. Hanchett, M.D. New York: Charles T. Hurlburt, 1887. pp. 377.

This volume is a plain and practical guide to the prevention and safe home-treatment of the more common diseases, with directions as to the proper procedure in emergencies pending the arrival of a physician. For convenience in treating his subject the author has divided the lifetime of man into periods, the peculiarities of each being in this way easily emphasized. His desire, as stated in the preface, is to give "advice, instruction, warning, help," and "to give them simply, directly, plainly, practically, and safely." The method of medication recommended is the safe, sure, and speedy one known as homœopathy (though in this connection exceptions might be taken to the advice given on p. 99, to *mix* gelsemium and bryonia in the same glass in the treatment of measles), although the potent influence of nursing, diet, hygiene, exercise, mental and moral influence, is recognized, and each of these is assigned its place. The author repeatedly reminds his readers that they are not "doctors" because they own or read the book; the book may be made, upon occasion, to take the place of a physician, and consultation of its pages may help decide when a physician's presence and advice are needed. The book is wholesome in tone, and wise in counsel, and adapted in many ways to do good work among the laity.

SEXUAL HEALTH: A COMPANION TO MODERN DOMESTIC MEDICINE. By Henry G. Hanchett, M.D. New York: Charles T. Hurlburt, 1887. pp. 86.

This little book, whose contents, the author tells us, are supplementary to those of his "Modern Domestic Medicine," would have been incorporated with the body of that work, but for domestic prejudice against allusion to any thing relating to sexuality being placed within possible reach of the younger members

of a household. Published thus, in a separate volume, the parent may permit or withhold its perusal at pleasure. The work contains plain and practical teaching with regard to "Sexual Health of the Male," "Sexual Health of the Female," "Marriage and Reproduction." The little sermons are cleanly in phrase, and well-meant in aim; but we cannot help protesting against any teaching whatever on marriage, and above all on the ethics of marriage, being offered by one who, like Dr. Hanchett, believes that the best "advice to those men and women who have a purpose and an object in living, who can rule their own bodies and spirits, and who wish to attain the highest development and usefulness of which human nature is capable, is *not to marry*" (*Italics ours*). "The life of chaste celibacy . . . is undoubtedly the highest ideal, and gives best promise of health, happiness, and usefulness." So St. Paul taught, it is true; but both in the theories and customs of marriage, the world has made a long step toward "purer manners, better laws," since St. Paul spoke his honest mind. Dr. Hanchett's teachings on these subjects are therefore, to say the least, anachronistic, and, to say the full truth, potentially most mischievous to those not having the fixed and high convictions which render such teaching both unnecessary and repulsive.

WHAT TO DO IN CASES OF POISONING. By William Murrell, M.D., F.R.C.P. Edited by Frank Woodbury, M.D. Philadelphia: The Medical Register Company, 1887. pp. 158.

This is the first American from the fifth English edition of a most valuable little book. The introductory chapter deals with the general management of cases of poisoning, — the diagnosis, the prognosis, the antidote bag and contents, the legal aspects of cases of poisoning, etc. The poisons are discussed in alphabetical order, the symptoms of each being clearly given, and the treatment in full being described. As a study in symptomatology, the book is of no small value; and its practical nature, its general characteristics, and the importance of the subject treated render it well-nigh indispensable to every physician. It forms No. 2 of "The Medical Register's Practical Series."

THE CURABILITY OF INSANITY, AND THE INDIVIDUALIZED TREATMENT OF THE INSANE. By John S. Butler, M.D. New York and London: G. P. Putnam's Sons, 1887. pp. 59.

This little volume presents to the reader in an impressive manner some of the changes in the methods of treating the insane within the last forty years or so. The author believes in the curability of insanity by moral influences, social agencies, and humane treatment generally. The book is written by a

philanthropist, a physician who has not outgrown his humanity ; by one whose helpfulness it is vivifying to meet in a life whose limitations and accidents, as met by the physician at every turn, do not tend to the growth of an optimistic spirit. Dr. Butler believes — and carries his readers with him in his enthusiasm — that by a cultivation and proper use of the will, and of the mental and moral faculties, not only may the cure of many cases of insanity be brought about, but the development of the morbid condition itself may be frequently prevented. Though not in any sense a text-book, the reader, medical or lay, cannot but derive assurance and helpful suggestion from a careful study of its pages.

THE STUDENT'S GUIDE TO DISEASES OF THE EYE. By Edward Nettleship, F.R.C.S. Third American, from the fourth English edition. Philadelphia: Lea Brothers & Co., 1887. pp. 460.

This is another of those publications arranged on the student-manual plan. The last edition appeared in 1883, and this now follows with an addition of some sixty pages. The change is one mainly of construction, and of enlargement in theoretical considerations. Methods of treatment of cataract, before and after operation, have been much improved on during the past few years, and this of necessity would require more space in a book adapted to the demands of the very present time.

There has also been added a list of test type, and a description of the various constructions of perimeters.

Its distinctive feature, from other works of its kind, is its chapter on "Examination for Color Perception," by William Thomson, M.D. ; and its Part III., being some forty pages, treating of "Diseases of the Eye in Relation to General Diseases," a most valuable chapter, and, so far as we know, only to be found heretofore in a separate publication, entitled "Gower's Medical Ophthalmoscopy."

The book is well printed, and is of convenient size, and on the whole would prove of good service to the possessor.

A HANDBOOK OF GENERAL AND OPERATIVE GYNECOLOGY. Vol. I. By Dr. A. Hegar (University of Freiburg) and Dr. R. Kaltentbach (University of Giessen). In two volumes. This is also Vol. VI. of *CYCLOPÆDIA OF OBSTETRICS AND GYNECOLOGY* (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

The volume before us is the work of authors with whom American physicians as a rule are but slightly acquainted. The subjects treated of are gynecological examinations, minor ther-



apeutical technique, and elementary operations, by Hegar; extirpation of ovarian tumors, by Kaltenbach; and castration, by Hegar. The operations mentioned are described with the minutest attention to detail, and the most recent improvements in instruments and technique receive due recognition. Illustrations are abundant, and many of them will be new to the reader. The volume reflects the opinions of the most successful gynecologists of the day, and is sure to prove a satisfactory addition to the physician's library.

A PRACTICAL TREATISE ON DISEASES OF THE HAIR AND SCALP.  
By George T. Jackson, M.D. New York: E. B. Treat, 1887.  
pp. 356.

The treatment of diseases of the hair and scalp has been and is too often relegated to the province of charlatanry, and the present work may do useful service in attracting the attention of educated practitioners to the subject. The anatomy, physiology and hygiene of the scalp and hair are dismissed in a few chapters forming a sort of introduction to the real work of the text. Part II. deals with the essential diseases of the hair, Part III. with parasitic diseases, and Part IV. with diseases of the hair secondary to diseases of the skin. A most complete bibliography of over six hundred references is given in conclusion, and will be found of immense value to any one wishing to look up the literature of any branch of the subject. The book forms one of a series of "Medical Classics." It is very neatly and attractively bound.

SYPHILIS. By Jonathan Hutchinson, F.R.S., LL.D. Philadelphia: Lea Brothers & Co., 1887. pp. 532.

This book, from the pen of a distinguished author, is well worthy a place in Lea Brothers' series of "Clinical Manuals for Practitioners and Students of Medicine." The subject is considered almost wholly from the clinical stand-point. The text is divided into two parts, the first of which treats of the symptomatology of the different stages, and the treatment of syphilis in general; while the second part, forming by far the greater part of the book, presents "clinical commentaries" and illustrative cases. These "commentaries" discuss briefly and graphically almost every conceivable feature of the disease. The author believes that syphilis depends upon a living and specific microbe, and that it is contagious or transmittable only so long as that microbe retains its vitality. He considers it a matter of some surprise, that no one has yet been able to demonstrate the special microbe of syphilis, thus ignoring the discovery of bacilli in syphilitic lesions by Lustgarten and Doutrelepont. In his

opinion, "none of the symptoms of the disease are pathognomonic."

In regard to "treatment," attention is directed to the similarity existing between the poisonous effects of mercury and the effects of the syphilitic virus; and yet the use of mercury is advocated, with the reiterated caution that only small doses be administered. "We now avoid all constitutional signs of the influence of the drug, and are content to see the symptoms fade away." In other words, the advice is given, to use a "similar" in doses too small to produce an aggravation, though our author is far too "rational" to clothe his advice in any such formula.

Eight chromo-lithographic plates lend their aid in impressing upon the mind facts emphasized in the text.

THE VEST-POCKET ANATOMIST. By C. Henri Leonard, A.M., M.D. Detroit: The Illustrated Medical Journal Company. pp. 154.

This is the thirteenth edition of a little book that is dear to the hearts of students,—as all books naturally are which seem to offer "the maximum of learning with the minimum of grind." What the book gives is certainly and substantially good, since it is founded on "Gray;" and this edition presents an improvement over former ones in the "dissection hints" it embodies.

THE POPULAR SCIENCE MONTHLY for September contains two articles of especial interest to physicians,— "Sleep and its Counterfeits," by Dr. A. de Watteville; and "The Physiology of Freezing," by Dr. Von Nussbaum. Professor James contributes a second thoughtful and exceedingly original paper on "Certain Human Instincts." The wood-engraving of J. J. Audubon will prove exceedingly interesting to students of physiognomy. New York: D. Appleton & Co.

THE September CENTURY tells the story of Lincoln's nomination and election; its "war papers" deal with "The Dash into the Crater," "The Colored Troops at Petersburg," and "The Assault and Repulse at Fort Stedman." There is a bright little story, by Harriet Lewis Bradley, called "Helen;" and the usual variety of essays and poems. New York: The Century Company.

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*BOOKS AND PAMPHLETS RECEIVED.*

DRUITT'S SURGEON'S VADE MECUM. A MANUAL OF MODERN SURGERY. Edited by Stanley Boyd, M.B., B.S., F.R.C.S. Twelfth edition. Philadelphia: Lea Brothers & Co.

INSANITY. ITS CLASSIFICATION, DIAGNOSIS, AND TREATMENT. By E. C. Spitzka, M.D. New York: E. B. Treat.

THE PRINCIPLES OF ANTISEPTIC METHODS APPLIED TO OBSTETRIC PRACTICE. By Dr. Paul Bar. Translated by Henry D. Fry, M.D. Philadelphia: P. Blakiston, Son, & Co.

DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE SKIN. By Condict W. Cutler, M.S., M.D. New York and London: G. P. Putnam's Sons.

THE SYMPATHETIC NERVE. A chromo-lithographic plate, eleven by thirty-two inches, accompanied by a concise description. Prepared by Professor Ludovic Hirschfeld, drawn and colored by J. B. Léveillé, Paris. New York: Fowler & Wells Company.

INTUBATION OF THE LARYNX. Papers read before the New York Academy of Medicine, June 2, 1887, by Drs. A. Jacobi, Joseph O'Dwyer, Francis Huber, Dillon Brown, W. P. Northrup, I. H. Hance, and A. Caillé. Reprinted from the "Medical Record."

REPORT ON IMPROVED METHODS OF SEWAGE DISPOSAL AND WATER SUPPLIES. By C. W. Chancellor, M.D., Secretary of the State Board of Health of Maryland. Baltimore, 1887.

FIFTEENTH ANNUAL ANNOUNCEMENT AND CATALOGUE OF THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.

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### MISCELLANY.

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HERE is a conversation between Hahnemann and a member of the I.H.A.:—

"LIP. — Hahnemann, I am specially appointed by my father's son to instruct you in homœopathy.

"HAH. — But I need no instruction. I founded homœopathy. I know all about it.

"LIP. — Yes, that's all very well; but, you see, there's been a change, — we have progressed; we have been going forward all the time, and not backward.

"HAH. — What do you mean?

"LIP. — I mean that you used to repeat your doses too often. Nowadays, after we give one dose of the 52M, we never repeat it.

"HAH. — The 52M? what's that?

"LIP. — It's the 30th potentized about 'steen million times.

"HAH. — I don't believe it: I don't believe any man ever emptied, filled, and shook the same bottle that number of times.

"LIP. — Oh, no! We do it by the fluxion process.

"HAH. — What in the name of Moses is the fluxion process?

"LIP. — We put a drop of the 30th in an ounce vial, and then run about 'steen million gallons of water through it.

"HAH. — What for? to wash the bottle?

"LIP. — No; to make the 52M.

"HAH. — And after giving one dose you never repeat it?

"LIP. — Never!

"HAH. — That's right. I have my opinion of a man who would repeat such a piece of drastic nonsense as that.

"LIP. — I fear you don't understand. We have been going forward all the time, and not backward.

"HAH. — Well, you never had my sanction for any such sublimated foolishness. There is such a thing as going forward in the wrong direction, and that is precisely what you have done. You have jumped the track. I don't recognize any of your doctrines. What sort of a meeting is this you are getting up, anyhow?

"LIP. — It is the International Hahnemannian Association.

"HAH. — H'm! big name. How many foreign members are present?

"LIP. — Well, not any — at present.

"HAH. — International, and no foreign members in attendance? How many are there of you, anyhow?



"LIP. — About twenty, I think.

"HAH. — What! only twenty, after all these years? I think I'll take the next train, and run up to Saratoga to see if I can't find a crowd.

"LIP. — Well, good-by.

"HAH. — Well, good-by."

And here ended this remarkable conference between the master and man. — "SELAH," in *Medical Era*.

IN Prague, since Obstein has forbidden the washing of the mouths of infants born under his care, stomatitis has almost disappeared from the lying-in hospital; whereas, previously, fifty-two per cent of the infants born there, and under ten days old, were afflicted. — *Medical Times*.

TEXAS colonel ("Texas Siftings") to physician whom he has just met: "I am so weak I can hardly walk: what shall I take?" Physician (who knows him): "Take a hack." — *Medical Standard*.

A FELON should be opened midway between the artery and tendon. If necessary, it can be opened on both sides. If the sheath of the tendon is opened, the tendon will almost always slough, and the finger will be useless. — *Abany Medical Annals; Medical Era*.

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## PERSONAL AND NEWS ITEMS.

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DR. J. P. SUTHERLAND has taken rooms at 10 Park Square, Boston. He may be found at his office, room 1, from 8.30 to 9.30 A.M., and from 2 to 4 and 7 to 8 P.M.

DR. CAROLINE E. HASTINGS has opened an office in Associates' Building, Milton. Her office hours at Milton shall be from 10 A.M. to 12 M., on Tuesdays, Thursdays, and Saturdays.

DR. LUCY APPLETON, class '87, Boston University School of Medicine, has located at No. 77 Waltham St., Boston.

DR. MAUD KENT, class '86, Boston University School of Medicine, has located at Walpole, Mass.

DR. GEORGE O. WELCH, class '87, Boston University School of Medicine, has been appointed to the position of interne and pathologist at the Westborough Insane Hospital.

DR. EDWARD H. WISWALL, class '87, Boston University School of Medicine, has been appointed to the position of, and is now serving as, interne at the Westborough Insane Hospital.

DR. SAMUEL A. KIMBALL has removed his office and residence to No. 124 Commonwealth Avenue, between Clarendon and Dartmouth Streets, Boston. His office hours are now from 8 to 10 A.M., 2 to 4 P.M.; Sundays, 12 to 1. His telephone number is 4,321.

DR. F. D. LESLIE has opened an office at No. 118 Boylston Street, Boston, where he will pay special attention to the treatment of diseases of children. His office hours at Boston are from 11 A.M., to 1 P.M.

DR. H. L. F. WRIGHT has removed from New Bedford to Boston, she having accepted the position of house surgeon at the Murdock Hospital, cor. Huntington Avenue and Gainsborough Street.

WE are pleased to learn that Dr. Annie E. Fisher has so far regained her health as to admit of her return to practice. She will be at home at the Cluny, Copley Square, after Nov. 1, where until later in the winter she will see patients at her office only, and only during office hours (from 11 to 1), except by special appointment.

DR. H. K. BENNETT will be at his office in Boston on Mondays, Wednesdays, and Saturdays, from 12.30 to 4 P.M.

DR. FRANCES M. MORRIS has located at Hotel Berkeley, Boylston Street. She will make diseases of women a specialty. Office hours, 9 to 10 A.M.; 2 to 4 P.M.

DR. SARAH SWEET WINDSOR has located at Hotel Berkeley, Boylston Street. Office hours, 11 to 12 A.M.; 4 to 5 P.M. She will give exclusive attention to obstetrical practice, having made special preparation with that object in view.

DR. THOMAS D. DOLAND has removed from Lawrence, Mass., to Hudson, N.Y.

DR. J. S. BISHOP, class '87, Boston University School of Medicine, has removed from Hancock, Mich., to Orange, Mass.

WE chronicle with pleasure the fact that our esteemed colleague, Dr. Thomas Nichol, B.C.L., of Montreal, has lately received from Magill University the degree of D.C.L., in evidence of his having successfully passed the examinations prescribed by the university as its test of qualification for that honor. The thesis presented in this connection by Dr. Nichol was an able and interesting one "On the Laws of Blockade," for a copy for which the GAZETTE is much indebted to him.

THE town of Russell, on the line of the Boston and Albany Railroad, eighteen miles from Springfield, is in need of a physician, so it is suggested by a correspondent. There is said to be no physician within four and one-half miles of the town.

WE wish to call special attention to the following notice:—

MY DEAR DOCTOR,—The semi-annual meeting of the Massachusetts Homœopathic Medical Society will be held on Wednesday, Oct. 12. Will you kindly send to the Secretary, before the 28th, the title of any paper you may wish to present at this meeting?

Let each one do his part toward making this meeting one of singular interest and profit.

Very sincerely yours,

FREDERICK B. PERCY, M.D.,

*Recording Secretary.*

BROOKLINE, MASS., Sept. 20, 1887.

IT will be of interest to many in the profession, to know that Dr. Phillips is again ready to receive gynecological patients at his private hospital, which has been closed during the summer. He tells us that the best of nurses and a resident physician will be in constant attendance, and every facility provided for securing the best possible results in all forms of women's diseases, whether the treatment required be operative, medical, electrical, massage, postural, gymnastic, or otherwise. He also informs us that, every operation during the past year having been successful, he cannot expect to improve the record, but he hopes more physicians will realize the superior advantages of a quiet, homelike private hospital.

DR. BENJAMIN H. BRIGGS, Selma, Ala., writes:—

... "Colden's Liquid Beef Tonic" is an excellent preparation, whose composition is known, and one that physicians can intelligently prescribe. I have found it of great service in my practice.

☞ For children, convalescents, and invalids of weak constitutions, the use of "Colden's Liquid Beef Tonic" will be found invaluable.

T. COLDEN, Proprietor, Baltimore, Md.

FROM DR. E. GUERNSEY,

Senior Editor of the New York Medical Times.

NEW YORK, Oct. 23, 1885.

WELLS, RICHARDSON, & CO.

*Dear Sirs,*—I have used your Lactated Food with children, and in old age, with very satisfactory results. It is pleasant to the taste, and apparently easily digested and assimilated. It has been especially useful in old people whose powers of digestion were weakened, furnishing them with a very pleasant and nutritious food.

Respectfully,

E. GUERNSEY, M.D.

THE  
New-England Medical Gazette.

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No. 11.

NOVEMBER, 1887.

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

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EDITORIAL.

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*NOTES ON A SOCIETY MEETING.*

THE pleasant old Scotch proverb says that “evening brings a’ hame;” and it is as pleasantly true that autumn also brings all home. There is compensation for shortening days, falling leaves, and unfriendlier winds, in the fact that with the coming of these come also familiar faces, from summer resting-places near and far, to meet under familiar conditions, discuss congenial subjects, learn from one another’s thought and experience, and plan work which is to result in benefit to all. Such a pleasant gathering was the meeting of the Massachusetts Homœopathic Medical Society, which was held on the 12th of the month just past. From the *lucus a non lucendo* point of view, which is the one usually adopted “by our friends the enemy,” this October meeting of our society must have afforded to allopathic observers much evidence of the satisfactory decadence of homœopathy: since rarely, if ever, has the society held a session so largely attended, so rich in reported results of original work, so cordially harmonious in atmosphere; in short, so thoroughly satisfactory and successful. The honored old society seemed to have renewed its youth.

The attendance was second in point of numbers to that, only, of a single previous session, since record of attendance has been kept. Its maximum was reached, we much regret to add, only when the session was nearly half done. Much may be



pleaded in excuse, we are aware, of doctors detained by importunate patients, and doctors dependent on unobliging trains: and yet when all is considered, we cannot but believe that a little more thoughtfulness, a little more energetic effort, would in some measure abate the very serious interruption to both speaker and listeners, caused by the ceaseless movement and bustle of members hurrying in, in quick succession, for nearly the two hours following the opening of the session. It is certainly one of the cases, as refusing to return one's partner's lead in whist is said to be, when "absolute inability or sudden death" can alone justify the offender.

It is worthy of note, that the report of the committee on materia medica was one of the fullest reports offered, and its papers gave rise to highly interested discussion. This is precisely and creditably as it should be. We should never forget, in our enthusiastic and successful competition with allopathists in all the specialties of modern medicine, that therapeutics is, after all, the specialty by virtue of which we hold our individual position in the medical world; and it is in therapeutics, therefore, that we should take warmest pride in continually "hearing or telling some new thing," or, what is equally as good, in confirming, on some new basis of fact and experiment, some old thing. Among the interesting papers presented, one on an *apis* poisoning — republished in our present issue — was especially noteworthy, as suggesting the possibly cumulative effects of bee-stings. We have in mind a somewhat analogous case, suggesting this same query with regard to *rhus* poisonings: when the first poisonings produced only the usual erysipelatous affection of the skin, while repetitions, at dates considerably remote from one another, resulted in the rheumatic chest pains characteristic of the drug.

In the report of the committee on gynecology, great interest was excited by the exhibition of Dr. MacBride's invention for maintaining the lithotomy position, together with an exceedingly clever and useful addition, the invention of Dr. Packard, by which automatic irrigation during the operation is rendered feasible; the whole simple mechanism, when in use, making it possible to dispense with the services of three attendants formerly required. We hope to present this important matter more

fully to the attention of our readers, in an early issue of the GAZETTE.

It is worthy of remark, that not only the subjects presented at the meeting were of practical value, but the manner of their presentation was able and interesting. Epigrams, even, were not wanting; as witness that which said, "Listerism is no more antisepticism, than Hahnemannianism is homœopathy."

We may congratulate ourselves that homœopathy in Massachusetts has made a spirited beginning of what we trust may be a year of fruitful work.

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#### EDITORIAL NOTES AND COMMENTS.

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THE CRAZE OF MODERN "RATIONAL" MEDICINE ON THE SUBJECT OF BACTERIOLOGY is very ably and cleverly dealt with by Professor Semmola of Naples, in his recent address before the International Medical Congress. The gist of his remarks—and an uncommonly sensible gist it is—is the reminder to the microphobists among his brethren, the "regulars," that the much-vaunted bacteriological research of to-day has, in pathology, somewhat definitely proved that living organisms of a definite and recognizable sort are the etiological factors in tuberculosis and in carbuncle: "only this, and nothing more." In therapeutics the usefulness of bacteriology has, up to this point, been absolutely *nil*; since, however obviously necessary it can be proved to be to destroy a bacillus, it is hardly profitable to do so if this involves destroying a patient also. Dr. Semmola emphasizes the necessity of authoritative distinction, such as can only be possible to long-continued and patient research, between microbes which are causative of a disease, and microbes which are caused by it. In this connection he says, —

"We ought to reproduce the disease artificially by a microbe before concluding that it is the cause. To conclude hastily that this or that microbe is the cause of any disease, is but to ignore or set aside the experimental method. The demonstration which the experimental method demands in this case would be complicated, because we would not only have to know that the microbe existed, but we would have to know what was the con-

dition of the blood necessary to the culture of that particular microbe; and science tells us that, for the present, this is a problem we cannot solve.

“We know very little of the normal condition of the blood, and biological chemistry is still in its infancy. Man cannot separate himself from these millions of parasites among which he lives. That bacteriology may be a guide in the cure of disease, we must not only learn all we can of the microbe itself, but, more important than all, must ascertain all that is possible of the conditions of the field of culture. The science of the present knows nothing of the conditions of these fields of culture in living organisms. It is thus evident that in the present condition of bacteriology it cannot be taken as a guide for the treatment of internal diseases. The older schools of medicine spoke of organic dispositions, or tendency to such and such a disease. This expression had no meaning, but it expressed the fact. When bacteriology speaks of a need for a special field of culture, it says the same thing, because we do not know of what the field of culture consists. Therefore this cannot be called a science, because a science is never composed of unknown things. It goes from the known to the unknown. If a man supposes a fact instead of demonstrating it, the phenomena of nature are not reproduced.”

Dr. Semmola further urges the leaving of any experimental research, whose results are to be acted upon, in the hands of experienced scientific and conscientious investigators. He adds that no commercial company, for instance, would think of employing an incompetent chemist. The medical profession, to his mind, should regard the confidence of their patients more sacredly than the commercial company regards the funds of its shareholders; and he adds, with a caustic humor which suggests Dr. Holmes, “If our patients recover, they applaud our treatment as having been the means of restoring them to health; if they die, they remain quiet—for obvious reasons.”

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A POINT WORTH KNOWING is offered to the profession by Dr. Lute von Wederkind, in a recent issue of “The Medical Record.” The point in question is of a simple method of de-



tecting a malingerer, in cases where malingering or hysteria skilfully simulates some actual and serious brain lesion. The doctor says, —

“By simple pressing on the supra-orbital notches with a steadily increasing force, you may, with a certainty of success, detect a malingerer ; bring an unconscious alcoholic to his senses, and thus differentiate on the spot between alcoholic and other comas ; cause cessation of hysterical convulsions, and in many instances quiet violent alcoholic delirium.

“The best way of applying this test is : When the patient is in the recumbent position, the physician, standing at the head of the cot, or kneeling when the patient is on the ground, fixes the tips of the thumbs over the supra-orbital notches, as above described, never minding the occasional yell or struggle, pressing steadily, gradually increasing the force ; and in half a minute or a minute the result is accomplished.”

As the author points out, the general practitioner will comparatively rarely have occasion to apply this test, though obstinate cases of hysterical convulsions are not unknown to the “best-regulated families ;” but to the hospital surgeon, and above all to the surgeon attached to the ambulance branch of hospital service, the application of this bit of useful knowledge will often save immensely in both time and anxiety. Should the test fail, we are assured that we may confidently pronounce the illness a serious one, and at once eliminate alcoholism and hysteria from our etiology. He quotes from his own experience valuable and interesting cases and statistics. Out of 1,620 ambulance calls, he tells us, “213 were to alcoholics ; 26 to malingerers ; 18 to hysteria cases ; and 28 to delirium tremens.

“Of the 213 above mentioned, 137 were comatose, the police and friends being utterly unable to arouse them ; and this treatment brought 128 of the 137 to consciousness. Of the cases where no result was obtained, five were, besides alcoholism, suffering from cerebral concussion, two fracture of the base of the skull, one uræmic coma, and one syncope from valvular heart trouble.

“In the cases of hysteria I had absolute success ; no one case failed to respond, and the same with malingerers. Nine of the delirium tremens quieted down and spoke rationally ; in the

remainder I had varying degrees of success, some becoming more quiet, while in others but little change was noticed."

Among the most convincing and typical of the cases cited by him, is the following:—

"J. G——, aged thirty-nine, printer, has been brought to this hospital at least six times within the past eight months, for epilepsy. During one of his attacks I tried this pressure, to see if there could be any result. In about one minute the man sat up, saying, 'Well, doc., I could not hold out any longer.' I had not the remotest idea that he was malingering, as he had the regular convulsions, frothing at the mouth, and biting his tongue or lips, which is usually sufficient for our diagnosis. He claims to have 'worked' with great success all the hospitals, usually having his fit when out of funds."

The profession is much indebted to Dr. von Wederkind, for a highly practical bit of information.

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THE FIFTIETH ANNIVERSARY OF THE INTRODUCTION OF HOMŒOPATHY WEST OF THE ALLEGHANIES was commemorated in the opera-house at Pittsburg, on the afternoon of Sept. 20. The occasion was signalized by an oration by Dr. J. P. Dake, an original poem by Dr. Helmuth, and addresses by several prominent homœopathic physicians. We rejoice to know that homœopathy has attained, in the bracing Western air, to be a lusty infant of fifty years; and we send, from our post of work nearer the sunrise, all fraternal congratulation and good-will to our fellow-laborers. We read Dr. Dake's address with immense interest, and while regretting that lack of space forbids our reproducing it in its entirety, we cannot deny ourselves the pleasure of sharing with our readers at least a taste of its good things:—

"Driven, years ago, to the necessity of organizing societies and schools, and establishing journals of our own, we have found in them the way and the power to make ourselves understood, and to protect our interests throughout the country; and wisdom admonishes us to adhere to them till the undoubted right to think on all medical topics, and freely to express our thoughts in any society and any medical journal devoted to progress, is conceded on all hands.

"It becomes us, however carefully to guard our own societies, lest the

disposition, natural to some orders of mind, to repress new ideas and to place a Chinese wall around doctrines we may cherish, to guard them against all change, be allowed to exercise its baneful influence.

“Any society, devoted to experimental science, which assumes an orthodoxy, and directs its energies to the detection and punishment of heterodoxy among its members, has outlived its usefulness, and should speedily pass away.

“Our societies, and our journals, are yet open to the expression of any views, couched in proper terms, from any thinker and any practitioner, be he allopath or homœopath; and when the same freedom and courtesy shall characterize the societies and journals of the old school, then it will do to talk about the dropping of all distinctive titles, and all appearances of a separate school.”

“When the exercises of this day are closed, and we look forward in imagination to an assemblage here to celebrate the hundredth anniversary of the coming of Richhelm to this city, what is the scene presented? All in this assembly will be gone, save a few of the younger people whose lives may be extended to the ‘threescore and ten.’

“The institutions, now comparatively young, will then be looked upon as old, and many will be the changes in the methods and means of the art of healing. I venture to predict the disappearance of hundreds of agents from the materia medica, which are now regarded as useful, sifted out by careful tests and a more critical chemical experience; a better knowledge of the pathogenic and therapeutic influences of the common articles and agencies of life, such as air, water, motion, electricity, food, clothing, occupation and habits; the disappearance of creeds, and the distinctions of ‘orthodoxy’ and ‘heterodoxy,’ in medicine; and the reign of freedom to think, speak, and write in behalf of what each may consider true and best. The enlightenment brought by the new physiology will make men afraid to cast into the delicate human organism the drugs and doses now regarded as necessary and safe. So far as internal medication shall be resorted to, for the removal of disease, the cure of the sick, aside from germicides and palliatives, it will be more or less in obedience to the homœopathic law.

“The changes we have seen during the last fifty years—the abandonment of bleeding, blistering, salivating, and endless purging for the cure of the sick—warrant the belief that it will hardly take fifty years to insure the gentle reign of *similia* throughout our country, so far as scientific medicine shall be known.”

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THE THIRD ANNUAL REPORT OF THE CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY is very pleasant reading, and illustrates anew the fact that a community of interests, principles, and efforts, is a wonderful annihilator of time and space, and has power to bring our fellow-practitioners of Calcutta as



warmly into our sympathies as our fellow-practitioner of the next street but one. The Homœopathic Dispensary of Calcutta, which is now three years old, and therefore no longer an experiment, but an assured and honored fact, was established in July, 1884, by Mr. D. N. Banerjee, a philanthropic gentleman resident in that city. The institution is now, through the annual contributions of subscribing members, a self-supporting one; but in the present report, an appeal is made to the public for funds to enlarge the sphere of its work. The patients are chiefly Mahometans and Hindoos from among the classes so wretchedly circumstanced that charity to them is charity indeed, and whose varied and serious forms of disease offer a wide test for the efficacy of homœopathic medicines. During the year just past, we are told that 6,458 patients have been treated; of which number 63.11 per cent have been discharged cured,—a highly creditable record. The greatest number of cases, as might have been expected from the climate, were those of fever, remittent and intermittent; and next to these, of liver and intestinal troubles. It is interesting to note the successful treatment of several cases of cholera, one of which was given over by the physicians as moribund before homœopathic aid was called in. Another item of much interest relates to the clinical usefulness of certain Indian drugs, prepared expressly for experiment in this dispensary. We subjoin the following brief notes on this point, with the wish that they were fuller and more detailed:—

“**AEGLE MARMELOS.**—The cases, Nos. 484 and 611, are that of boys of eight and ten years, who suffered from offensive diarrhœa, thirst, burning sensation of the bowels and stomach, and fever; the color of stool were respectively of white and yellow; all the above symptoms were ameliorated within a week by this drug.

“**FICCUS INDICA.**—The cases, Nos. 1123 and 1183, are that of adults of twenty and seventy-five years, who suffered respectively from phosphate in the urine, loss of appetite, headache, burning sensation of the body, with gonorrhœa and diabetes with seminal fluid; have been cured by this drug.

“**HEMIDESMUS INDICUS.**—The case, No. 1360, is that of a girl of six years, who suffered from hereditary mercurial eruptions throughout the body; have been cured by this drug.

“**SYZIGIUM JAMBOLANUM.**—The case, No. 1042, is that of an adult of twenty years, who suffered from chronic dyspepsia, and *nux v.* failed to cure; have cured this patient within six days by this drug.”

THE OPENING OF THE HAHNEMANN HOSPITAL OF LIVERPOOL, ENG., is interestingly chronicled in the Liverpool "Daily Post," of which a copy has been courteously sent us. This hospital, situated on Hope Street, Liverpool, was presented to that city through the munificence of a private citizen, Mr. Henry Tate. Mr. Tate's address on this occasion, as delivered by his son, is worthy of the widest reading and the most thoughtful consideration. It was in the following terms:—

"I regret exceedingly my inability to be present at the opening of the hospital on Friday next, but I feel the excitement would be too much for me, and I know I should break down; so I think it wiser that I should deny myself the pleasure I have so long anticipated. In the first place, I must express my warmest thanks to the mayor for his great kindness in giving his valuable services at the inaugural ceremony, and also to all those who have shown such a warm interest in the institution, an institution which it has long been my earnest desire to see established. At the same time I desire to record the pleasure and gratitude with which I see accomplished the great wish of my heart in being enabled to present to the inhabitants of Liverpool, without distinction of class or opinions, the Hahnemann Hospital. Though I cannot claim to be a Liverpool man by birth, a residence of over fifty years gives me some title to call myself a son of the good old town (or, as we must now call it, city). It therefore seemed to me fitting that I should testify in some substantial manner my sense of the great benefits received by my family and myself during thirty-eight years from the system of medicine first discovered by Hahnemann; and I could think of no better way of putting my grateful feelings into shape than by erecting a building where others, less fortunate than myself, might benefit by treatment similar to that which, in my own experience, I have found so successful. If the great Hahnemann had done nothing more than influence the general body of medical men in the direction of more humane treatment of their patients, the abolition of bleeding and blistering, and the reduction of nauseous doses, he would have made mankind his debtors forever; and, feeling this so strongly, I have insisted, contrary to the wishes of a great many of my friends, that this hospital and medical school shall be called after him, and not after myself. His services to mankind richly deserve all the honors which can be heaped upon his memory: mine only consist in the accident of being fortunate in business. The administration of the hospital will be started on the principle laid down by Hahnemann, as at present understood; and the medical staff will be chosen from the ranks of its professors. But while holding strong, and as I conceive well-founded, opinions as to the general soundness of these principles, and while feeling convinced that they are the best yet discovered, I have no desire to fetter posterity, and tie it down to a strict adherence to what appear to me the great medical truths of to-day. I have, therefore, provided in the trust,

that although this institute shall bear the venerated name of Hahnemann, and will thus be unequivocally associated with the system he propounded, there shall be no restriction on the managers in the future to the present practice. The medical officers shall ever be free to adopt such measures as future scientific research may discover and develop; and if, in the march of progress, it shall come to pass that the Hahnemann system should be superseded by something else (which I, of course, at present find it difficult to believe), then I hope the managers of this institution will show themselves worthy of the free and open spirit which has witnessed its foundation, and be ready to apply the newest discoveries which the science of their day may bring to light. I have seen so much of the evil results of cramped and rigid conditions attending gifts to charitable institutions, that I am determined not to allow those who are to manage this hospital and medical school to be hampered in their work."

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### COMMUNICATIONS.

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#### ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

DURING the discussion which followed the reading of Dr. Nankivell's paper, Dr. Pope, now editor of the "Monthly Homœopathic Review," remarked, that he had seen three or four cases in which he felt tolerably sure that lung-destruction had been prevented by this medicine. The following case was reported in detail: "The patient was a man about twenty-five years of age, who came to the Blackheath Dispensary, presenting a marked phthisical aspect. He was a conductor on one of the tram-cars running between Peckham and Greenwich, and was exposed to strong currents of air, and all kinds of weather. He took cold during the early part of the winter, but for three or four weeks continued at his employment, taking some cough-mixture either from a surgeon or a druggist. He was much emaciated, had a constant cough with a good deal of expectoration, shortness of breath, night-sweats, loss of appetite, and was much weakened. Examination of the chest revealed dulness over the upper third of the left lung, loud crepitation below the clavicle, — the crepitus being longer than in ordinary pneumonia, — and vocal resonance: all things considered, he had a most unpromising appearance, and he was directed to leave off work for a time. He had *tartar emetic* during the first week, without much benefit. On his second visit the *iodide of arsenic* was prescribed, and on the next occasion of his coming to the dispensary the change was certainly marvellous: every subjective



symptom was better, and the physical signs were much less marked. In another week they had, beyond slight dulness, simply disappeared: however, the danger of a relapse appeared so great, and the prospect of a cavity forming so considerable, that he was advised to seek other employment, or to emigrate to Natal. Dr. Pope lost sight of him after this visit, until quite recently, when he saw him on a tram-car, looking perfectly healthy, and with much more flesh on his bones than he had had a few months previously. Now, he would just remark that this man did not take a drop of cod-liver oil, neither had he the advantage of breathing what he believed it was the proper thing to call 'the pine-scented atmosphere of Bournemouth.' The only chance of recovery he had was in taking the iodide of arsenic. He took it, and did recover." (A. C. Pope, M.D.)

The following case is one of an interesting group illustrating the action of single remedies in marked instances of disease. It was published in the "Monthly Homœopathic Review" for January, 1871, and since that date the return of the homœopathic school to the use of the single remedy has been very marked indeed.

"*Chronic Bronchitis, Phthisis.* — E. B., a girl of eighteen, consulted me first on Aug. 11, 1870. Her story was, that she had caught a bad cold twelve months ago, which had settled on the chest. From this she recovered under allopathic treatment; but during the winter and spring the cold had been frequently renewed, and for the last six months she had been under no medical care whatever.

"Present state: Frequent cough, with muco-purulent and occasionally stringy expectoration, often aggravated on exertion and at night; dyspnoea on exertion, especially on going up-hill or up-stairs; asthmatic sensations at night, so that she has often to sit up in bed to breathe; appetite tolerable; pulse 88, weak; tongue slightly furred; catamenia still regular; slight night-sweats. Physical examination disclosed flattening and decreased mobility of chest wall, beneath left clavicle; some dulness, too, on percussion. Auscultation revealed coarse crepitation in the same spot, while dry rhonchi and lengthened respiratory murmur obtained over the rest of the thorax.

"The patient was warned against any extreme exercise, and against exposure to night air. Generous living, without stimulants, and cod-liver oil, were ordered; to take *ars. iod.*, third decimal trituration, one grain three times a day.

"Aug. 18. Very considerable improvement noted in the cough, expectoration, and breathing; sleeps well all night. Repeat the same remedy twice each day.

"Aug. 25. Chest examined. Posteriorly the rhonchus has dis-

appeared: it is still to be heard beneath the right clavicle. The crepitation has considerably decreased beneath the left clavicle.

"Sept. 14. Had kept 'well' till the last three or four days. She had then exposed herself to the night air, in order to see some fireworks; and the natural consequence was a recurrence of all the old symptoms, both subjective and physical. She was, however, not so thin as in August, and had continued the cod-liver oil. To take *ars. iod.*, third decimal trituration, one grain three times each day.

"Sept. 21. No improvement to speak of. Ordered grain doses of the *second decimal* trituration night and morning.

"Oct. 17. Called to report progress. She has now no cough, eats well, and sleeps well. On examination, no bronchial rhonchi or sibili were detected in any part of the chest; the flattening and dulness beneath the left clavicle were decidedly less apparent; there was no crepitation to be heard there, even with a deep inspiration, but there was, as might well be expected, a roughness and prolongation of the expiratory sound.

"The future progress of this case depends, humanly speaking, on the care and discretion exercised by the patient.

"*Remarks.* — It is very difficult, both on account of the subjective character of our provings, and from the prominent physical signs of pulmonary disease, to differentiate readily the medicines indicated in each case of phthisis or pseudo-phthisis. But I think that we may look upon *arsenic*, and more especially in the form of its *iodide*, as indicated in such cases as the preceding. The dulness and crepitation were most probably caused by the presence of tubercle and the incipient softening thereof, but historically these were consequent on the bronchitis; and where the bronchitis is primary, and the deposit of tubercle or the local congestion secondary to it; where there is a tendency to asthma, to nightly paroxysms of cough about three A.M.; and where, more especially, the family history, as it was here, tends to bronchitis, asthma, and emphysema, rather than to tubercular deposit,—we may not only prescribe *arsenicum* with propriety, but often with an expectation of fair, if not brilliant, results.

"It will be noticed that at first the *third decimal* answered well, but that the *second decimal* was needed after the relapse which had been due to the patient's carelessness. It is quite possible that a more massive dose may be beneficial in analogous cases, though I have never yet resorted to any thing lower than the second trituration of *arsenicum*." (Herbert Nankivell, M.D.)

At a meeting of the Central New-York Homœopathic Medical Society, Dr. H. V. Miller reported the following case:—

"Pulmonary consumption in a young man, of three years'

standing, with terrible hoarse, racking cough day and night, and profuse purulent expectoration, hectic fever, rapid pulse, night-sweats, gradual emaciation, dulness of the whole chest on percussion, rattling respiration, great soreness in the larynx. Patient had tried almost every thing, with but little relief. Dr. Miller had often prescribed ineffectually in this case, and he finally concluded to try the iodide of arsenic empirically. The relief far surpassed his expectations. Cough soon became loose, fever and night-sweats diminished, and a general improvement had continued for about a month." (H. V. Miller, M.D.)

"Master C., æt. 14. History: very delicate as a child; had hydrocephalus, and was not expected to live for first few years; did not walk till his third year.

"Present state: tubercular diathesis, large head, overhanging forehead.

"Aug. 5, 1876, after a severe wetting (and not changing his clothes), he was troubled with a cough, but went about as usual. Shortly after this, other symptoms developed, and I made the following note: High fever; tongue coated, with very prominent papillæ; thirst; slight cough; no pain. Respiration hurried; rhonchi and mucous râles over both sides of the chest. Percussion clear. Diagnosis: acute bronchitis extending to small tubes. Prognosis: doubtful. Treatment: *acon.* 1, *phos.* 3; light linseed poultice back and front, nourishing liquid diet.

"Aug. 6. *Tart. emet.*, third decimal, instead of *phos.*

"Aug. 9. Slight improvement each day.

"Aug. 10. Temperature risen to 104.4°. Pulse 122, respiration 48; perspirations; cough troublesome; scanty, mucous, and frothy sputum; pleuritic pain; fever; râles; no dulness. I am afraid of tubercular mischief, considering constitution.

"Aug. 13. Temperature 104.4°. Pulse 122, respiration 70. Great blocking-up of tubes, with sub-crepitant râles; *alæ nasi* act strongly.

"Evening. Perspiration profuse. Temperature 101.6°. Pulse 100, respiration 69; feels easier; appetite free; more drowsy than natural. I persevered with *acon.* 3, *tart. emet.* 2 and 3, and *phos.* 3, till the 22d of August, being the seventeenth day from the beginning of the treatment.

"Aug. 22. On more careful examination, distinct dulness was detected over right apex, also a crackling sound, with respiration hardly traceable to bronchial tubes. In consultation this was considered very like the breaking-down of tubercle, and an unfavorable prognosis was given. He now took for two days *phos.* 3 and 30. The poultices were removed; chest sponged with tepid water and vinegar, rubbed with warm olive-oil, and covered with flannel.



"Aug. 25. There seemed slight improvement from the *phosphorus*, which I put down to the thirtieth dilution, as he had the third before. He was now put on *ars. iod.*, third decimal. From this date there was decided progress towards recovery. Pulse 120. Temperature 100°, respiration 50. Detailed notes were not kept after this, nor are these given at all perfect; suffice it to say, that under the steady use of *ars. iod.*, third decimal and then second decimal, Master C. rapidly improved, and, save a lingering dulness at right apex, he was soon quite well. This dulness eventually disappeared, and there has been good health now for over three years; cod-liver oil was given during convalescence.

"*Remarks.*—The action of the *ars. iod.* was most decided and sustained. I have found it useful likewise in several phthical cases." (T. E. Purdom, M.D.)

On March 13, 1884, C. D., a French Canadian, aged twenty-four, dry-goods salesman, consulted me on the suggestion of some shopmates of his who were patients of mine. He had taken a severe cold in the spring of 1882, and had been gradually declining ever since. He was of medium height, dark complexion and eyes, and, when in health, had been exceptionally strong. He was now greatly emaciated, and the emaciation especially affected the muscles of the chest, while the skin hung very loose around his arms and legs. Naturally of dark ruddy complexion, the skin was now pallid and cool, save when towards evening hectic fever with creeping chills came on, a fever gradually rising till at midnight the thermometer registered 102.5°, passing off towards morning with profuse cool sweats. This hectic fever had lasted *over nine months*, constituting, according to Dr. Felix von Niemeyer, "the most important proof that the pneumonic processes had not yet terminated." Doubtless the long-continued fever was the principal cause of the extreme emaciation; and I considered that,—in this too following Felix von Niemeyer,—the excessive waste of the tissues arose from the fact that the temperature rose daily from a nearly normal temperature to the considerable height of 102° or over. The pulse was small, quick, and thready; the tongue was thickly coated white; the appetite all but gone; an almost constant cough was present, most violent in the morning, accompanied by expectoration of yellowish mucopurulent matter in very large quantities. On percussion, I found the entire chest *dull*, back as well as front and flanks. The respiration, which was somewhat hurried, was blowing, and was accompanied by a moist crackling rhonchus which at the right apex was quite metallic. At the right supra-spinous fossa the bronchial breathing was very high-pitched; sharp pains, coming and going, over the right scapula.

I gave a guarded prognosis, largely on account of the metallic sound over the right apex, and prescribed *ars. iod.*, fourth decimal trituration, two grains in six teaspoonfuls of water, a teaspoonful every hour.

I saw the patient on March 20, and found him better in all respects: less hectic, less cough and expectoration, and increased strength, all led to a feeling of well-being which was a pleasant surprise to a patient who had only heard the name of homœopathy about a week before; even the ominous sound at the right apex was just a little less ominous. Repeat the *ars. iod.* as before.

The patient continued to advance, at times losing a little ground, at times making rapid strides towards health, till, towards the end of June, I sent him to Georgeville in this province (Quebec), which I have long known as one of the best health-resorts for pulmonary patients. On his return I found him stout and plump, the chest especially covered with fairly developed muscles, and the ominous metallic sound entirely absent from the right apex. The following winter was spent in taking care of his health, still taking *ars. iod.* regularly, but every two hours only. When the spring of 1885 came round, I sent him to Georgeville again, and on his return he was dismissed cured, but with a very slight dulness at the base of his right lung.

*Ars. iod.* was the only remedy used throughout the entire treatment, and always in the fourth decimal trituration. (Thomas Nichol, M.D.)

[To be continued.]

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### PLEURITIS.

BY N. W. RAND, M.D., MONSON, MASS.

[Read before the Western Massachusetts Homœopathic Medical Society.]

I HAVE chosen to speak upon the subject of pleurisy, in the hope of evoking discussion upon its two most practical points; namely, diagnosis and treatment. Authorities are agreed in describing three varieties of pleuritis, the acute, the sub-acute, and the chronic; while some add to this list several others, such as the dry, diaphragmatic, tubercular, fibroid, etc.

The three varieties first named are quite sufficient for our present purpose, and they might almost be called three progressive stages of the same disease; for the acute oftentimes, if unarrested, will merge into the sub-acute, and that in turn, under unfavorable circumstances, becomes chronic and purulent.

Imagine us called to see a patient at the outset of an acute attack. What shall we find? Of course there will be swelling

and hyperæmia of the pleural membrane; but we should not find that. We should find our patient, most probably, in a semi-recumbent position, the body inclined toward the affected side, and the hand pressed tightly over the region of pain. We should notice that the respirations were short, rapid, and jerky; the pulse accelerated, 90 to 120 a minute; while the pallor and anxiety depicted upon the face would indicate the degree of suffering caused by each thoracic movement. The cough, if any, would be short and dry. Nothing can be learned by palpation, percussion, or mensuration. Auscultation reveals, especially at the end of inspiration, a rough friction sound, and we should notice the chest movements, upon the affected side, to be somewhat restricted. I know of only two affections that could possibly be confounded with this,—pneumonia and pleurodynia.

Pneumonia has dyspnœa, fever, and cough, in common with pleuritis, but it has less pain, a flushed face, a higher temperature, and the cough is accompanied with more or less expectoration which is of a characteristic rusty hue. Moreover, pneumonia usually begins with a marked chill, while pleurisy is either unattended with chill, or by a very slight one which may have been frequently repeated.

Pleurodynia may be as painful, but it has usually no fever, no cough, and no constitutional disturbances.

Imagine us now called to see a case of sub-acute pleurisy. What should we find?

Our patient, perhaps, is not conscious of having had an acute attack. He has had no pain in the side, or elsewhere. The first discomfort he experienced was a sense of languor or general lassitude, and shortness of breath, especially on ascending a hill or a flight of stairs. He has noticed, too, some odd sensations about the heart, almost approaching palpitation; and a sense of general fulness in the chest. He has a slight dry cough, appetite poor, temperature slightly elevated, pulse and respiration decidedly accelerated. So much for his history. Now for examination of his chest. You will notice, first, that one side is fuller than the other, and that the full side participates very slightly in the respiratory movements. Seek the apex of the heart. You will find it, if the left side be affected, removed to the right, perhaps in the epigastrium, or under the right nipple. If the right side be affected, it will be carried unnaturally to the left. In any case, it will be displaced, and this furnishes an important clew to our diagnosis. Auscultate the base of the affected lung, and we hear absolutely nothing; higher up we get rough tubular breathing; while at the apex, if the pleural cavity be not completely filled, we may get an exag-



gerated respiratory murmur. If the cavity be filled we would get nothing but the sound of bronchial breathing. Upon percussion we find the affected side, up to the water-line, to be absolutely flat, — a flatness which once heard can hardly be mistaken. It is as flat as the percussion tone evoked from the thigh. Vocal fremitus is entirely wanting. Now, in diagnosis I know of only two conditions for which this would be liable to be mistaken, — emphysema and pneumonia.

Emphysema may have the same history, the one-sided bulging chest, the same dry cough, the same dyspnœa, and the displaced heart; but one stroke of percussion will exclude it; for in emphysema we get no dulness, but, on the other hand, an *exaggerated pulmonary tone*: hence one need never make this mistake.

Pneumonia may have the cough, the fever, the dulness on percussion, the shortness of breath, and a similar history, but here again we have a sure key of differentiation; for pneumonia has *increased* vocal fremitus, while pleurisy has *none*. If we are in doubt, this is our *sure test*, and it will not fail us.

Pneumonia has *dulness*, but not *flatness*; a cough with its characteristic sputa, not a dry cough. It has no displacement of the heart; tubular breathing, but moist, rather than dry. It has no bulging of the chest, and its dulness is not affected by a change of position; while in pleuritic effusion change in position does affect the line of dulness, unless the cavity be full.

The physical signs of chronic pleurisy or empyema are the same as those of the sub-acute, which we have just considered. The constitutional disturbances are much more marked, and simulate very nearly those of tuberculosis, with which it is often associated.

In the treatment of pleurisy, of whatever variety, rest is a very important factor. Loomis says there is nothing so good for the pain, in an acute attack, as a hypodermic injection of morphia, at or near the seat of pain; for the sub-acute, he relies on the syrup of the iodide of iron. The medicines mentioned by Dr. Crawford, in "Arndt's System of Medicine," are aconite, bryonia, cantharis, arsenicum, sulph., senega, apis, arnica, asclepias, bell., carbo veg., colchicum, dig., hepar sulph., iodine, kali carb., mercurius, phosphorus, and rhus. Hughes advises aconite, as "the one sufficient remedy in the acute form;" bryonia in the sub-acute. He also mentions sulph., hepar sulph., arsenicum, dig., merc., silicia, and kali carb. My own choice, usually, is aconite in the acute form, and iodine in the sub-acute. But, suppose there be effusion, which medicines do not affect, what shall we do? To tap, or not to tap, — that is the question. Many authors advise against it until the danger seems so imminent as to threaten life.

Loomis, on the other hand, advises early aspiration, and I think with good reason.

He says, "In any case of pleurisy when the fluid accumulation remains stationary for one week, or is increasing after the cavity is half filled with fluid, and especially when the cavity is distended with fluid, I would advise to aspirate the chest. Every day that the lung remains compressed, and the plastic material upon the pleural surfaces becomes thickened, the chances of its absorption are diminished, and the danger of permanent crippling of the lung increased."

He, with all the other authorities I have consulted, advise the erect position for the operation; also, that the needle be introduced in the sixth space, at the junction of the axillary and infra-scapular regions. I have operated twice in this manner, but I see no advantage in compelling the patient to sit upright. As the fluid is removed, and the heart regains its normal position, the patient will feel a sense of distress which is less annoying in the recumbent than in the upright position. Neither do I see any advantage in puncturing the thoracic wall so far back: it is certainly thinner in the direct axillary line.

So within the past few years, when I have had occasion to aspirate, I have allowed my patient to lie flat on his back, and introduced the needle into the sixth or seventh intercostal space, — always selecting the wider of these two, — and the results, as a rule, have been satisfactory.

The ether-spray will anæsthetize the outer skin, and then, if the needle be shot quickly through the most central part, so as to avoid the periosteum and nerve on either side, the pain is very slight indeed.

I will mention two cases that are under treatment at present.

On the 21st of last April I was called to see a little girl of ten years, who was suffering from shortness of breath, loss of appetite, dry cough, and general malaise. I found the heart apex under the right nipple, and the left chest nearly full of fluid. Having no iodine with me, and being five miles from home, I prescribed merc. bijod. I saw her again on the 24th, and she was feeling no worse, yet the chest was full of water, and respiration faster than before. I decided to aspirate, and did so in the manner just described. Drew off over a quart of serum, when she began to feel a sense of suffocation, and I dared not take away more. She felt relieved at once. I prescribed iodine 2x.; and when I saw her again, two days later, the water that I had left in the chest seemed decidedly diminished in amount, and she was in every way much improved.

May 1, doing well; no evidence of effusion whatever; pulse 100; respiration 27; temperature 100°; medicine continued.

May 8, pulse 96; respiration 18; temperature  $96\frac{2}{5}^{\circ}$ .

May 15, pulse 71; respiration 19; temperature  $98\frac{2}{5}^{\circ}$ .

June 12, after a long ride in the afternoon, pulse 98; respiration 19; temperature  $99\frac{1}{5}^{\circ}$ ; dulness entirely disappeared; appetite improved; no cough, and flesh increased.

April 27, was called to examine a girl fifteen years of age, with about same symptoms as the case just mentioned. I gave her iodine 2x., as in the other case, but she did not improve. The pleural cavity kept filling up more and more.

On the 13th of May I aspirated, removing about forty ounces of fluid. This did not exhaust the cavity, but was all I dared to take. Like the other case, she felt relieved at once. The remaining fluid became quickly absorbed, and to this date there has been no symptom of its return. Her health is very much improved. She has had no medicine, except iodine 2x., from first to last. And I hope to be able to effect perfect cures in both these cases with that alone.

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#### PROVING OF APIS MELLIFICA.

BY CAROLINE E. HASTINGS, M.D., BOSTON, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

THE following interesting verification of valuable apis symptoms occurred recently in the case of a friend, with whose permission I bring this report to you.

The subject, Miss N., is a woman of forty or thereabout, full habit, florid complexion, and in good health. She is actively interested in bee-culture, and has been stung many times; but until this summer the accident has never been followed by *constitutional* symptoms, nor have the *local* symptoms of previous experiences been of unusual character, save in one instance which occurred a year or more ago. At that time she was stung upon the forehead; and twelve hours after the occurrence, when the discomfort had long passed away, and she had ceased to think of it, she was surprised by a period of intense heat and itching at the seat of injury, followed by excessive swelling of the surrounding parts. This, however, subsided in a few hours.

The bees gave her no further trouble until one day in the early part of this last summer, when she was stung upon the end of one of the fingers of the right hand, the sting penetrating two pairs of gloves. In less than two minutes she experienced a feeling of the greatest bodily heat, which was instantly accompanied by violent itching all over, "as if stung by a thousand



mosquitoes." This itching was most intense in the palm of the *left* hand, where the flesh was raised in hard lumps. She is sure that these lumps were also upon other parts of the left hand and arm, but cannot say certainly whether they were upon other parts of the body or not. From the sensations she experienced, she is inclined to think they were.

Simultaneously with the heat and itching, came a feeling of fierce and uncontrollable restlessness. She could not keep still an instant.

To her friends, she appeared to be in a state of wild and hysterical excitement, though she insisted, and still insists, that there was no consciousness of excitement, but only of the great and unconquerable restlessness, an uneasiness which seemed to her wholly physical.

Within a few moments of the time when the sting occurred, violent and continuous sneezing set in, with profuse watery discharge from nose and eyes.

The eyes were bloodshot; the face was of a dark red or purplish hue; and the head and face were swollen, causing them to look and feel larger than usual.

Miss N. next experienced a stiffness of the lower jaw, soon amounting to a sense of complete fixation. This stiffness extended to the tongue and throat, rendering speech difficult and unintelligible, and causing in the throat a condition of extreme discomfort, the stiffness being accompanied by a feeling of constriction, which excited a single, spasmodic, hacking cough at short intervals. There was some difficulty in breathing, particularly in inspiration.

The account may here be supplemented by some observations of Dr. N. L. Damon, the physician in attendance, who says that on inspection he found the throat, particularly the uvula and arches of the soft palate, enormously swollen and œdematous, the swelling being more marked on the left side, thereby deflecting the uvula to the right.

He also says that the restlessness and hysterical excitement, already mentioned, gave place in a short time to a period of profound depression, approaching syncope. This, however, was of brief duration, being soon replaced by the former condition, after which there were frequent alternations of the two conditions, each being of short duration, and both gradually subsiding.

The attack lasted about six hours, and the patient was as well as usual the next day.

A month later she was stung again; this time, on the upper and inner part of the left thigh.

The sting was drawn out, and for ten or fifteen minutes no symptoms appeared; but at the end of that time she began to

feel the stiffness in the throat, and the same difficulty in articulating, which she had experienced on the former occasion.

Then the terrible restlessness came on; and this time it seemed, both to Miss N. herself, and to those who observed her, to be even more intense than before.

The dyspnœa, which had been slight before, was now extreme and alarming. She felt as if she must tear away all clothing from the neck, and she walked the floor in the greatest distress for breath, face purple, head thrown back, eyes bloodshot and protruding. Each inspiration was accompanied by a crowing sound, which could be heard across the street.

The sneezing was less marked than before, but there was the same watery secretion from nose and eyes. There was great obstruction of the nose, with inability to breathe through it.

The jaw felt stiff and fixed as before, rendering intelligible speech utterly impossible.

The throat was even more swollen and œdematous than on the former occasion, and the distress extended below the larynx to the upper part of the lungs, which soon became very sore and sensitive.

Perhaps the most marked difference between this attack and the other one was the violent cough which came on about half an hour after Miss N. was stung.

It seemed to be excited by the constricted feeling in the throat; but it reached down to the sore place in the lungs, causing great distress.

It was a deep, hard, ringing cough, and continued without intermission for three hours.

Dr. Damon also mentions an ominous twitching of the muscles of the extremities, which appeared to be controlled by warm foot and hand baths.

He states that the pulse at both times was very small and frequent.

The later attack had no period of profound depression, but only a quiet, sinking, weak feeling, after the violent symptoms were past, with a desire to be let alone.

The doctor states that on this occasion he was armed with a bottle of ledum, as recommended by Teste, which he administered with almost instantaneous relief of the severer symptoms, and rapid improvement of the whole condition.

The attack occurred in the evening, from seven o'clock onward; and at midnight Miss N. was comfortable enough to go to sleep, and sleep quietly during the remainder of the night.

The next morning the uvula seemed to fill up the throat, and rest upon the tongue, but this condition gradually improved.

Some stiffness of the jaw and throat still remained.

Traces of the cough have continued through the summer, and the soreness in the upper part of the chest has not yet wholly gone.

A question of interest is suggested by the marked increase in the violence of the symptoms on these three occasions,—the question of possible cumulative effect, or at least of increased susceptibility, as opposed to the more general theory of immunity through inoculation.

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#### DENTAL FACTS IN TISSUE-BUILDING.

BY W. IRVING THAYER, D.D.S., M.D., BROOKLYN, N.Y.

EVERY organ of the body was made for special use, and to help the common function.

The medical profession have been very lax in giving that attention to the teeth of their patients, that their important position as hygienists demands of them. It is not expected that the physician can attend to his general practice, and at the same time become an operating dentist; but he can, as a teacher of preventive medicine, so advise his patients as to do much to save them pain in after years, and confer great blessings on the rising generation.

It is a fact, and a deplorable one, that the teeth of each succeeding generation grow more frail, and succumb to disintegrating influences more rapidly than years ago.

For this there is a cause, a reason.

It is not to be found in a greater abuse of these organs, or because less care and attention are paid to their cleanliness, or that there are fewer dental operations performed; but the fault has a deeper origin.

Where can it be? Can physicians do any thing to prevent such wholesale destruction? Let us see.

In a gross analysis of their tissues, we find that the teeth are composed of two important substances; to wit, *soft solids* and *calcareous salts*.

Suppose that the teeth were composed entirely of soft solids, what then?

The principal work of the dentist is to fill up cavities in the teeth to prevent their quicker decay—that is, to stop a waste of original tissue—towards the pulp chamber, and exposure of nerve tissue. This is very proper and right—if necessary. But, suppose the necessity need never arise?

It will come, supposably, sooner or later. Still it can be greatly prevented. With an observation extending over thirty-five years, I know whereof I affirm.



The teeth of the majority of people have been and are being starved to death ; or, better yet, starved from life. They have not, as the phrase goes, had a "fair show." There has been no more thought of feeding them, than though they were not dependent upon any nutrient matter.

Teeth once built up are built up forever ; hence it is wise to attend to the building. Two of the principal portions of the hard tissues of the teeth have been referred to ; that is, the soft solids and calcareous salts. It is well known, even by people of little observation, that there is a great difference in the density or hardness of the teeth of different individuals. This peculiarity of construction is, or is not, valuable to its possessor.

There are three dissimilar dense tissues in the construction of the teeth. When the soft solids are spoken of, no reference is made to the nervous tissues, commonly called the pulp and nerve.

These three compact tissues are the *enamel*, *dentine*, and *cementum*. The enamel is all that portion that is visible above a festooned normal gum. We do not mean by this that said tissue composes the entire *crown*, but is a kind of sheath or covering to the larger body of dentine, which not only constitutes the *crown*, but this latter tissue makes up nine-tenths of tooth-structure.

The bones, and much more so the teeth, are composed largely of lime salts.

Enamel contains, or should contain, fully ninety-six per cent of inorganic matter ; dentine, — tooth-bone, — seventy-two per cent ; the cementum, sixty-seven parts out of the hundred are of the earth "earthy," while common bone-tissue has only about fifty-four to fifty-eight per cent of calcareous matter.

Enamel, that contains all but four per cent of these dense solids, is the hardest tissue of the body. Enamel is a kind of glaze, a shield, a kind of cap, to protect the dentine from all disintegrating influences. There are cases where the enamel is so soft and poorly organized, as to be of almost no value for the purpose for which it was intended. For instance, it may be the case, where the patient has been quite ill between the ages of two and seven years, that there has been an arrest of the process of formative nutrition, so that the enamel is *wholly wanting* in different portions of its surface, and this tissue will be found to be full of small holes, here and there, exposing the softer dentine beneath.

In such cases, there has been a poverty of pabulum supplied to the dentine and cementum, so that the whole structure of the tooth is exceedingly impressible. If in such a condition, its poorly organized tissues will the more readily give way, even to attrition, to say nothing of other disintegrating influences.

The dentine, so far as bulk goes, is the principal portion of the tooth, and is incased within the enamel and cementum.

The latter tissue covers all that portion of the dentine below the gum, or the root portion of the tooth.

The cementum is immediately invested by the peri-dental membrane, or alveola periosteum, from which it and the general tooth-structure derive more or less support : support in the way of nutrition is meant.

Through the apex foramen of the root or roots of teeth there passes not only an artery and a vein, but a whole *mesh* of *nerve-fibres*. The blood is constantly passing in and out of the tooth through this minute hole. While the tooth "once built up is built up forever," yet it is true, that teeth, like the bones, do become more dense as age advances.

While the dentinal tubuli, minute tubules, vessels, or canals are filled with something of less consistency than the soft solids, they are by degrees partly filled up by calcareous matter, and the soft solids are contracted upon themselves, absorbed, desiccated, and into their place, or the space that they occupied, are packed by slow accumulating siftings here and there calcareous salts.

Thus it is that these dental tissues become more dense from an accumulation of earthy matter as age advances, by fresh lime salts being deposited, which reduces the caliber of these aforementioned minute tubules.

In attending to this *first building*, as we shall attempt to show hereafter, there is great good to be accomplished. In after years, by a deposit of lime salts amongst the soft solids in and between their interstices, another advantage is to be obtained ; but the greatest of these benefits comes during the primary formation of the teeth before and a few years after birth.

If the human teeth would never decay, what a boon, a blessing, it would be to the human family ! But, as constituted today, they waste away altogether too rapidly.

The object of this paper is to develop a better way to prevent such wholesale waste of organs so precious as the human teeth.

Now, because this cannot be accomplished in a moment, and because no writer can render more than theoretical aid, it should not be forgotten by each physician in his own household and amongst his numerous patients, that upon him are laid certain duties which he can perform at no cost to himself, and that are fraught with great blessings to those who are made the recipients of his advice.

He is the best physician whose professional services are such as to keep his patients as much as possible from a pathological

condition, as he is the best counsellor who will keep his client out of litigation.

The great primary need in dental-tissue building is proper food for the baby and the growing child.

It has been already stated, that "there is a cause, a reason," why teeth decay so rapidly, especially in those persons who have been born within the past twenty-five years.

Of the soft solids of the whole body, such as the corpuscular tissue, blood, lymph, and chyle, epithelium, cuticle, hair, and nails ; Choroid coat of the eyes, lungs, etc. ;

Adipose tissue, as fat ;

Cellular tissue ;

Fibrous tissue ;

Elastic tissue, ligmenta flava, middle coat of the arteries ;

Cartilaginous tissue, *osseous* tissue, bone ; *not* dentine, cementum, or enamel ;

Muscular tissue, nervous tissue ; the vascular tissue, as the arteries, veins, and lymphatics ;

Serous tissue, including the synovial ;

Mucous, dermoid, and glandular tissues ;

Refracting tissues, as in the lens of the eye and cornea, —

All these are being constantly *re*-built.

There is a constant break-down of their molecules, waste, and departure. This every one knows, every one admits.

There must be some way to supply this loss of tissue ; hence the eating of food, and its digestion, absorption, and appropriation by the needy tissues.

In the economy of nature, all of the afore-mentioned tissues can be supplied and built up by the aid of new pabulum. *But not so with the hard or petrous tissues of the teeth. They are built up once for all.*

Now, since all tissue-building is dependent on some supply of material, there is an important time when the teeth are supplied with their nutrient matter, and if they do not have it then, they forever after suffer from such privation.

It has been shown that the petrous portion of the teeth is composed of lime. It follows, then, that the soft solids of tooth structure must have lime salts to deposit. If a normal supply is not furnished, then said teeth are soft and frail, and rapidly decay. There is not a possible loop-hole ; this law is as immutable as is the law of gravitation, and thousands upon thousands of people are suffering great waste of dental tissue because they have not been rightly instructed and fed. "Food" is the word that explains and remedies all this serious trouble.

There are no forms of food that are capable of furnishing the needed supply of lime salts as are the cereal foods.



But these foods are rendered almost worthless on account of their having been riddled into nothingness, i.e., bolted and sifted of their valuable parts, that portion of the grain that alone is rich in lime salts.

It is the *outside* of all grains that is rich in calcareous matter ; and those inventions of theimps of darkness, found in Minneapolis and other flour-making centres, their bolting machines, are responsible for this wholesale dental destruction.

No bread should be allowed upon the table where children sit, save that that is made out of the *whole wheat* or corn or rye or oats.

Nature has provided these grains in their entirety as the only food out of which man may build up sound and strong teeth. But we try to, and *do*, controvert the plans of Nature, and, as a consequence, pay a tremendous penalty for our recusant folly.

When shall we begin to furnish the proper pabulum for this petrous-tissue building ?

Within seven weeks of conception ; because it is at this early date that the temporary teeth *begin to form* in the dental groove. That is reason sound enough for any wise man.

The soon-to-be mother should confine herself, in what bread foods she eats, to those forms that are made from the *whole wheat*, or rye, or corn, or oat.

Oatmeal is of inestimable value ; also " Boston brown bread," made out of one-half each of corn-meal and rye-meal ; or wheat bread that is made from the whole wheat, or wheat-meal, say in the proportion of one bowl of white bolted wheat flour, and two bowls of the aforesaid wheat-meal. It may be added that we should not meet such obstinate forms of constipation in pregnancy, if such bread foods were habitually used.

It should not be forgotten for a moment, that the pregnant patient should be kept on a plentiful supply of food rich in calcareous salts, supplied during the whole term of gestation.

Such food is any kind of bread made out of the meal, or *unbolted* product, of any of the cereals. Oatmeal should not be ignored or insufficiently cooked. Steam it fully two hours so as to thoroughly tear it all to pieces ; then it will not be " horse-food," but the sweetest and best of *tooth-food*. Other tissues will be taken care of also.

After birth, if the child can have good breast-milk, well and good. The mother or nurse should continue to eat sufficiently of the above indicated foods.

After all, few children get from the breast as good an aliment as they ought to have. Few nurses will feed themselves unless watched. Few are wholly free from some taint of scrofula, tuberculosis, sycosis, or other untoward dyscrasia.

If it is thought best to feed artificially, it is of the highest importance to know what is best to furnish to "bottle-fed" babies.

Cow's milk will not always do: there is considerably more caseine in it than in human milk, and many infantile stomachs are not equal to the task of digesting it. It will curdle, and "work both ways." It is the most difficult substance in any milk for the digestive apparatus to dispose of.

Of the many artificial baby-foods upon the market, I do not know of a better way to get at the exact truth and grasp the facts, than by examining with great care an analysis made by Professor Stutzer, of Bonn, Germany, food analyst to the Prussian Government. I believe it to be thoroughly reliable, and of great value to that careful physician who wants to know the reason of his prescriptions and recommendations.

One fact is worth car-loads of theory and supposition.

	Reed & Carn- rick's Soluble Food.	Nestlé's Food.	Mellin's Food.	Wells, Richard- son & Co.'s Lac- tated Food.	Horlick's Food.	Dr. Ridge's Pa- tent Food.	Anglo-Swiss Milk Food.	Imperial Granum.
Fat . . . . .	5.00	4.66	0.50	2.19	0.60	1.27	2.37	0.80
Protein substances, — albuminoids . . . . .	18.22	11.46	8.34	9.05	11.30	8.76	12.38	10.73
Hydro-carbons, dextrine, etc. . . . .	67.74	76.69	79.29	78.44	79.04	80.45	76.03	78.88
Cellulose . . . . .	-	0.10	0.58	1.54	0.55	0.73	1.09	0.97
Water . . . . .	6.14	5.34	7.76	6.52	5.75	8.31	6.18	8.25
Salts and inorganic constituents . . . . .	2.99	1.74	3.53	2.26	2.76	0.48	1.95	0.37
Amount of nitrogen in protein substances . . . . .	2.915	1.833	1.445	1.748	1.809	1.403	1.981	1.717
Amount of protein substances <i>readily digest- ible</i> . . . . .	16.45	11.09	7.38	8.35	10.85	7.97	11.20	9.55
Proportion of nitrogenous alimentary substances. Protein = 1. . . . .	1: 4.4	1: 7.7	1: 9.6	1: 9.2	1: 7.1	1: 9.3	1: 6.6	1: 7.5
The inorganic constituents contain, { Lime . . . . .	0.645	0.390	0.155	0.390	0.060	0.060	0.520	0.001
{ Phosphoric acid, . . . . .	0.874	0.630	0.583	0.688	0.421	0.260	0.800	0.167

Now, it will be noticed that in one column we find a food that Professor Stutzer says yields 5.00; five per cent of fat-producing pabulum. The next, 4.66: this latter is insufficient. The amount of protein substances in one is 18.22 per cent; the next highest is 12.38. Even in the latter, the relative proportions between the nitrogenous and other essential constituents seems fairly balanced. This proportion, in cow's milk, is 1:4. In woman's, as 1:6.8. In the first column, 1:4.4.

It is an essential point to have a liberal supply of nitrogenous matter. Even 18.22 per cent is not too high.

While I am as mindful as any one can be to have every tissue properly supplied, I must put in an especial plea for the petrous tissues, since they are so generally ignored by the physician and hygienist.

In the first column we find of the "salts and inorganic constituents" 2.99 per cent. One other has more, viz., 3.53. But let us note that the latter will not balance aright; for, of "the inorganic constituents that contain lime," we have only "0.155," "phosphoric acid" 0.583; so that, since phosphate of lime is an essential part of tooth-structure, we are not proportionally balanced in the third column. But the proportions of "salts and inorganic constituents" of 2.99, and "the inorganic constituents" that "contain lime" of 0.645 per cent, and of "phosphoric acid" of 0.874 per cent, have a relative proportion that is rational and valuable. (*See first column.*)

Every food, except that of the first column, contains cellulose. What is the possible value of cellulose as a tissue builder?

In the "hydro-carbons" we find that the starch has been converted into "dextrine," which even a weak digestive apparatus readily converts into sugar, which is easily appropriated. But in the writer's opinion, 76, 78, 79, and 80 per cent is relatively too much, and occupies the place of, and excludes, other essentials.

Now we come to a very important point to be noticed in this table, and it is the "amount of protein substances" that is "readily digestible," which, of course, includes the nitrogenous matter. In the first column, we find it to be 16.45 per cent; the lowest, 7.38 per cent. Note this immense difference in these two foods.

It would seem, then, from a study of this table, that, if one must resort to artificial foods, the preference from our present if not from every standpoint, would be Reed and Carrick's Soluble Food, which is manufactured in New York.

All these foods have their virtues, and the best is none too good.

This matter of furnishing an easily digesting and nutritious pabulum for sick and artificially-reared children has cost much study, and it is hoped that these facts herewith presented will be of value to the reader, who will give them careful consideration; and I trust my paper, as a whole, will serve to impress him with the fact that special tissues require special nourishment; and proper nourishment, administered at their formative period, will help to do away with a very formidable misery of after-life.

"For there was never yet philosopher  
Who could endure the toothache patiently."

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IN a paper read before the British Medical Association at Brighton, Mr. Snell re-directed attention to friction or "massage" as a mode of hastening the disappearance of corneal opacities. Though not capable of effecting all that was claimed for it, he thinks it has met with more success than any other form of treatment.—*Phys. and Surg. Investigator.*



*GASEOUS ENEMATA IN PHTHISIS.*

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

[*Read before the Massachusetts Homœopathic Society, Oct. 12, 1887.*]

A FEW months ago came to us across the ocean reports of a new treatment for phthisis originated by Dr. Bergeon of Lyons, France. It consisted of the injection into the rectum of a combination of sulphuretted hydrogen and carbonic acid gases, by means of a specially contrived apparatus. The details of the administration of these gases, you are doubtless all so familiar with, that there is no need of enumerating them here. Dr. Bergeon had experimented with this treatment for two or three years, and had reported so favorably, not only as to the relief of symptoms, but also as to the cure of some cases, that physicians all over the world hastened to avail themselves of it; and almost immediately on the appearance of the news of this wonderful discovery, in our most enterprising medical journals, it was heralded through the daily and weekly newspapers, to all the people in every hamlet from Maine to Texas and California. There was now no need of anybody's dying of consumption. If only this method had been known before, many full graves might have remained undug. So quickly spread the intelligence, that some physicians even first learned of the matter from their patrons, instead of through the regular recognized channels, — the medical press and medical societies.

With such favorable reports, it was not strange that many physicians should desire to try the new method. It was also not strange that many surgical-instrument makers should be anxious to benefit suffering humanity, and to further the laudable desires of the physicians, by manufacturing and supplying the necessary apparatus, especially if by so doing they could fill their own pockets at the same time. Having quickly made arrangements for making these on a large scale, it was also not strange that they should desire to dispose of them as widely as possible; and to this end should advertise and send to each physician in the country accounts of success in treatment, as glowing as possible, with reprints of all the favorable articles which had appeared on the subject in the medical press.

We of this society believe that homœopathic treatment (with now and then a palliative, where necessary) gives much better results in phthisis, than any other form of medication; and that it not infrequently, of course in conjunction with hygienic measures, accomplishes cures. Still, we have to admit that many cases of the disease die in spite of this or any other therapeutic measures. In a few of the latter class of cases, it seemed to me

justifiable to try, as an experiment, the new method, which had already secured in this country, as well as in the Old World, some prominent physicians to indorse it as at least worthy of trial; although, as some of you know, from the first I was very sceptical as to its probable results, and predicted its early demise. Of the six patients to whom I administered the sulphuretted hydrogen and carbonic acid, four apparently received no benefit; and in the other two, the only signs of improvement were temporary diminution of cough, expectoration, and night sweats.

Frank W. Patch, one of our students at the Boston University School of Medicine, and at present the resident physician at the Consumptives' Home at Grove Hall, whom I encouraged to try the method on some of the patients at that institution, met with no more encouraging results. The dozen cases which we treated in this way would alone by themselves of course be insufficient in number to establish or refute the value of any treatment; but by this time lukewarm and discouraging reports from physicians began to be so frequent in the medical press, that we concluded to abandon the experiment, believing that our experience was far from unique. Occasionally, even now, some ardent soul claims to get good results, and, no doubt, occasionally does get them; but at the present time of writing the craze seems to have almost died out. It has been abandoned at most, if not all, of the hospitals; and the instrument-makers are said to find now but small demand for the apparatus.

Why is it that this wonderful treatment should spring into such activity in this country at the vernal equinox, and fall so flat at the autumnal? Why is it that Bergeon did in France, what some did in this country, perhaps in a less degree, some months ago, but what few can do now?

To those acquainted with the history of medicine, the answer seems simple. Any method of treatment which can lay any claim to *novelty*, and which is advertised sufficiently, and ushered in with the proper flourish of trumpets, will for a time succeed. Its success, in individual cases, will vary to a great extent, according to the enthusiasm, or lack of it, in the practitioner, and the consequent reflex on the patient. Probably my own failure to get better results was, in great part, due to my scepticism as to the value of the method; and the success of some others, to the fact that they were greatly enthused, and then enthused their patients. A similar explanation, of course, accounts for the success, in some cases, of the "mind cure," the "prayer cure," etc., in which nothing material is demanded. Immateriality suits some minds, while other minds want something *tangible*, and think that nothing is being done for them

unless they are griped or purged or vomited or blistered, etc. The gas treatment seems to me to belong rather to the latter class. The mode of introduction into the body per rectum is certainly tangible in the extreme; and the "rotten-egg" perfume, like emetics and cathartics, certainly belongs to the class of medicaments which make a lively appeal to one at least of the senses. The novelty of the whole thing, and the length of time necessarily consumed in fussing over the patient every day, surely encourages in his mind the idea that *something is being done for him*. Moreover, those patients who have by chance heard of the existence and officiousness of the *bacilli tuberculosis*, have no difficulty in persuading themselves that such vile odors as they are thus compelled to take into and let out of their organisms, must work incalculable mischief to the little rascals who cause so much trouble; although, in fact, experiments show that they exult in the presence of the gas, and fatten on it. Even if these patients have been posted on this latter fact, they are comforted by the assurance (which has also been proved to be false) that the sulphuretted hydrogen, in passing over the pulmonary ulcerations, heals them by its antiseptic properties.

Apparently, then, we are driven by the history of this craze, by its great success at first, frequently relieving troublesome symptoms, although prematurely announced to the public before sufficient time had elapsed to judge of its more permanent effects (if it had any), a success gradually diminishing, until now it is resorted to comparatively seldom,—to decide that it accomplishes what it has accomplished, mainly, if not entirely, *through the imagination*. This, to be sure, is a potent factor, even in organic disease, as is well known; an additional illustration of which has recently come to my notice. A few months ago Dr. B. T. Church of Winchester desired me to examine the lungs of one of his patients in the last stage of consumption. I entirely confirmed his statement to the family, that the patient must go, and that rather speedily. The sick man, who was greatly despondent at the idea of leaving, so soon, his interesting family, had hoped for a refutation instead of a confirmation of his sentence. A lady friend, who had been initiated into the mysteries of the "mind cure," then called on him, and bade him to be of good cheer; that he would yet be a well man, and that she could cure him. When asked why she had already let him get into such a state, if by her machinations he might be healed, she replied that she had been trying to affect him, but that the doctor's remedies had been working against her. In order to get more scope, she wanted Dr. Church to retire, which he did. When the sick man, whose faith was not yet perfected, asked



her how his lungs, which the doctors had told him were considerably destroyed, were to be restored, she told him positively, emphatically, even jubilantly, "Why, my friend, *God is making new lungs every minute.*" The patient's faith now immediately became supreme, as he did not seem to notice the difference between making *new lungs*, and making *lungs new*. He evidently believed that the Creator could also be a Repairer. Henceforth, as if by magic, his symptoms improved, to the wonder of the whole household, and also of Dr. Church, who occasionally made friendly visits. The digestion, which had been very poor, improved so that he could eat almost any thing, and he was better in every way, except that his pulse, temperature, and respiration still remained high, and there was no improvement in his physical signs. This lasted for ten days or more, when the novelty had perhaps worn off, and, troublesome symptoms coming on, Dr. Church was recalled to attend him. Shortly afterwards his sickness terminated in death, an ending which of course was inevitable.

Even if gaseous enemata do often alleviate unpleasant symptoms of phthisis in other ways than by working through the imagination, are there not other remedies which are less nasty, more easily introduced into the system, and which require less expenditure of time on the part of the physician, and yet which will cover the same ground? I think there can be no doubt but that such exist in the form of our homœopathic remedies, and the adjuvants with which we are already acquainted.

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## SOCIETIES.

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### *SEMI-ANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.*

THE semi-annual meeting of the Massachusetts Homœopathic Medical Society was held at Steinert Hall, corner Boylston and Tremont Streets, Boston, on Wednesday, Oct. 12, 1887. The meeting was called to order at 10.45 A.M. by the president, H. P. Hemenway, M.D., of Somerville. The records of the annual meeting, and of the meetings of the Executive Committee, were read and approved.

### NEW MEMBERS.

Dr. Phillips moved, "That the Secretary be authorized to cast the ballot of the Society for the election of the candidates proposed." Passed.

By the vote of the Society, the following physicians were declared elected: Samuel Calderwood, M.D., Boston; Arthur B. Ferguson, M.D., Salem; Walter E. Bongartz, M.D., Beverly; F. P. Glazier, M.D., Hudson.

REPORT OF COMMITTEE ON MATERIA MEDICA.

The Bureau of Materia Medica, through its chairman, A. L. Kennedy, M.D., presented the following list of papers:—

- I. Special Characteristics of Certain Drugs. By J. Heber Smith, M.D.
- II. An Apis Proving. By C. E. Hastings, M.D.
- III. Bryonia and Phosphorus; a Comparison. By A. L. Kennedy, M.D.
- IV. Homœopathy and Bacteria. By A. A. Klein, M.D.
- V. The Sanguinaria Nettle-Rash. By A. H. Tompkins, M.D.
- VI. Gaseous Enemata in Phthisis. By H. C. Clapp, M.D.

Dr. J. Heber Smith asked the indulgence of the Society, as his paper was not ready; but he promised to present the same at a future time.

Dr. C. E. Hastings read an exceedingly interesting paper on the poison of the honey-bee. The symptoms prominent in the case brought forward by Dr. Hastings were those which we have learned to look upon as characteristic of apis, and such corroborative evidence is always valuable. *Ledum palustre*, as recommended by Teste, proved a most efficient antidote to the distressing symptoms.

In the absence of Dr. Kennedy the bureau was at this point declared closed temporarily.

Dr. Hemenway read a communication from Dr. Cushing of Springfield, with reference to Dr. L. McFarland, whom the writer declared to be incapacitated for work, and, in consequence, sadly in need of financial aid. Dr. McFarland was librarian of this Society from 1857 to 1860, recording secretary from 1866 to 1868, vice-president from 1872 to 1873, and president from 1874 to 1875. Dr. Jones of Taunton said Dr. McFarland was one of the original founders of the Society, a hard worker in its interests, and a man in every way honorable in his professional relations. He asked for information as to the amount of money in the treasury, and then moved "that the Society, through its treasurer, send to Dr. McFarland a check for a hundred dollars." Carried.

Dr. Boothby moved "that J. W. Clapp, M.D., and the recording secretary, be appointed a committee of two to receive subscriptions for the same object." Carried.

## REPORT OF COMMITTEE ON RESOLUTIONS.

The committee appointed at the special meeting of the Society to draught suitable resolutions on the death of Charles H. Walker, M.D., offered the following :—

WHEREAS, The late Charles H. Walker, M.D., of Chelsea, for long years an honored member and an efficient officer of this Society, a man respected for his honesty and loyalty, beloved for his warm-heartedness and generosity, and affectionately remembered for his sympathetic and cheerful presence, has been, by the providence of Almighty God, removed from the scenes of this transitory life, in which he took so active, honorable, and successful a part, to that other life towards which all humanity is tending :

*Resolved*, That we, members of the Massachusetts Homœopathic Medical Society, deeply deplore his decease as an irreparable loss to ourselves and the community in which he lived and labored ; that we, in this manner, testify to an affectionate remembrance of him ; that we extend our heartfelt sympathy to his family and that immediate circle of personal friends who more intimately mourn his loss.

*Resolved*, That this testimonial be placed among the records of our Society and this day's proceedings, and that a copy, duly engrossed, and signed by the officers of our Society (our official representatives), be forwarded to the family of our late colleague, and published in one or more daily papers of this city and of Chelsea.

(Signed)

J. P. SUTHERLAND,  
H. L. CHASE,  
D. A. JOHNSON,  
*Committee.*

Unanimously adopted by rising vote of the Society.

The Bureau of *Materia Medica* was again opened.

H. C. Clapp, M.D., read a paper on "Gaseous Enemata in Phthisis." His experience had been invariably unfavorable, and he had no confidence in the treatment. Dr. Patch, at the Consumptives' Home, who experimented with this treatment under Dr. Clapp's direction, could offer no more favorable results.

A. A. Klein, M.D., read a carefully considered paper on "Homœopathy and Bacteria."

A. L. Kennedy, M.D., read an interesting paper on the differential symptoms of bryonia and phosphorus.

## DISCUSSION.

Dr. J. Heber Smith asked if the urine was examined in the *apis* proving : such swelling and œdema of the throat, with accompanying inflammatory symptoms, would very likely be attended with changes in the urine, and possibly albuminuria. Dr. Damon said there were no symptoms with reference to the urinary organs, and he made no examination of the urine.

Dr. C. Wesselhoeft discussed Dr. Kennedy's paper. He thought comparison of drugs was the best method of study : be



sure, however, that symptoms, in other words, the facts stated, are *true*; if true, result is good; otherwise, one's time is wasted. Book-making, based on wrong principles, has been the bane of homœopathy. Analysis of the symptoms cited by Dr. Kennedy would show that *many* of them are not from authentic sources. Take, for instance, the symptoms, — light hair, bryonia; dark hair, phosphorus; there was no possible reason for existence of such symptoms.

Dr. J. Heber Smith most vehemently protested against considering such symptoms.

Dr. Sanders avowed his belief in symptomatology, but too many symptoms confuse; characteristic symptoms, and physiological action of drugs, help most in prescribing. There are, however, peculiar temperaments, for which there seem to be specific remedies.

Dr. Lougee asked if in a case where a patient with dark hair had hepatized lung and pleuritic effusion, he should give bryonia and phosphorus in alternation, would he be guilty of a violation of the homœopathic law?

Drs. Jones, Klein, and Kennedy participated in the further discussion.

Lunch was served at 1.10 in a hall, conveniently located and admirably adapted to the wants of the Society. The room was large, and with sufficient seating capacity for all present.

#### AFTERNOON SESSION.

Dr. Talbot asked the indulgence of the Society in order to bring up a matter of considerable importance. He thought the present a most favorable time to ask aid from the State for our hospital. During the past year one hundred thousand dollars had been given to the Carney Hospital, and a large amount to the Massachusetts General Hospital. He would offer the following motion: "Moved, That a committee of seven be appointed by the Chair to petition the Legislature for State aid to the Massachusetts Homœopathic Hospital." Carried.

Dr. Hemenway made up the committee as follows: I. T. Talbot, M.D.; W. B. Chamberlain, M.D.; L. D. Packard, M.D.; J. B. Bell, M.D.; A. J. French, M.D.; Walter Wesselhoeft, M.D.; J. W. Clapp, M.D.

#### REPORT OF THE COMMITTEE ON OPHTHALMOLOGY AND OTOLOGY.

Dr. H. P. Bellows, chairman of the bureau, read a paper on "A Case of Long-standing Deafness greatly improved by stretching Old Tympanic Adhesions." Dr. H. K. Bennett also presented a paper which was not read.

## ORATION.

The annual oration was delivered by F. C. Richardson, M.D., of East Boston. The oration was an earnest plea for progress in homœopathy, and abounded in eloquent passages. Dr. Richardson offered the following resolution:—

“*Resolved*, That a committee of five be appointed by the President, with instructions to consider, and submit to this Society at its next annual meeting, a plan by which the project of establishing a national institute for the scientific investigation of drug effects can be brought before the American Institute in a manner best calculated to obtain for it favorable consideration and ultimate success.”

Dr. Talbot moved, “That a vote of thanks be extended to Dr. Richardson, and that the resolution be adopted.” Carried.

The following constitute the committee: F. C. Richardson, M.D.; H. E. Spaulding, M.D.; C. L. Nichols, M.D.; J. P. Sutherland, M.D.; E. P. Colby, M.D.

Dr. H. C. Clapp asked for an expression of opinion from the Society as to the desirability of securing the rooms used at this meeting for future gatherings.

Moved, That the Committee of Arrangements be empowered to secure the two halls used to-day for future meetings. Carried.

## REPORT OF COMMITTEE ON SURGERY.

Dr. James Utley, chairman of this bureau, assumed control of the meeting during the reading of the following papers:—

- I. Antiseptic Surgery. By Alonzo Boothby, M.D.
- II. A Case of Cancer of the Lip. By James B. Bell, M.D.
- III. Transverse Fracture of the Patella. By J. W. Hayward, M.D.
- IV. Dislocation of the Cuboid. By J. K. Warren, M.D.
- V. Removal of a Sub-maxillary Sarcoma with Exposure of the Great Vessels of the Neck. By Horace Packard, M.D.
- VI. Diet in Wound Treatment. By George A. Tower, M.D.
- VII. A Difficult Laparotomy. By James Utley, M.D.

## DISCUSSION.

Dr. Bell said he wished to offer an explanation, as Dr. Boothby had referred to him in his paper. He endeavored to be consistent, but at the same time he believed poisons exist which are not germs; and to remove and exclude these from wounds, he used measures for cleanliness. He does not consider it proved that germs are the occasion of pyæmia. Supposing you grant their existence; they have always existed, and counteracting effects of germs is a different thing from

destroying germs. What are your germicides? Dr. Bell gave a list of germicides, and the results of the experiments to determine their efficacy. Experiments with olive-oil and hypochlorate of lime proved them more effective than carbolic acid. In his opinion, there are no germicides.

Dr. Boothby in reply said he never used the term "germicide." It is not necessary to kill germs, only to render them inert. Under the use of antiseptics, mortality had been reduced from eighty to four per cent. Putting all instruments used in an operation through the flame of an alcohol-lamp, he considered an antiseptic measure.

Dr. Hayward spoke of the inefficiency of antiseptic measures in two cases of midwifery, and his lack of success with carbolic acid locally in diphtheria.

Dr. Packard said we are asked to believe in the efficacy of high potencies from the results obtained: then why not accept results of antiseptic measures in maternity hospitals, where mortality was reduced from eight to one per cent, as conclusive proof of their value?

#### REPORT OF COMMITTEE ON GYNÆCOLOGY.

Dr. Horace Packard, chairman of the bureau, offered the following list of papers, all of which were read:—

- I. A New Apparatus for maintaining the Lithotomy Position, with an Automatic Attachment for Irrigation. By Horace Packard, M.D.
- II. Epithelioma of Cervix Uteri. By L. A. Phillips, M.D.
- III. The Treatment of Cystocele. By M. E. Mann, M.D.
- IV. Pelvic Hæmatocele, with Report of a Case. By C. E. Hastings, M.D.

Owing to the lateness of the hour, the discussion on the above papers was most brief, Drs. Boothby and Whittier alone speaking.

The meeting adjourned at 5.10 P.M.

FREDERICK B. PERCY, M.D., *Recording Secretary.*

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#### HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MASSACHUSETTS.

IN absence of the presiding officers of the Society, Dr. Harding took the chair, and Dr. J. P. Rand was chosen secretary *pro tem.*

Voted to omit the reading of the records of the last meeting. The Censors reported favorably upon the applications for membership of A. J. Bond, M.D., of Adams, and P. R. Watts, M.D., of Worcester. Dr. Cushing proposed the name of Dr. George



W. Bates of Springfield for membership. Dr. N. W. Rand of Monson gave the clinical history of an obscure case, which evoked varied opinions from those present. By the courtesy of the Society the freedom of discussion was extended to all physicians present.

The Bureau of Surgery and Zymotic Diseases then presented the following papers:—

“Chronic Suppurative Otitis, and Polypus,” by Dr. J. M. Barton of Worcester.

Adjourned for dinner. In the afternoon, Dr. J. K. Warren demonstrated the possible dislocation of the cuboid bone of the tarsus, with an articulated skeleton, and gave directions for its proper reduction and treatment. He claims to have had some eight cases of this form of dislocation under observation. Dr. G. F. Forbes outlined the form of dysentery prevalent in his section the past summer, and gave some practical suggestions on its treatment. Among other adjuvants he uses pure olive-oil, both by mouth and per rectum, to nourish the patient and allay intestinal irritation. Dr. Harding often uses the good old dose of castor-oil to allay the tenesmus of dysentery.

The remainder of the time was devoted to the discussion of general subjects; and malaria was one of the chief topics, most of those present giving their individual views and experiences concerning it. At 4 P.M. meeting adjourned.

J. P. RAND, M.D., *Secretary pro tem.*

#### BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

REGULAR meeting, Thursday evening, Oct. 6, 1887.

The Secretary called the meeting to order, and made the sad announcement of the death of Dr. C. H. Walker, late President of the Society.

In the absence of the Vice-President, Dr. C. H. Farnsworth was chosen Chairman.

Dr. H. A. Houghton spoke in eulogistic terms of our late President, and moved that a committee on resolutions, consisting of five members of the Society, be appointed by the Chair.

The following committee was appointed: C. Wesselhoeft, M.D.; Horace Packard, M.D.; Alonzo Boothby, M.D.; A. J. Baker, M.D.; C. E. Hastings, M.D.

On motion of Dr. H. C. Clapp, it was voted that the Committee on Resolutions be instructed to procure a suitable floral tribute, and also be requested to attend the funeral of the deceased as delegates from this Society.

The Committee on Resolutions then reported the following:—

*Whereas*, It has pleased God to remove from our midst our beloved colleague and friend Charles H. Walker, while President of this Society; and  
*Whereas*, The profession, as well as numerous friends and patients, will miss his wise counsels and professional care :

*Resolved*, That we, the members of the Boston Homœopathic Medical Society, tender our heartfelt sympathy to the relatives and friends of the deceased.

*Resolved*, That a copy of these resolutions be sent to the bereaved family.

(Signed)

C. WESSELHOEFT,  
 A. J. BAKER,  
 C. E. HASTINGS,  
 ALONZO BOOTHBY,  
 HORACE PACKARD,

*Committee.*

These resolutions were unanimously adopted.

On motion of the Secretary, the meeting, as a mark of respect for the memory of the late President of the Society, was then adjourned without the transaction of further business.

F. C. RICHARDSON, M.D., *Secretary.*

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## REVIEWS AND NOTICES OF BOOKS.

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HOW TO STUDY MATERIA MEDICA. Three Lectures by C. Wesselhoeft, M.D. Boston: Otis Clapp & Son. 1887. Price 35 cents.

It is with unfeigned pleasure that all friends of progressive homœopathy must always welcome a fresh essay from the pen of Dr. Wesselhoeft. The brochure before us is a revised and corrected reprint of a series of lectures which originally appeared in the GAZETTE during the second quarter of the present year. Although the lectures were written for and delivered to undergraduates, yet the students of any age are few, no matter how far in the past may be the date of their graduation, who will not feel, in a close reading of these brief pages, that they are listening to the words of a master, and learning much which will be of permanent profit to them. The oft-repeated question, "How can one ever learn materia medica?" has, as its natural predecessor, the question, "How can one most advantageously *study* materia medica?" and it is precisely this question to which Dr. Wesselhoeft here gives well-considered and most practical answer. The plan outlined by him is by far the most efficient ever, to our knowledge, presented to the student, and the one which, faithfully followed, will do most to develop not only his memory, but his powers of intelligent, logical, and individual thought; a development invaluable to him as a general student,

and not alone as a learner of *materia medica*. To teach a given lesson is a worthy object, but to teach a student to teach himself is a far worthier object; and toward this, Dr. Wesselhoeft successfully strives. We urge upon every reader to whom the mastery of the homœopathic *materia medica* seems a task not fully accomplished by him, — which is only another way of saying that we urge upon every intelligent homœopathist, — the possession, material and mental, of this modest brochure, whose motto might not inaptly be the phrase of Christopher Marlowe: “Infinite riches in a little room.”

HUMANITY: A Poem. By William Tod Helmuth. New York: E. P. Dutton & Co., 1887.

A more charming *volume de luxe* than the one here presented, it would be difficult to imagine and greedy to desire. It is a jewel of the book-maker's art. The poem itself, which Dr. Helmuth calls “A Vision and a Reality,” is in two parts: the “Vision,” in which St. Luke, patron of physicians, tells in a vision to one lingering at evening in the noble Cathedral of Pisa, the ever-new truth that humanity, no less than skill, makes the ideal healer; and the “Reality,” where is related, with simplicity and sympathy, the story of the surgeon mortally wounded in battle, who fights off death long enough to minister to the soldier beside him, who has been his bitterest enemy. The little book gives pleasure to both eye and ear, and leaves one, after the few moments required for its perusal, with the “fragrant sense of noble thought.”

DRUITT'S SURGEON'S VADE MECUM. Edited by Stanley Boyd, M.B., B.S., F.R.C.S. Twelfth edition. 373 wood engravings. Philadelphia: Lea Brothers & Co. 1887. pp. 985.

Few books can lay so just a claim to rank among medical classics, as *Druitt's Surgery*. In England, 50,000 copies have been sold, and the United States Government, during the civil war, issued a copy of it to every surgeon serving in the Federal army. The first American edition of the work was issued in 1842. Between that date and 1877, ten other editions were issued, each so edited as to secure its being “abreast of the time.” In the last ten years, surgery has made such immense and phenomenal progress, that in this new twelfth edition scarcely a paragraph of the original work has remained unaltered, and much entirely new matter has been necessarily added. “Listerism,” abdominal surgery, operations on the thoracic viscera, bloodless methods in amputations, resections, etc., are among the innovations which demand and receive able exposition; while the modern uses of cocaine, iodoform, etc.,



which would have been novel indeed to the edition of 1877, but which are as "household words" to the surgery of to-day, are frequently alluded to. The standard work, in its new form, is sure to hold its own as a favorite counsellor in the surgeon's library. Binding and press-work are unexceptionably handsome and satisfactory.

THE PRINCIPLES OF ANTISEPTIC METHODS APPLIED TO MIDWIFERY PRACTICE. By Dr. Paul Bar. Translated by Henry D. Fry, M.D. Philadelphia: P. Blakiston, Son, & Co., 1887.

This is the most complete treatise on its chosen subject which it has ever been our good fortune to see. The author, deeply convinced of the utility of antiseptic methods in obstetric practice, patiently leads his readers over the whole ground on which his conviction rests. He examines the subject from every possible stand-point, — historical, theoretical, and practical, — and then leaves the reader to form an opinion for himself. Intelligent study of Dr. Bar's treatise, however, would seem to leave room for but one opinion. Although the usefulness of antiseptic obstetric methods has been overwhelmingly demonstrated by the reduction of mortality at the lying-in hospitals where they have been adopted, our author convinces us that their usefulness is by no means restricted to hospital practice. The work opens with a review of the germ theory, with especial reference to the traumatic injuries of childbirth, and the channels by which germs find their way into the system. Then follows an analysis of the antiseptic method, the relative strength of different antiseptics being given in tabulated form. Statistics from the large lying-in hospitals of the European Continent show the influence of antiseptics in puerperal epidemics, and the reduction of mortality by their use in public and private practice. Antisepsis during labor, the puerperium, and incidental operative interference, is discussed; and an appendix relating to the dressing of the umbilicus, and the prophylactic treatment of ophthalmia neonatorum, concludes the book. A detailed review of the various chapters is impracticable to us at this moment; but after a careful perusal of them, we may say that the work, as a whole, has every claim to thoughtful study from those who would be familiar with the latest word of science as to successful obstetric practice.

INSANITY: ITS CLASSIFICATION, DIAGNOSIS, AND TREATMENT. By E. C. Spitzka, M.D. New York: E. B. Treat, 1887. 423 pp.

The second volume in the series of Treat's "Medical Classics" is a second edition of Dr. Spitzka's well-known work.

It is a valuable and interesting treatise on the highly important subject dealt with, giving, in terse and clearly-written chapters, the general characteristics and the classification of special forms of insanity. The concluding chapters treat of the examination of the insane, the detection of simulation, and the psychological treatment of the insane. The book, though not exhaustive in scope, is far removed from the elementary, and is well adapted to the wants of the student and the general practitioner. Type and binding are creditable to the publisher.

A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES. By E. Darwin Hudson, jun., A.M., M.D. Octavo, 162 pp. Nearly 100 illustrations. Price \$1.50. New York: William Wood & Co.

This little work testifies incontrovertibly to the author's skill as a diagnostician of diseases of the thoracic viscera, and also to his ability as a teacher of this important art, which he had so thoroughly mastered. Auscultation and percussion are, of course, the means employed in making such diagnoses; and the directions for their employment are admirably concise and practical. Anatomical and topographical data appropriately precede the author's consideration of pulmonary and cardiac diseases. Special attention is paid to those "physical signs" which offer, intelligently understood, such an important aid to correct diagnosis. The book is a highly useful and practical one, invaluable to the specialist, and of no small interest to the general practitioner. Its appearance emphasizes to the professional world the loss it sustained in the recent death of its honored author.

PUBLIC HEALTH. THE LOMB PRIZE ESSAYS. Second edition. Concord, N. H.: published by the American Public Health Association, 1886. 196 pp.

Four prize essays are presented in this volume: the first by Victor C. Vaughan, M.D., Ph.D., on "Healthy Homes and Food for the Working Classes;" the second by D. F. Lincoln, M.D., on "The Sanitary Conditions and Necessities of School-Houses and School-Life;" the third by George M. Sternberg, M.D., surgeon U. S. A., on "Disinfection and Individual Prophylaxis against Infectious Diseases." The fourth and concluding essay is by George H. Ireland, on "Preventable Causes of Disease, Injury, and Death, in American Manufactories and Workshops, and the Best Means and Appliances for preventing and avoiding them." The volume is copiously indexed, and contains the list of authors and essays found in the first eleven volumes of the publications of the association, and the constitution and list of officers. It is assuredly the duty of every physician



to keep himself informed of the invaluable work this association is doing; and concerning the practical usefulness of the present essays, there can be but one opinion, and that an enthusiastic one. They can be bought in pamphlet form for ten cents each, or bound together for thirty cents, by application to the secretary of the association, Dr. Irving A. Watson, Concord, N.H.

**DIFFERENTIAL DIAGNOSIS OF THE DISEASES OF THE SKIN.**

By Condict W. Cutler, M.S., M.D. New York and London: G. P. Putnam's Sons, 1887. 109 pp.

Dr. Cutler strikes us as notably gifted with the somewhat exceptional clearness of thought, and perseverance, which are the conditions of the successful preparation of such a work as this. In giving a differential diagnosis, he makes, in most instances, an exceedingly happy selection of a few prominent analogous and contrasting symptoms, and arranges them in double columns for quick and easy reference. He groups diseases of the skin into eight classes: parasitic, glandular, neurotic, inflammatory, hemorrhagic, hypertrophic, and atrophic affections, and new formations. These are in turn subdivided into classes, each disease, as it comes under consideration, being briefly defined, and its synonymes given. In this respect the present work differs from the author's "Differential Medical Diagnosis," the general plan being otherwise the same. It is a most useful little work, and, like all the manuals of its series, presented in very attractive form.

**A HAND-BOOK OF GENERAL AND OPERATIVE GYNECOLOGY.**

By Dr. A. Hegar and Dr. R. Kalténbach. Vol. II. Edited by Egbert H. Grandin, M.D. Being Vol. VII. of the Cyclopædia of Obstetrics and Gynecology. New York: William Wood & Co., 1887.

Those desirous of familiarizing themselves with the German methods of operation in the field which has boasted of late years so many brilliant discoveries and so much highly useful and successful work, can do no better than to possess themselves of this and its companion volume. Such operations are treated of, as those for the extirpation of the uterus, and tumors connected with the uterus, broad ligaments, etc., through the abdomen; the enucleation of intra-mural and sub-mucous tumors through the vagina; extirpation of polypi; for the treatment of inversion, and for the cure of gynatresixæ, uterine and vaginal prolapse, urinary fistulæ, etc.; the concluding chapter dealing with operations on the vulva and perineum. The conservative attitude maintained by the distinguished authors is not the least merit of the book.



DISEASES OF THE FEMALE URETHRA AND BLADDER, by F. Winckel, M.D.; and DISEASES OF THE VAGINA, by A. Breisky, M.D. Edited by Egbert H. Grandin, M.D., of New York. These two treatises constitute Vol. X. of "A Cyclopædia of Obstetrics and Gynecology," issued monthly during 1887. New York: William Wood & Co.

The treatises contained in this volume are models of thoroughness and research; and though several of the subjects dealt with have been referred to by other contributors to the Cyclopædia, they are made the central and exclusive themes of study. Records of illustrative cases are numerous, and the labors and opinions of others, notably of American gynecologists, are extensively noticed. The book is fully worthy its place in the exceedingly valuable series in which we find it included.

HUMAN FACES: WHAT THEY MEAN. By Joseph Simms, M.D. New York: Murray Hill Publishing Co., 1887. 225 pp.

In times of old, the astrologer and magician used to draw his magic circle, write hieroglyphic characters, and summon the Devil. The modern wonder-worker draws diagrams, writes the accompanying text, and summons the printer's devil. So long as Nature has her twilights and moonlights, in which familiar things take on weird, deceptive, and terrifying shapes, so long will human nature have its twilight moods, in which familiar things are mysteriously questioned, if in them one may "read strange matters;" and so long will phrenology, physiognomy, and palmistry, treated as occult sciences, have both teachers and disciples. The present little volume is at least entertainingly self-consistent in the rules it offers for analytical reading of the human face and form; and being cleanly and harmless, will afford an amusing hour, and perhaps a not un instructive hint or two, to the reader upon whom the twilight mood of semi-mystical inquiry has for the moment fallen.

THE GATES BETWEEN. By Elizabeth Stuart Phelps. Boston: Houghton, Mifflin, & Co., 1887. 223 pp.

Mr. Arlo Bates, in his recent admirable paper on the Art of Fiction, has pointed out the growing tendency of our age toward re-action from the self-congratulatory agnosticism and materialism which has hitherto so largely characterized it. One of the significant signs of this re-action is the appearance in literature, within a score of years, of what Mrs. Oliphant, to whom we owe several of the most exquisite of them, calls "stories of the seen and the unseen,"—stories in which the imagination reaches wistfully and reverently forward into that life which humanity

can apprehend only through imagination and faith. Such a story is the one before us. It makes an especial appeal to the interest of such physicians as sometimes spare a thought from the scientific and the business side of their profession to its ethical one. The story is that of a physician, who, dying instantaneously by unforeseen accident, finds himself in the world whose existence he has hitherto contemptuously doubted; and of his effort and difficulties in adapting himself to an environment wholly in conflict with his earthly habits of thought. The little book is powerfully conceived, and for the most part worthily wrought out. Occasionally a technical blunder, such as the "plethoric" breathing heard in a hospital ward, — by which phrase we confess ourselves at a loss to guess what is meant, — jars sadly upon that self-consistency and reality which are indispensable conditions of the pleasurable acceptance of such a story. And we must protest against what we feel to be the flagrantly inartistic error of the discovery of Helen's name, written repeatedly on the broker's blotter by the hand whose touch, nay whose clutch, had no power to make itself felt by the human hands which one would naturally suppose to be far more sensitively amenable to its contact than would the purely material agencies of ink and pen. But these are, after all, minor blemishes, in a work remarkable for originality, earnestness, and delicacy of thought. The questions it will raise in the mind of the reader will not cease with the closing of its pages. There are certain scenes — notably that in which Dr. Thorne finds himself, after death, for the first time, ungreeted and unwelcomed among the patients in his hospital ward — which no physician worthy of his calling can read without emotion.

THE POPULAR SCIENCE MONTHLY for October has an amusing sketch called "Strange Medicines," in which Miss Gordon-Cumming informs us that powdered human eyes were at one time in reputable use among the Chinese as a therapeutic agent. Professor Joseph Le Conte writes on Evolution; Dr. Thomson, on "Color-Blindness among Railroad Employees;" and Fouillee, Carl Vogt, and others contribute valuable papers. New York: D. Appleton & Co.

THE October CENTURY concludes Mr. Stockton's "Hundredth Man," in a manner that will be satisfactory to most readers. In the powerfully interesting "History of Lincoln," the "Secession Movement" is dealt with. The war papers deal with events of Sherman's March to the Sea. There are several thoughtful essays, and a short story as vivid, terse, and virile as one of Bret Harte's best pioneer sketches, which John Heard, its author,

calls "Hand Car 412 C.P.R.;" and the poems are worthy the high traditions of the magazine. New York: The Century Company.

THE new edition of GRAY'S ANATOMY, which Messrs. Lea Brothers & Co. announce as to be issued early in November, will be cordially welcomed by a profession so cognizant of the great value of this standard work. Dr. Keen, the American editor, among other interesting additions, furnishes an entirely new chapter on the teaching of anatomy from the living model. Many new engravings have been added, and the illustrations in color, "wherever they can be of service in enabling the eye to more readily follow the details of anatomical construction," will prove a most attractive feature.

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#### BOOKS AND PAMPHLETS RECEIVED.

- RIMEDII INDIVIDUALIZZATI PER SINTOMI E MALATTIE, OVVERO GRANDE REPERTORIO CLINICO OMIOPATICO. Del Dottor Tommaso Cigliano. Napoli: Tipografia Lanciano e d'Ordia. 1887.
- PRINCIPIO OBBIETTO E LEGGE DELLA MATERIA MEDICA OMIOPATICA, SEGUITA DA UN SAGGIO DI PATOGENESIA. Del Dottor Tommaso Cigliano. Napoli.
- MANUAL OF CLINICAL DIAGNOSIS. By Dr. Otto Seifert and Dr. Friedrich Muller. Third Edition. New York and London: G. P. Putnam's Sons.
- FUNCTIONAL NERVOUS DISEASES. THEIR CAUSES AND THEIR TREATMENT. By George T. Stevens, M.D., Ph.D. New York: D. Appleton & Company.
- OPERATIVE SURGERY ON THE CADAVER. By Jasper Jewett Garmany, A.M., M.D., F.R.C.S. New York: D. Appleton & Co.
- THE PHYSICIAN'S VISITING LIST FOR 1888. Philadelphia: P. Blakiston, Son & Co.
- WINTERING ABROAD. By Dr. Alfred Drysdale, of Cannes. Second Edition. London: J. S. Virtue & Co.
- OVARIAN TUMORS, AND REMARKS ON ABDOMINAL SURGERY, WITH THE RESULT OF FIFTY CASES. By Edward Borch, A.M., M.D. Second revised reprint edition. St. Louis, Mo.
- BIOLOGY OF TUMORS. By N. Senn, M.D., Ph.D. Reprinted from "The Medical Register."

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#### MISCELLANY.

ICE POULTICE. — Spread a layer of linseed meal three-fourths of an inch deep on a cloth of proper size, and put pieces of ice the size of a marble on the meal at intervals of an inch; then sprinkle lightly with the meal, cover with a cloth, and turn over the edges: apply the thick surface to the skin. The meal protects the skin, and excludes the air from the ice, thus preventing melting. — *Technics; Hahnemannian.*

DR. FORDYCE BARKER of New York said, in a paper read to the New York State Medical Society on February 6, 1887, "During the past thirty-seven years I have rarely attended a woman in confinement without the use of chloroform, —



never where she has suffered considerable pain. Having thus used it in several thousand cases, I unhesitatingly assert that not in a single case have I ever found cause to regret its use." — *Medical Register*; *Medical Era*.

TEA, coffee, and cocoa are three admissible drinks, but none in excess. For the voice cocoa is the most beneficial. It should never be made too strong, and those cocoas are the best that have been deprived of their oil. A cup of thin cocoa, just warm, is more to be recommended between the exertions of singing than any alcoholic beverage. Tea must not be taken too strong, nor when it has drawn too long, for tea then becomes acid, and has a bad influence upon the mucous membrane that lines the throat.

There is always a dry sensation after having taken a cup of tea that has been allowed to draw too long. A vocalist had better do without sugar in tea and only take milk with it. — *American Druggist*.

EAR-BOXING. — Ear-boxing is criminally wicked or senseless. Medical records already investigated by Dr. Sexton for science show fifty-one cases in which the ear has been injured by blows of the open hand or fist. The nature of the injuries varied considerably. One patient had inflammation of the ear, with suspicion of internal injury, and a running of the ear for twelve years following the blow upon that organ. This patient subsequently died of brain-disease. In another case the ear became inflamed, and the hearing very much impaired. — *Medical Register*.

RATANHIA. — I never took much stock in this remedy, but recently I saw a striking instance of its effectiveness in an affection for which, I think, but few have employed it. A servant-girl, otherwise in good health, was afflicted with rapid twitching of the eyelids of the right eye to such an extent as to hinder her in seeing; this seemed to be accompanied by a rotary motion of the ball, which, however, was not easily determined, on account of the incessant blinking of the eye. Bellad. and calc. failed to relieve, when one of the ridiculed repertories mentioned ratanhia, which quickly relieved in the 12th attenuation. — *Dr. Rummel*, p. 263, Bd. 28, *Allg. Hom. Zeit.*; *Homœopathic Recorder*.

THE sphenometer is a new instrument of precision, invented by Dr. Milton Josiah Roberts, of New York. Dr. Roberts contributes to the "New-York Medical Journal," Nov. 30, 1886, an article descriptive of his invention and the method of its action: "Given a bone of known diameter and degree of aberration, this instrument will accurately measure the base of the wedge necessary to be removed in order to correct the deformity. Sphenometer (*σφήν*, a wedge; *μέτρον*, a measure), meaning wedge-measurer, is therefore the name the instrument will bear." — *Ex.*

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## PERSONAL AND NEWS ITEMS.

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CLARA D. REED, M.D., has removed from Bellows Falls, Vt., to Newton, Mass.

DR. AUGUST A. KLEIN has opened an office at 228 Tremont Street, where he treats diseases of the eye and ear exclusively.

DR. MARY K. GALE has disposed of her practice in Wollaston, and has located at 521 Columbus Avenue, Boston. Her office hours are from 7.30 to 9 A.M., and 2 to 4 P.M.

DR. GEORGE B. RICE has removed from Marlboro', to Wollaston, Mass.

DR. JOSEPH CHASE, Jr., has removed from Concord, N.H., to East Weymouth, Mass.

DR. D. S. WHITTEMORE has removed to Central Falls, R.I. His office is located at corner of Cross and Clinton Streets.

DR. GERTRUDE GOODING, Class '84 B. U. S. of M., has removed from Philadelphia, to corner Spring and Pelham Streets, Newport, R.I.

THE fifteenth annual meeting of the American Public Health Association will be held in Memphis, Tenn., Nov. 8, 9, 10, 11, and 12, at Young Men's Hebrew Hall, corner of Second and Union Streets.

IRVING A. WATSON, M.D., *Secretary, Concord, N.H.*

FROM DR. S. W. HUNTER, BALTIMORE, MD.

HAVING become familiar with "Colden's Liquid Beef Tonic," I take pleasure in recommending it as an excellent preparation, combining as it does food and tonic in a remarkable way, producing good blood, health, and strength.

BY observing the teachings of physiology and experience, Mellin's Food for Infants and Invalids has been successfully prepared; and thousands of mothers, as well as the scientifically advanced members of the medical profession, have now entirely abandoned the old-fashioned farinaceous foods, and, availing themselves of Mellin's Food, are giving health and robust constitutions to their children and their patients.

FROM J. LEWIS SMITH, M.D.

Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, Physician to Charity Hospital and New York Foundling Hospital.

62 WEST FIFTY-SIXTH STREET, NEW YORK, Jan. 7, 1886.

THE increased attention which has been given to the preparation of foods for infants during the last few years has resulted in the introduction in the market of certain compounds which have real value. . . . To the long list of infant foods known to the public, that recently added by Messrs. Wells, Richardson, & Co., so far as we can judge from its limited use, extending over only a few months, promises to be one of the best.

J. LEWIS SMITH.

WANTED. — A copy of the NEW ENGLAND MEDICAL GAZETTE for May, 1885. Any person having a spare copy of this number will receive its full value by sending the same by mail to the undersigned.

C. W. J., care OTIS CLAPP & SON, 10 Park Sq., Boston.

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## OBITUARY.

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CHARLES H. WALKER, M.D. — Dr. Walker died of angina pectoris at his residence in Chelsea, on Tuesday, Oct. 4, 1887, at the age of sixty-five years. He was born in Loudon, N.H., in 1822, and in early manhood was advised by his uncle, Dr. Alpheus Morrill, to study medicine. He took the regular course, and graduated from the Homœopathic Medical College of Philadelphia in the class of 1853. After graduation he went to Manchester, N.H., where he remained for about seven years. In 1859 Dr. Walker came to Chelsea, Mass., and opened an office, continuing in active practice until 1865, when a severe accident compelled him to give up his professional cares for about three years. After his recovery he was for a time in Nantucket and Jamaica Plain, Mass. In 1870 he returned to Chelsea, and resumed practice, being heartily welcomed by his former patients, who had long been hoping for his return.

As a physician he was thoroughly devoted to his patients, a firm believer in homœopathy, upright and honorable in all his dealings, and always ready to respond to the calls of the poor and unfortunate. Many instances have come to the notice of his family where he not only attended the poor in his professional capacity, but quietly administered to their material wants by sending them fuel, food, and other necessities. During the late war the doctor showed his patriotism by offering to attend, free, the families of absent soldiers. At the time of his death the doctor was a senior member of the American Institute of Homœopathy, one of the vice-presidents of the Massachusetts Homœopathic Medical Society, and president of the Boston Homœopathic Medical Society.

He leaves a widow, one son, and two daughters, together with a large circle of professional and personal friends, to mourn his loss.

C. L.

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EDITORIAL.

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ON CHRISTMAS EVE.

THE Doctor sits by his library fire on Christmas Eve. His slippers, shabby to the degree which insures the comfort so dear to middle life, rest upon the top of the fender; and the ease of well-earned repose, typified by the comfortable slippers, fills the Doctor's consciousness. He reflects with satisfaction, as he glances at the gusty whirl of snow just visible through the darkening library pane, that his hour of ease is probably safe from the importunate interruption of the office-bell; since the spirit of Christmas good cheer abroad to-night is an excellent prophylactic, leaving folk no leisure to remember minor ills. "Satan finds some mischief still for idle *minds* to do," the Doctor says to himself, remembering with a shiver the sub-zero midnights on which he has been summoned to the bedsides of *malades imaginaires*; but on Christmas Eve Satan fortunately finds but few idle minds, and the Doctor may therefore toast his slippers unanticipative of evil.

It is natural, — thinks the Doctor, as he reaches across the half-open volume of his favorite "Materia Medica," for his tobacco-jar, — that a man's thoughts at this season of the hurrying year should turn toward a different side of his professional life, from that which faces him every day. The ledger which sets forth his pecuniary gains and losses will wait for his attention until New Year's Day; but on Christmas Eve



there is a different ledger which lays itself open before the eyes of his mind: a ledger in whose credit column stand written his ideals, and whose debit column chronicles his failures to meet these ideals in the stress of daily life. With the credit column the Doctor is familiar; the years have not so far made of him a mere "doctoring machine," that the professional ideals of his early days are unforgotten or unconsulted friends. Therefore his eyes turn to the debit side of that invisible ledger of his; and with the quickened conscience which is an all but universal Christmas gift, he reads and muses upon two entries that chance to meet his eye.

"Date specified. Lost my temper with Mrs. De Nerfs." Well, thinks the Doctor, Job himself wouldn't have stood a chance at his reputation, if he'd had that woman for a patient! Drinking coffee for dinner in face of my commands and expostulations and prayers, and then routing me out of my first sleep for forty-eight hours because she was sure she was dying of heart-disease; regular death-bed-of-Washington scene; everybody, including the baby, waked up to take her last messages. I dare say my remarks were *not* consistent with the ideal dignity of the profession. I dare say I might be of more use to the woman by putting myself in her place; wretched inheritance, senseless up-bringing; incapacitated for most duties and pleasures: perhaps, if I could train my sympathies sufficiently to understand just the misery of that condition, I should understand also what an immense resource for amusement hysterics may become. *Comprendre, c'est pardonner.* Assault and battery is not always specific treatment for neurasthenic nonsense. That is where quacks have the pull over us, sometimes, and C. S.'s and mind-curers. They know enough to be patient. *Peccavi.* We'll try again.

"Date specified. Didn't speak my mind to Auriferous when he came to consult me about his wife." I'm ashamed of that! said the Doctor to himself, candidly. I might as well tell myself the truth about it. If Auriferous had been named O'Halligan; if he had tramped to my door in brogans, instead of rolling noiselessly up to it in his coupé; had presented himself in a cardigan jacket instead of a seal-skin overcoat, and filled my study with suggestions of bad whiskey and garlic instead of

Havanas and '49 port, I should have had a different word to say. I should not have dwelt upon tonics and change of scene, and the benefits of a year's European recreation with her mother, who, I understand, is going abroad. I should have said, — Look here, my man; the matter with your wife, is *you*. She is recovering from the effects of an abortion. She brought it on with the connivance of some infernal cormorant, because she thought, poor misguided creature, that it would break her health less than the bearing of another child so soon, and in her weak condition. The sin was three-fourths yours, to one-fourth hers. The abortion was an abominable thing; but the forced conception was three times more abominable. If you want your wife to be well and happy, be a *man* in your relations to her, and not a — well, I can't say "brute," for brutes are decent, comparatively. Don't make marriage an excuse and cloak for licentiousness. Don't make a witch-broth of the names of love and passion and lust. They are not miscible. Treat your wife *like* your wife, not like your hired mistress: for such an one holds her position voluntarily, and may give it up at will. Don't talk cant to me about necessities of nature. Nature meant man to stand erect; head and heart well above the organs of sensual appetite. You can be precisely what you will be. Don't send your wife away from home to recuperate; make a home for her to recuperate in, with a husband and a gentleman to protect it.

*That*, said the Doctor to himself, is what, in slightly different words, doubtless, I should have said to Auriferous, if Auriferous had been O'Halligan. Why didn't I say it? Because I feared being thanked with a supercilious smile for my "eloquent sermon." Because I should have lost a paying family, including Auriferous' younger brother, whose "indiscretions" and "imprudences," as he gracefully calls them, would take their results elsewhere for treatment. Because, said the Doctor, dropping his pipe to bring down his hand with a crash on the library table, I was in this thing a coward and a snob, and unworthy a place in the profession whose honor it is to set forth fact and truth without fear or favor. Auriferous said he would call again next week. I sha'n't prescribe foreign travel again for his wife. I'll give him a copy of RUNNELS' address in the "Medical Era," and tell him that read, marked, and inwardly digested, it will save

him seventy-five per cent of his doctor's bills, — whether they are paid to me or not.

Many other entries the Doctor reads in the ledger where his actions stand in account with his ideals. The hour grows late, and the fire burns low. Self-examination gives place to retrospection. Out of the dying fire old faces look; faces that will not look into his with Christmas greeting more. Old, half-forgotten words come back about the wisdom of working one's best before the night cometh in which no man can work. The first shadows of that night are creeping toward him now, it may be, through life's mid-afternoon. But the Doctor says to himself that though beyond afternoon is night, yet beyond night is the dawn of Christmas morning.

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#### EDITORIAL NOTES AND COMMENTS.

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A MANLY EXPRESSION OF HIS OPINIONS on certain mooted points, is that published by Dr. T. F. Allen in the November issue of the "Homœopathic Physician." The terse phrases ring with a common-sense, courage, and candor, that must win from every lover of uprightness and fair play, a cordial tender of the right hand of fellowship and support. The paper was called forth by a request on the part of the "Homœopathic Physician" for Dr. Allen's views on certain points of medical practice. His views, as here given in answer to that request, are those of progressive homœopathy, admirably summarized and set forth. We feel sure that our readers will welcome, and, we trust, echo, such words as those of the following too brief quotations: —

"The New York 'Medical Times' has incorrectly quoted me in making me say that 'I do not believe that homœopathy is the only law of healing.' *I never gave utterance to any such sentiment*, nor do I think it. What I may have said, and what I am forced to believe, is, that homœopathy is not the only way to treat the sick. I know of no other *law of cure* than the law of similars. . . . But while I (the pronoun 'I' is used with the intention to give expression simply to a personal opinion) practise homœopathy pure and simple for the cure of the sick, avoiding even a highest potency of an *unproved* drug for the 'cure' of neuralgia or any thing else, other methods of treating the sick are forced upon me. These methods are: —



*“First. Palliation.* This I put first because by me it is most infrequently used,—*once* only during the past two years have I been forced to resort to hypodermic injections of morphia in the closing hours of a woman suffering from cancer of the stomach. It is indeed rare that a remedy homœopathic to the symptoms fails to relieve even in an incurable case, but it sometimes happens; and when it does happen, whether from the ignorance of the physician or the peculiarity of the case, one’s duty is perfectly clear and must be followed. I heard a homœopathic physician once say that if the remedy failed to relieve even in the highest potency, the patient must ‘howl;’ he would not be guilty of administering opium. I wish clearly to be understood—palliation is seldom necessary; the true homœopathist rarely uses it; but it is one way in which the sick must occasionally be treated.

*“Second. The removal of the cause of disease.* Under this heading lies a mine of investigation, which has but just been opened. If we, as homœopathists, ignore the strides of medical progress in the direction of sanitary science, and fail to keep abreast of that progress, we shall go under. What we have to do is to demonstrate the truth of God’s law in therapeutics, not to cover it up with dust. The truth is, people will not get sick if they are cured of all their chronic maladies, and live properly; the truth is, homœopathy alone is able to cure these chronic diseases; but it is not the truth that homœopathy will remove the cause of disease. There are numerous instances in which urgent symptoms, the direct effect of an exciting and persistently acting cause, must be relieved by a forcible removal of the cause, and then the patient treated homœopathically to cure him and prevent a recurrence of the malady. These causes are not limited to gross substances, such as copper cents or green apples, but include substances which are microscopic in size but infernal in activity. Time would fail me now to enter into the whole discussion of contagion and zymosis, but there is no doubt in my mind that while, as a rule, patients are best treated by allowing the morbid process to work itself out, relieving the symptoms homœopathically as they arise day by day, and putting the system into the best possible condition to withstand the attack, there are cases in which, not being able to cure in a few days the whole cachexia of the poor sufferer, not being able by a dose of sulphur or any other antipsoric to remove his inherited psora that renders him susceptible to disease and feeble to resist it, we must suppress for a time the violence of the zymosis.

“A most worthy but bigoted homœopathic physician allowed a young lady in this city to shake actually for over six months with tertian and double-tertian fever. The patient has never recovered from the absolute anæmia which resulted; more than ten years have not been sufficient to restore her health. The family let him see it through, and she never took any medicine but in the highest potency. Now, in such a case my duty is clear: stop the overpowering activity of the zymosis, and then cure the patient. Once or twice only in many years have I been obliged to use quinine in large doses. I cure almost every case within a week or two by the clearly indicated remedy: sometimes they recover in forty-eight hours, but now and then one must do differently.

“ . . . We do not know much about these poisons which get into us, and ferment in our blood and tissues when we are below par. What I think is, that when we do not know definitely all about it, the best plan is to treat our patients carefully and homœopathically; but when we do know something about it, expel the intruder first.

“ . . . I witness an eminent physician giving only high potencies, gather about him a coterie composed exclusively of those susceptible to such doses, and flattering the doctor into the belief of his own infallibility. I witness also the hundreds of people who have failed to receive benefit at his hands, quietly dropping away from him, and drifting into the circle of another. . . .

“ I believe that as the years go by, and good, honest work is done by us, we shall have less need of adjuvants and expedients. I know that within the compass of my own experience, families have become less and less liable to sickness, and the children have grown more healthy, and beget healthier offspring. Till the medical millennium, however, we must take sickness as we find it, and do our best to cure, and to relieve if we cannot cure.

“ It will give me pleasure to defend my opinions against all comers who fight fair; but against those who use offensive epithets, and impute unworthy motives, I have no weapons.”

Dr. Allen's concluding words gather especial force in the recollection of the weapons, “offensive” in every possible sense of the word, which have so lately been raised against him. He evidently realizes the wisdom of the Scotch saying, “Lat dirt lie. If ye raise it, though ye fling it to the end o' the warl', some on't will stick to the fingers.”

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DR. STEWART'S LECTURE ON THE FORMS OF ALBUMEN IN THE URINE,<sup>1</sup> and their tests, is an exceedingly original and readable paper, which contains much that will be new even to the graduate student of medicine. For example, “albumen in the urine” is usually considered a quite sufficiently exact and scientific phrase for the pathological condition indicated; while Dr. Stewart points out that no less than ten varieties of albumen may exist and be separately discoverable. These are, —

I. *Serum albumen*, a common form almost constantly present in urine which contains any albumen whatever. II. *Serum*

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<sup>1</sup> Forms of Albumen in the Urine, and their Tests. A lecture delivered before the University of Edinburgh by Dr. T. Grainger Stewart. Printed in the Quart. Compend. Med. Sciences, and reprinted in the American Journal of Pharmacy, October, 1887.

*globulin* (also called *Paraglobulin*). III. *Peptone*, a product of gastric and pancreatic digestion of albuminous substances, also occurring in the process of transformation of tissues and of inflammatory effusions. IV. *Propeptone* (also called *Parapeptone* or *hemialbumose*). This is the peculiar form of albumen which was discovered in the urine by Dr. Bence Jones, in a case of osteomalacia. V. *Acid albumen* (also called *Syntonin*). VI. *Alkali albumen*. VII. *Hæmoglobin* sometimes appears in the urine in cases of hæmaturia and hæmoglobinuria, also in certain septic conditions, and after inhalation of arseniuretted hydrogen, and after transfusion of blood. VIII. *Fibrin*, met with in some cases of chyluria and in certain varieties of renal casts. IX. *Mucin*. X. *Lardacein*, waxy or amyloid material, "familiarly known as a pathological substance within the body, said to be occasionally demonstrable in renal casts." Of these ten varieties Dr. Stewart tells us the last four are of little practical importance. He gives an elaborate table with tests for each of "the albumens" (as we must learn to say) and the effects of each test. He concludes that on the whole the use of picric acid furnishes the most reliable and delicate test at present known: it produces an opacity with all forms of albumen; with serum albumen, serum globulin, acid or alkali albumen, the opacity persists and becomes more distinct with heat, while with peptone or propeptone it dissolves. Magnesium sulphate determines the presence of serum globulin, producing a milky opacity with that substance which deposits as a precipitate. It has no action upon serum albumen, peptone, or propeptone. Fehling's solution detects peptone or propeptone, giving with these a rose-pink or purple color, and not at all affecting the other albumens, with the exception of serum albumen which it tints a brownish red. Hæmoglobin may be detected by the guaiac re-action; fibrin, by its decomposing with effervescence hydrogen peroxide; mucin, by means of citric acid; waxy material, by iodine or sulphuric acid. In conclusion, Dr. Stewart reminds his hearers that the forms of albumen detected only by delicate tests and in minute quantities have little pathological significance, adding that "albuminuria is rarely a serious condition unless it is sufficiently pronounced to be made out by the cold nitric acid test."



SECRETARY BAYARD'S RECENT UTTERANCE before the International Medical Congress, in which he pleaded with that learned body to give Nature and her *vis medicatrix* a fair hearing before proceeding to therapeutic extremes, seems to have been received anything but graciously by the gentlemen to whom it was addressed, and their journalistic representatives. It seems odd to the impartial observer, that the offending sentiment should be treated as a practically new, insolent, and heretical utterance, when, in point of fact, the profession has had to listen to "words to that effect," from its wisest thinkers, since it existed as a profession at all: from the time when Erisistratus pleaded that "diet, regimen, and hygiene" might as far as possible displace venesection and purgation, down to the caustic candor with which Holmes declares that if all drugs, with but two exceptions, could be flung into the sea, it would be "so much the better for humanity, and so much the worse for the fishes." A young writer — we beg his pardon for the adjective, which is applied from "internal evidence" only — rhetorically inquires, in a recent issue of the "Medical Register," "Why, before that vast assemblage of scientific men from all nations of the world, did he have the temerity to ask them to *restrict*, in the very least, the science or the art in which they, of all men, were perfectly *au fait*?" — "Why?" reflects the impartial observer, — perhaps because Secretary Bayard had the "temerity" to be somewhat *au fait* in medical history, and to reason from precedent, that since what was once called "medical science and art" is now, by the descendants of its practitioners, admitted to have been mere monstrous blundering, unscientific in theory, homicidal in practice; therefore, as the world still continues to move, he was justified in suggesting that even now discretion is the better part of therapeutics.

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THE MELBOURNE HOMŒOPATHIC HOSPITAL presents a highly interesting report for the year ending June 30, 1887. That homœopathy is growing steadily in public favor in Australia as time goes on, is well evidenced by the immense increase in the number of prescriptions asked and given over those of last year, and also by the generous sums, amounting in all to upwards of

three thousand pounds contributed during the year toward the support of the hospital, — nine hundred pounds of this being governmental aid. The clinical report is no less satisfactory ; and the statistics gathered during the typhoid-fever epidemic, of which Dr. Bouton kindly furnished an account to the readers of the GAZETTE, are most remarkable and valuable, showing, as they do, a comparison of the death-rates under homœopathic and allopathic treatment, — the former 8.96 per cent, the latter 23.41 per cent.

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COMMUNICATIONS.

ON ARSENICUM IODIDUM.

BY THOMAS NICHOL, M.D., LL.D., D.C.L., MONTREAL, CANADA.

(Continued.)

ON Dec. 8, 1879, I was called to see Mrs. G. S. S., æt. 28, a tall, slender blonde, who had "taken cold" early in September, and who had wholly neglected that cold. She had had a good deal of fever at first, a very slight chill, or rather feeling of chilliness, followed by a considerable elevation of temperature, which was not followed by sweat. Now the chills were daily, but at irregular hours, and always quite severe, often amounting to shivering. The heat was marked, running from 102° to 103.5°, with flushed cheeks and headache ; and it was followed by copious cool sweats. The cough was at first dry and hacking ; it now was almost constant, and was accompanied by nummular sputa of thick yellow matter ; both cough and expectoration worse during the night and in the morning. The appetite was quite deficient ; tongue coated, rough, and dry ; thirst always present. She had been losing flesh rapidly for the previous six weeks, and the strength was declining.

Percussion disclosed marked dulness of both lungs, especially at the base. Coarse crepitation was audible, especially intense at the right apex. The breathing was difficult, and was accompanied by stitching, burning pains, aggravated by motion and speaking. The patient felt depressed, as consumption was hereditary in her family, and the onward march of her present illness was quite marked.

I may remark that *depression of spirits* is very frequently present in cases where this remedy is indicated ; and I incline to look upon this as a characteristic symptom, — a "keynote," in fact. This depression is in marked contrast to the buoyancy of spirits so often seen in consumptives.

I prescribed *ars. iod.* fourth decimal trituration, a grain every three hours during the day; a nourishing diet; and, as the weather was extremely inclement, confinement to the house.

On Dec. 12 I found considerable improvement, especially in the dulness on percussion, while the sputum was notably diminished in quantity. Continue *ars. iod.*, fourth decimal, in the same manner.

From this time the improvement was uniform and steady; and on June 11 I had the satisfaction of dismissing the patient plump and strong, with no crepitation, no dulness, no cough, no expectoration, no fever.

*Ars. iod.* in the fourth decimal trituration was the only remedy used. (Thomas Nichol, M.D.)

On Jan. 15, 1884, I was called to see Mrs. R. S., a tall, emaciated woman, æt. 46, living in an unsavory street in one of the poorer quarters of Montreal. She was a widow, making a precarious livelihood by keeping a boarding-house for mechanics. Then she had a large family, and was compelled to work very hard to make both ends meet; and her house was very damp, with imperfect ventilation and drainage. The walls of her garret bedroom were constantly covered with water, which kept trickling down to the floor almost without intermission. Although weak and emaciated, she still kept on working in hopes that she would shake off the cold from which she had suffered for the three previous months.

Early in the fall she had "taken cold," with considerable fever, sticking pains in the lungs, hoarseness, racking cough, with profuse expectoration. These earlier symptoms gradually declined, but were finally replaced by another and more permanent set. The cough became short and hacking, with copious mucopurulent expectoration, slightly rusty in color, and often streaked with blood; marked dyspnoea with wheezing, the respirations being fifty-six to the minute even when quiet in bed. The thoracic muscles were overworked, and the nostrils dilated as in the famous keynote for lycopodium, of which so much has been written and said. The lips and finger-nails were of the characteristic purplish tint, so often seen in pulmonary consumption. Sharp, cutting pains beneath the collar-bone, darting through to the shoulder-blades, — this pain appeared to be muscular as well as pulmonary. Creeping chills at intervals during the day were followed towards evening by a steady rise of temperature, the thermometer often touching 102.5°. During the fever the palms of the hands and the soles of the feet were very hot, and moderate but cool perspiration almost always appeared during the morning hours. The appetite was fairly good, but in spite of this the emaciation was progressing steadily.



Dulness, on percussion, was present all over the right lung, especially marked at the base. On auscultating I found that the vesicular murmur was almost completely absent in the right lung, while over the left lung, especially at the apex, it was abnormally loud. The respiration, where it existed at all, was of a peculiar jerky character, and I have learned to associate this with the iodide of arsenic as a kind of keynote sign.

I prescribed *ars. iod.*, fourth decimal trituration, one grain in six teaspoonfuls of water, a teaspoonful every hour. I put the patient in bed, directed her to take soups and other nutritious food, but was unable to persuade her to leave the unhealthy house.

I saw her on the 15th, and found her but little changed, except that the paroxysms of fever were not so marked, the thermometer showing nearly a degree less. I continued the *ars. iod.*, as I felt that if that failed to cure, the patient must die. All through January the patient's state varied greatly, but towards the beginning of February I found her so ill that during most of that month I saw her every day. The emaciation increased alarmingly; the appetite disappeared almost entirely; the evening fever rose to 103.5°, followed by drenching sweats. The cough was frequent and loose, with copious expectoration; prostration extreme. I pushed on with the *ars. iod.*, but in the third decimal trituration, and by the 1st of March I had her so rallied that she could sit up one hour each day, with gradually returning strength and diminished cough and fever. The dulness on percussion diminished, and the crepitation was less marked. All through March and April the amendment continued, and on the 1st of May I induced her to rent a comfortable cottage in a suburban street that still shows traces of having once been in the country. Here the amendment was rapid, and on June 21 I had the pleasure of dismissing her, still with a very slight and infrequent cough, which I set down as being the result of habit. There was no expectoration, but the lungs showed small crepitation on forced inspiration. She was fairly strong, but it took to the fall to remove the very marked emaciation. At the present time (Oct. 20, 1887) she is in excellent health. *Ars. iod.* was used throughout, singly and alone, for *alternation is the very grave* of homœopathy. (Thomas Nichol, M.D.)

On Oct. 19, 1882, I was consulted by Miss F. C., æt. 21, a native of Quebec City, of medium height and well-developed chest, and with a decided inclination to plumpness. She told me that she had been taken ill in the spring of the same year with what the allopathic physician who attended her called *catarrhal pneumonia*. She added that she thought she had not

been completely cured, as she still felt a gurgling in her lungs, and the cough and expectoration had continued all through the summer.

Now the cough is hard and harassing, aggravated in the morning and on going to bed. The expectoration is thick, copious, and of a yellowish tint. Emaciation is as yet inconsiderable, but the appetite has failed. An irregular chill comes on toward evening, followed by elevation of temperature. The monthly periods are scanty and delayed, and after each period all the pulmonary symptoms are aggravated.

I found marked dulness at the base of both lungs, both back and front, with coarse crepitation all over the area of dulness. Gurgling in all the larger bronchial tubes.

I prescribed *ars. iod.*, fifth decimal trituration; but getting little or no results, I gave the fourth decimal, which did better service. In a month the patient was somewhat better, but relapsed as soon as she returned to her native city. Getting rapidly worse she came back to Montreal, where she has resided ever since.

The case was extremely variable; sometimes we had the patient just about well, when, apparently without any particular cause, the entire morbid state returned. On Feb. 8, 1885, and following days, she had a series of hemorrhages from the lungs which brought her very low. But she rallied under *ars. iod.*, third decimal trituration, and has continued to do well ever since. She *may* have fresh attacks, but I feel serenely confident in the power of the iodide of arsenic to bring her safely through. (Thomas Nichol, M.D.)

On Sept. 20, 1885, I was called to Mrs. S. T. T., æt. 48, residing in the eastern part of the city. She told me the usual story of a "cold" caught in March of the same year, with the usual sequel of persistent cough with copious expectoration. Now she was confined to bed with severe pains in the lungs, racking cough, purulent expectoration, and marked emaciation. The fever was of a decidedly hectic type, and I found the lungs in a worse plight than the general symptoms would indicate. Dulness of the apices of both lungs, extending downwards nearly to the base. Bronchial respiration all over the area of dulness, covered by a very coarse and copious rhonchus, which in places was metallic in quality. Vocal resonance was bronchophonic over both apices.

The patient was not a good subject, and was, moreover, quite ill; but I felt certain of a speedy cure, so I gave a powder of *ars. iod.*, fifth decimal trituration, dry on the tongue, every three hours. Next day a little amendment in all respects, which was confirmed on the following day, and on the fifth day of treatment

the patient sat up and said that she felt better than she had done for many months. She soon rallied, and on Sept. 30 was able to go about the house. Since that time she has had several similar attacks, but the iodide has always been victorious. (Thomas Nichol, M.D.)

[*To be continued.*]

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*THE SURGICAL TREATMENT OF ABDOMINAL PREGNANCY.*

BY H. I. OSTROM, M.D., NEW YORK,

*Visiting-Surgeon to Ward's Island Hospital; to Hahnemann Hospital, New York; to the House of the Good Samaritan Diakonissen.*

[*Read before the Homœopathic Medical Society of the State of New Jersey, Oct. 5, 1887.*]

THE successes achieved in abdominal surgery within the past decade have led surgeons to consider with more confidence than formerly, the operative treatment of ectopic gestation; for while the serious nature of this accident of reproduction has always been recognized, until recently laparotomy could offer little better chances of recovery than might be hoped for from following an expectant method of treatment. Without active interference, the subject of extra-uterine pregnancy is almost certain to succumb within twelve months, either to hemorrhage, or to peritonitis, induced by the bursting of the foetal cyst. To this almost certainly fatal issue, laparotomy adds no more than the risk that ordinarily attends that operation, and offers what may to-day be considered a strong probability of prolonging maternal life. The question at present, therefore, does not seem to be so much one of operating, as of how and when to operate; for I believe, with a knowledge of the mortality of extra-uterine pregnancy, the surgeon is in a large measure responsible for the death of his patient, if he does not adopt some operative measures to remove the foetus from the abdominal cavity.

I will not here discuss the many methods of arresting the foetal growth, or those that have been proposed to kill the foetus *in situ*. The principles that have always governed my operative surgery are, to remove a foreign body as quickly and as completely as possible. I therefore find myself theoretically opposed to surgical make-shifts, and practically in favor of operative measures that take the place of less certain, but more conservative methods of treatment. It seems to me that there is only one way to meet these deadly cases, if we would offer the poor subjects of them all that science can offer; that is, to open the abdomen and remove the product of conception. And while



each case may require modification of this treatment, suggested by the time at which the operation is performed, and the situation and anatomical structure of the fœtus, the principle of dealing with the abnormal life remains the same. Fully aware of the almost certain results that are to be expected if not interfered with, we have no right to act upon the possibility that our case may be one of the few that Nature is able to care for. Nature was not sufficient to prevent the accident, and there is no reason to assume that she will be better able to deal with the mistake after she has made it. In these cases, almost more than in any others in surgery, delay is fraught with danger, and prompt and decided action is called for. Given the diagnosis, which unfortunately is frequently obscured, I am convinced that laparotomy offers more than any other treatment that has thus far been proposed.

The etiology of ectopic gestation is an interesting study for the biologist, as well as for the physician. It deals with the beginning of life, and seeks to lift that apparently impenetrable veil which now conceals the transformation from inanimate to animate, and from animate back again to dust. This cycle, through which all life with which we are acquainted must pass, is in our present knowledge abruptly divided; we cannot go beyond the meeting of the germ-cell and the sperm-cell, which at some time forms an essential part of all animal multiplication.

In the plan of human reproduction, ectopic gestation bears no part; it is outside of the order of nature, so far as advantages accruing to man are concerned, and is in every sense opposed to the order which prevails throughout nature, though that it also is within the radius of laws — of which we are ignorant — cannot be doubted. Possibly we here have an illustration of atavism: a return to the reproductive processes of those lowly organized creatures who possess no special organs for the reception of the sexual elements, and in whom the meeting of these elements, which frequently takes place outside of the body, seems to depend upon conditions of environment not connected with the sexual act.

In this connection, but bearing more especially upon the influence of the individual upon this error of insemination, I think we may be wrong in attributing so many cases to pathology of the uterine or tubal mucosa, which is credited with arresting the germ-cell, or the sperm-cells, in the ova-duct. This same result may follow an error of calculation on the part of the ovary, ova, or Fallopian tube. For some reason not dependent upon the grosser pathology of the uterus and its appendages, the germ-cell is not discharged in time to meet the sperm-cell in the uterus; and the sperm-cells, being possessed of independ-

ent motion, find their way into or through the ova-duct, before the ovum has reached the uterus. Impregnation therefore takes place outside of the matrix, for it is a singular fact that structurally the interior of the uterus possesses no advantages over other abdominal surfaces for nourishing the products of conception. Insemination may be accomplished anywhere within the abdominal cavity, the lining of which is continuous with that of the uterus. The fact that it takes place in the uterus is due to a most accurate calculation, whereby the sexual elements meet in that place. If, through any disease of the nervous system which controls the ovarian function, the ovum does not reach the uterus at the time of or soon after intromission, and still is discharged from its vesicle, impregnation may occur when and where the essential elements meet. I acknowledge that this is speculative, but we can do little more than speculate here ; and this hypothesis seems to me a not improbable etiology for some cases of ectopic gestation.

It is probable, as Mr. Tait has suggested, that the majority, if not all cases of ectopic gestation, are tubal, that impregnation takes place at some point between the isthmus and the fimbria of the tube, and that, therefore, the cyst in which the fœtus lies is originally composed of the walls of the tube, and of the peritoneum which covers it, in common with the broad ligament. We have, therefore, at least in the first months of abdominal pregnancy, an exceedingly simple pathology, and one which bears a resemblance, so far as operative treatment is concerned, to the least dangerous of all abdominal tumors, the parovarian cyst, and one which does not compare in gravity, or in difficulty of operating, with many of the diseases for which the uterine appendages are removed. Until the contained fœtus acquires such a size as to tax the elasticity of its sac, and, by repeated attacks of plastic inflammation, induces adhesions to contiguous organs, the removal of the entire appendage that is at fault should be done with little risk to life ; certainly with less risk than attends either a delayed operation, or no operation at all. Unquestionably the time of election for laparotomy in ectopic gestation is before any considerable placental development, and while there is little danger of tubal rupture. This period will fall between the second and third months, or near the fourth month of pregnancy. Of course rupture of the tube occurring at any time, if recognized, will call for an immediate operation ; for, if hemorrhage results, death may follow very closely upon the accident.

After the fifth month the danger of rupture becomes less ; and if the child remains alive, active interference does not seem to be advisable unless called for by some accident, or the general

condition of the mother, until full term and when false labor has set in; for, though at nine months both child and placenta are larger, and the operation may be one of exceeding difficulty, the risk to the mother seems to be less than when the child is removed at any period after the fifth month. Possibly this may be for the same reason that delivery at full term of normal pregnancy is less harmful than a premature birth.

There is one general rule to be observed in laparotomy for ectopic gestation after the fifth month: if the foetus is still contained in a sac, at almost any risk, or labor on the part of the operator, the attachment of the placenta must be avoided when opening the sac. If this surface presents at the abdominal incision, it is well to first break up adhesions, if this is necessary to permit turning of the sac, that another surface may be presented for incision. If it is impossible to avoid cutting through the placenta, I believe that it would be better to ligate with a large needle around the proposed incision before opening the sac. The needle for this purpose should be very blunt, else the placental vessels would be severed; and deeply curved, to gather up as much of the placenta as possible.

It is not advisable to attempt the removal of the abnormally developed foetal sac. Both it and the attached placenta should be treated as parts of an open wound. The sac, after the child is removed, is stitched to the abdominal wound, as we fasten some cysts that cannot be separated from their attachments, and the cord left to drain the deeper structures. If there is no cyst, and the foetus has developed in the peritoneal cavity, that is, is intra-peritoneal, the placenta attaching itself to some abdominal organ, very thorough drainage must be provided, and the placenta left undisturbed.

Apart from the treatment of the foetal sac and of the placenta, laparotomy for ectopic gestation follows the rules of abdominal surgery generally: absolute cleanliness, and, when this cannot be insured, the intelligent use of antiseptics,—and I will here say, that though I have used both carbolic acid and the bichloride of mercury many times in the toilet of the peritoneum, I have yet to meet with my first case of poisoning from these drugs,—examination of the kidneys before administering an anæsthetic; avoidance of unnecessary manipulation of the abdominal contents; rest; and a before and after treatment based upon a rational conception of physiological requirements.

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THE following ingenuous certificate was lately given by a hospital externe to a patient who requested a document to show his incapacity for work: "This is to certify that ——— has been under treatment here for five weeks, and, therefore, is unable to work." — *Boston Medical and Surgical Journal.*



*THE TREATMENT OF SYPHILIS IN THE HOSPITALS OF  
PARIS AND LONDON.*

BY CHARLES L. NICHOLS, M.D., WORCESTER, MASS.

*[Read before the Hughes Medical Club.]*

SYPHILIS and its allied diseases can never cease to interest the general practitioner as long as its varied manifestations and its terrible effects are so frequently brought to his notice.

While the various stages of its progress and the most minute symptoms of its attack on the different parts of the system are well known at the present time, the methods of treating syphilis to-day are as varied, and the criticism of each method by its opponents as unsparing, as ever before.

This would lead, and perhaps justly, to the inference, that perfection has not yet been reached, even in this age of enlightenment.

My own attention having been called more particularly to this subject during the past year by the occurrence of several peculiar cases, and by the fact that the treatment employed was not sufficiently successful, it was my aim in this summer's vacation-trip to learn something of the foreign methods of treatment.

Through the kindness of Dr. Claude of Paris, I was introduced to Dr. Balzer, who has charge of the private hospital Lourcine. He was very cordial in his invitation to me to visit his female ward of sixty beds, mainly syphilitic cases, and showed me every attention during my visits there, explaining his methods very fully. Recent cases he treats entirely by the hypodermic injection of calomel thoroughly mixed with liquid cosmoline (proportion 1 to 10).

The process is as follows : The urine of each patient is very carefully tested for albumen, and if not present, the case is subjected to this method.

The patient, lying upon the side on which she usually sleeps, with thighs flexed, is prepared for the operation by having the skin washed with absolute alcohol. Then the needle alone, after being cleared with alcohol, is pushed straight down into the fleshy part of buttock about three inches back of trochanter, as far down as the subcutaneous cellular tissue, not into the muscle. This is done slowly and carefully, and is followed by a lifting of the skin and adipose tissue about the spot, in order to clear the point from the muscle. If now blood oozes from the needle, in consequence of the pricking of a small vessel, the needle is withdrawn and a new place sought. Dr. Balzer said it was sometimes necessary to seek five or six spots, particularly in pregnant women. Then the piston is attached, and the

liquid (thirty centigrammes) is injected *very slowly*, and then the needle, again disconnected, is as slowly and carefully withdrawn, being careful to pinch the skin about the needle, in order to keep the mixture in the cellular tissue.

The disadvantages of this method are : —

*First*, The pain at the time, which, while not great, is quite a drawback in many cases, and the more severe pain which soon follows the operation during the coagulation of the albumen of the tissues forming albuminate of mercury.

*Second*, The danger of abscesses in the cellular tissue or skin, from carelessness after the operation, on the part of the patient, in taking cold, or getting over-fatigued, or on the part of the operator in leaving a little of the calomel in the skin as the needle is withdrawn. The abscesses are aseptic, and rarely require interference or treatment, and by care can be reduced to the frequency of two or three per cent only. And

*Third*, The discomfort of salivation, stomatitis, and other symptoms of mercurial poisoning, which may be more readily induced by this method, as the drug is more fully absorbed.

Its advantages, however, are : —

*First*, The greater certainty of its being taken into the system ; and this is important in case of ignorant or irresponsible persons.

*Second*, The greater rapidity of its action, which is very important in pregnant women, or very severe cases of advanced disease.

*Third*, The greater simplicity of treatment, one treatment every ten days for four or five treatments being considered sufficient to effect a cure.

Among the cases shown were several with abscess, one of which was opened, but the rest requiring nothing but time and patience. Another of severe stomatitis, which came on a month after the third treatment, but in a woman whose teeth and gums were in very bad condition.

The hypodermic injection of mercury has been practised since 1864, Scarenzio being the first to use calomel, and Berkeley Hill, at about the same time, to employ the perchloride ; but the peculiarity of Dr. Balzer's treatment is his use of liquid cosmoline as the vehicle in which the calomel is suspended, he claiming as a consequence a more even mixture and separation of the insoluble particles. He is very enthusiastic as to the results of the treatment, both in regard to rapidity of effect and permanence of the improvement and certainty of cure.

At the Hospital du Midi, where male patients are treated, the perchloride is used, and with less successful issue as he claims.

Here, then, at last seemed to be a certain, speedy, and comparatively safe cure for this so-called incurable disease.

On reaching London, I sought out the Lock Hospital for men, and was very pleasantly received by the physician in charge. This is the hospital cared for by Drs. Berkeley Hill and Cooper, whose names stand high in this specialty. It contains about sixty beds, with a dispensary connected (having an average attendance of thirty a day). The woman's branch of this hospital contains about two thousand beds.

In answer to my questions, the interne said that he had used the sublimate solution by hypodermic injection in about a thousand cases, using it almost exclusively in the dispensary, while in the hospital they employed inunction or Litman's hot-air bath. The hypodermic method was used in the dispensary as affording the most certain method of treatment for those whose chance of regular medication otherwise was very slight; while the inunction treatment was too dirty or harmful, if carelessly employed, to carry out at the home of the patient. He used one-third of a grain of sublimate, in water, at one dose, once a week, and had never seen an abscess result, injecting into the thickest part of buttock. He was very enthusiastic in *his* praise of the inunction method, and showed me some excellent cases illustrating its rapid action. He showed me also several cases of phagedenic ulceration treated by the continuous sitz-bath, and a case in which buboes unhealed were cured by daily distension of the cavity with carbolized water.

Dr. Berkeley Hill's favorite treatment is use of *pil. hydrarg.*

Hence you may see that my enthusiasm over the French method was dampened by the inunction experience of the English.

But in all this diversity one thing remains certain, — that all unite upon mercury in some form or other in the cure of this disease; their differences being confined to the form and method of administration.

The hypodermic method, or that of inunction, was employed when rapidity of action was needed, and the more leisurely though no less sure method of administration by the mouth is made use of in the majority of cases.

The other point on which all unite is, that a dose just sufficient to escape toxic effects is required to render such treatment effective.

Turning to our school, we see the same unanimity regarding the use of mercury in all earlier stages of the disease, and the tendency to give more material doses since the challenge of Dr. Hughes at the centennial meeting to show cures with high potencies has remained unanswered.



Let me not be misunderstood here. My belief in our law of similars remains the same; and I would rather hold with Dr. Conrad Wesselhoeft that every recognized cure of disease by a single drug is in accordance with that principle; but I believe that the minimum dose varies with the character of the disease, and the constitution and temperament of the patient. Nor can I find it possible to do away with the many other remedies called antipsoric, which remove so successfully many of the conditions either emanating from or complicated by this original disease.

But for the onset of the disease, and for all conditions of it in which the glands are involved, mercury, and mercury alone, is the remedy.

As in the use of external means, in the application of caustic, and in the over-dosing with mercury, the dominant school have been very greatly influenced by the sound advice and example of Hahnemann, so we might do well to heed the words of the Master uttered on this subject,<sup>1</sup> while he was still engaged with his grand life-work not then fully developed:—

“We must beware of a too sleepy employment of mercury, as it only tends to make the virus more obstinate, and even disposes the system to let it break out still more virulently, when the metal is no longer in the fluids.”

In the discussion which followed the reading of Dr. Nichols's paper, it was remarked that under biniodide of mercury, used homœopathically, cures were sometimes effected in a few weeks. In cases of papular eruption, two months were often required for cure. — Surprise was expressed that European physicians made no use of iodide of potassium, which in New York is held in high favor for nervous *sequelæ*. It was replied that relief thus given was very temporary. — Emphasis was laid on the benefits of at once beginning constitutional treatment, without waiting for the appearance of secondary symptoms. — The authorities most in favor, abroad, were said to be, “Syphilis and its Allied Disorders,” by Berkeley Hill and Cooper; and the standard work by Bumstead and Taylor.

Oct. 24, 1887.

### *EPITHELIOMA OF THE CERVIX UTERI.*

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

(*Read before the Massachusetts Homœopathic Medical Society.*)

It is not my purpose to present an exhaustive treatise upon this subject, or to rehearse the dry details of its history, pathol-

<sup>1</sup> On Venereal Diseases.

ogy, and various modes of treatment. I consider these entirely out of place in a society like this, where they consume the time which might so much more profitably be devoted to discussion, and offer nothing original or which cannot be found in the standard works, by all who care to make a thorough study of the subject.

Short, practical, original papers, which can be readily understood, will awaken interest, and provoke discussion, are, it seems to me, what we find most valuable in society meetings; and therefore I shall offer only my own conclusions from personal observation, clinical experience, and extended study, without even quoting or naming the various authors consulted. I hope to call forth from others information and suggestions which may serve to help us all to do more or better for the unfortunate victims of the terrible disease whose name heads my paper, than we have done heretofore.

A question of much importance, and one the definite settlement of which would greatly increase or decrease, as the case might be, the hopes or fears of thousands whose ancestors have suffered from some form of cancer, is this: *Is this disease hereditary?*

At present the question cannot be considered as settled; yet, contrary to the generally prevailing opinion on this point, I am convinced that heredity has very little if any influence in the production of epithelioma, and I will offer three or four reasons for this conclusion.

1. In a large proportion of cases, we find no history of this disease among the ancestors of our cancer patients.

2. Only a small percentage of the descendants of those who *have* died from this cause, ever develop any trace of it.

3. Physical injury at the point of attack generally, if not always, precedes the disease alike in those having and in those *not* having a taint in their family history, and without such injury it rarely if ever develops in any one.

4. Despite the powerful influence of fear and anticipation in such cases, the proportion of victims is but little greater among the descendants of those who have suffered from this disease than of those who have not, and I believe the effect of the popular belief in its inheritance, and the dread of the disease consequent thereon, should be considered quite as potent factors as the supposed transmission of a dyscrasia. I think all will recognize the fact that the effects of the fear, the anxiety, the overhanging dread, which exist in the minds of many nervous women whose family history records one or more cases of cancer, is no insignificant matter; and I am convinced that a decided, confident assurance, such as I can conscientiously give

them, that such an one need have no more fear of uterine cancer than any other woman, will afford quite as much relief to suffering, with as beneficial a result, as can be given by any medicine, no matter who prescribes it, to those who have already fallen victims to the dread disease. I therefore urge the abandonment of, or at least a considerate silence regarding, the theory of hereditary transmission, inasmuch as no possible good to your patients can result from the fear thus created, while much suffering may, on the other hand, be avoided by silence on this point. To this extent, and in such cases, I do believe in the adoption of the mind-cure theory. It has been frequently asked, How can the earliest developments of cancer of the cervix be distinguished from some benign conditions in which the cervix is swollen, hard, eroded, or everted, more or less painful, and inclined to bleed upon touch? This is certainly not an easy matter; yet while I cannot expect to answer very satisfactorily, I will mention a few diagnostic points of difference. But first of all let me suggest that a prophetic insight which will enable one to distinguish the cases in which cancerous degeneration will *at some future time* occur, from those in which it will *not*, cannot be given, at least not by me. In other words, the disease cannot be recognized until it actually exists.

The scirrhous form of cancer, which would more nearly simulate the benign condition described, is very rarely seen in the uterine cervix, while the almost universal form of epithelioma at its very beginning shows a prominence or growing *out* of the diseased tissue with small *yellowish* points, and a distinct line of demarcation between the healthy and diseased portions, which is not found in non-malignant conditions: yet very close observation, and the familiarity with the appearance of each, which only constant practice can give, are necessary to a confident differentiation.

The greatest difficulty, however, lies in the fact that even when menorrhagia or metrorrhagia, leucorrhœa, and even considerable pain are noted, the patient either neglects to consult a physician, or, if she does so, he ignores the necessity of a physical examination, and fails to realize the gravity of the case. The supreme importance of an early diagnosis in this disease warrants us in feeling that a neglect to ascertain the condition upon which these suspicious symptoms are dependent is more than carelessness, and approaches criminal negligence; because, if it be a case of uterine cancer, it constitutes to the patient the difference between a probable cure, and sure death, and if a less serious condition, the examination renders its treatment no *less* satisfactory, to say the least. No assumption of ability to apply a curative treatment on the basis of the symptoms



alone, regardless of the pathological condition, can furnish any excuse, nor can any claim to the cure of such disease be credited unless positive evidence can be furnished that it was as represented, and this can *never* be done without a most careful and thorough physical examination. Later when the fungosities have multiplied, or the ulceration has caused destruction of tissue, the diagnosis is easy, but comparatively useless, as cure is then well-nigh impossible. Before leaving the subject of diagnosis, I desire to recur to the fact previously mentioned, that all or nearly all cases of uterine cancer occur subsequent to, and are probably somewhat dependent upon, an injury to the part affected. It matters not how or when this may have occurred, if in healing cicatricial tissue is deposited, and especially if, as a result of this condition, cystic degeneration of the cervical glands succeeds, there is little doubt that cancerous degeneration is very liable to follow, and in fact has been seen in several instances to so develop while under critical observation. That this does not generally occur immediately or soon after such injury is received, is no reason for denying the connection or relation of the two conditions, as it is in nearly all instances not until through general debility, or more commonly with the decreased vitality and atrophy of the uterine organs at the climacteric, that cancerous degeneration takes place. But when that time comes, if this abnormal tissue is present, being incapable of absorption, it causes irritation and a subsequent congestion, when the changed condition of the surrounding tissues and blood-vessels having rendered them incapable of distension and the appropriation of this increased blood supply, the fungosities which constitute epithelioma are developed and rapidly multiplied.

To be sure, this is theoretical; but it is sustained by careful observations of facts; e.g., in a large number of cases of uterine cancer investigated by Dr. Emmett with a view to testing this theory, it was found that all but five had by childbirth or abortion been more or less injured; and of those five, four afterward admitted to him that they had had abortions. The fifth never admitted it, though it was still suspected. In every case of epithelioma which I have myself seen, I am satisfied that laceration of the cervix and consequent sub-involution had preceded the cancerous development. Again, that many who have suffered injury to the cervix do not have cancer in consequence, does not disprove the claim made. Not all who have tuberculous deposits in the lungs, die of consumption; yet in both instances the presence of such a condition must be recognized as greatly increasing the danger of destructive disease developing, when general debility or greatly lowered vitality

from any cause favor it. This is my point : that sub-involution, or areolar hyperplasia as Thomas designates it, with a deposit of cicatricial tissue in the cervix, should be recognized as a possible cause of malignant disease, and this is still more strongly indicated when the presence of cysts manifests the tendency to degeneration.

In considering the treatment of this disease, I shall express frankly my present convictions, whether they agree or conflict with those generally entertained. I wish it understood, however, that I am ever ready to learn of other and better means than I have to offer.

The sphere of medicine in this connection lies wholly, I believe, in maintaining and improving the general health, — sustaining and increasing vitality ; and should be applied, like a lock on a stable-door, before rather than after the horse is stolen : i.e., at critical periods, or when any tendency to deterioration is apparent, medicinal as well as hygienic measures should be at once applied to arrest such tendency, and sustain and fortify the patient against local degeneration. But when a cancer is actually present, when malignant disease can be demonstrated, I know of no medicine that will arrest and cure it ; and I have no satisfactory evidence that such cure has *ever* been thus effected. Consequently I cannot but feel that many a curable case has passed into a hopeless condition while medicinal treatment was being faithfully and conscientiously applied by those whose faith in what medicine *ought* to accomplish, leads them to hope, and perhaps believe, that they can so apply it that results such as never have been known may be attained. But, alas ! a few months are sure to destroy the physician's confidence in his superior ability, as well as the life of his patient.

To surgery, then, we must look for the possibility of curing uterine cancer ; and that it can be done in many cases by this means, has been well demonstrated during the past ten years, in various parts of the world. It should be understood, however, that this is only during the early stages, while all diseased tissue can be completely removed, and before the malignant elements are taken up by the lymphatic vessels and conveyed beyond the reach of the surgeon's knife. Unfortunately, in a large proportion of cases, the surgeon is not called upon until too late, the golden opportunity having been wasted in the vain attempt to cure by other means.

When taken early the operation is not a dangerous or very difficult one. It consists in removing a cone-shaped section or core from the cervix. The apex of this cone should reach to or beyond the os internum, and if necessary, in order to leave no

diseased tissue, it may include nearly the whole vaginal portion of the womb. In the most favorable cases, however, only the inner or glandular portion need be excised. Immediately after the removal of this diseased portion, a paste or strong solution of zn. chloride, or, if preferred, the actual cautery, should be applied to the wound. I prefer the zn. paste which not only stops hemorrhage and seals the lymphatic vessels, preventing absorption from the wound, but is itself a powerful antiseptic and germicide. By this means I do myself, and have seen others, eradicate the disease in many instances. In others we can claim only a partial control, it being necessary to make repeated applications of the caustic at short intervals to prevent further destruction by the cancerous growth; and in spite of this, though much less rapidly than otherwise, the disease will gradually do its deadly work. Beyond this class of cases, I am not yet ready to do or claim very much for surgical treatment; yet many are claiming a good degree of success by the extirpation of the uterus, and it promises to become more and more successful with increased experience. The latest statistics show that when all diseased tissue can be removed, about seventy per cent recover, and are still free from any recurrence of the disease after an interval of from two to six years. In other cases, however, where the disease had extended to other organs or tissues, *no* cures resulted. As about twenty per cent die from the immediate effects of the operation, and the results are little if any better than from excision of the cervix, which should never be a fatal operation, I must still prefer the less heroic and safer method; and when the disease has extended beyond control by that means, the chance of cure is so very small that we cannot expect many to submit to so desperate an operation, as they will generally choose rather to accept the inevitable, the natural consequences of the disease.

Nevertheless I shall not be surprised if complete extirpation of the uterus becomes, in time, so successful that we can feel justified in urging it upon all suitable patients.

Finally, as I did under the head of diagnosis, so here again I must call attention to the abnormal conditions of the cervix, which are believed to favor and indirectly cause cancerous degeneration. Here we have a field in which, with *no* risk to the life of the patient, we can avert a threatened danger; and I am positive, that if physicians generally would recognize this fact, and act upon it, they would reduce the number of cases of uterine cancer to a very great extent, as I have never seen or known of a single instance in which cancer has developed after a successful repair of a lacerated cervix. When from *any* cause, then, we find sub-involution or hyperplasia of the cervix with a



deposit of cicatricial tissue, excision should certainly be the treatment, and not only because of the relief it will almost invariably afford to the varying trains of attendant symptoms, but also because it will remove a possible cause of future malignant disease. Of those who decry this operation, I ask a fair investigation of the whole question, and I believe it will lead them to agree with me, that if only one in ten or even twenty of those thus operated upon are thereby saved from becoming victims of uterine cancer, the operation is more than justified, and should never be neglected.

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*A CASE OF LONG-STANDING DEAFNESS GREATLY IMPROVED BY STRETCHING OLD TYMPANIC ADHESIONS.*

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

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

AFTER suppurative disease in the middle ear has been checked, the discharge entirely stopped, and the more noticeable of the immediate ill effects remedied, there still remains, in a considerable proportion of cases, some degree of deafness. This is very likely to be permanent, especially if no effort is made at just this stage to restore the ear, by appropriate mechanical and remedial measures, to a somewhat normal condition.

This remaining deafness is not necessarily due to extensive destruction of tissue, nor to the loss of parts of the conducting apparatus; neither is it always due to an unhealed perforation, as is very commonly supposed, but is often most obstinate in cases where the perforation in the tympanic membrane is entirely healed, and the parts gone back as nearly as possible to their relative position. In such cases much cicatricial tissue is likely to be found in the tympanic cavity, and the membrane itself is often bound down and hindered in its movements by adhesions and bands of thickened tissue. The deafness resulting from this condition often remains for years without apparent change, and is likely to be regarded as hopeless, as, indeed, it is in the great majority of cases. In occasional instances, however, the work which should have been done towards liberating the parts immediately after the suppurative process ceased, may still be done with some degree of success, after the lapse of years, and the hearing greatly improved. Such a case presented itself to me about two years ago, and exhibited, in the course of treatment, a number of points of practical interest.

Nov. 9, 1885. Mrs. —, aged fifty years. Thirty-six years ago, when fourteen years of age, had a continued discharge from the right ear, which was followed by a considerable degree of deafness. The left ear is practically normal. The tympanic

membrane on the right side exhibits an old cicatrix occupying the site of a previous perforation. This is freely movable, while other portions of the membrane appear much thickened, very opaque and lustreless, of irregular surface, and in some places bound by adhesions. The handle of the malleus is greatly foreshortened, and seems firmly united to the promontory at its inferior extremity. The Eustachian tube is still open, but the entrance of air into the tympanum is limited. The fork, vibrating upon the vertex, is heard most plainly upon the deaf side, and is best heard upon that side by bone conduction. The watch not being available for testing the hearing distance, Politzer's acumeter is chosen, and, to insure greater accuracy, the patient is required to count the clicks of the instrument. H. D. R. Acumeter<sup>1</sup> = 19 inches. After catheter 3<sup>2</sup> = 8 inches. The plan of treatment is to stretch the tympanic adhesions by the force of air applied through the Eustachian catheter, supplemented at times by the pneumatic speculum. Internally the remedy will be kali muriaticum, 6x. trit., two grains, dry on the tongue, every night.

Nov.	12.	H. D. R. A.	= 12 in.	After cath. 3	= 18 in.	Same med.
"	16.	"	= 28 in.	"	" = 18 in.	" "
"	19.	"	= 28 in.	"	" = 24 in.	" "
"	23.	"	= 17 in.	"	" = 15 in.	" "
Dec.	3.	"	= 20 in.	cath. 4	= 20 in.	" "
"	7.	"	= 30 in.	"	" = 30 in.	" "
"	10.	" = 4 ft.	= 30 in.	"	" = 25 in.	" "
"	14.	" = 5 ft.	= 20 in.	"	" = 34 in.	" "
"	17.	" = 6 ft.	= 32 in.	"	" = 34 in.	" "
1886.						
Jan.	4.	" = 10 ft.	= 5 ft.	"	" = 11 ft.	No "
"	11.	" = 9 ft.		"	" = 9 ft.	Same "
"	18.	" = 9 ft.		"	" = 8½ ft.	" "
Feb.	8.	" = 10 ft.		"	" = 11 ft.	No "
March	15.	" = 9½ ft.		"	" = 10 ft.	" "
"	22.	" = 10½ ft.		"	" = 8 ft.	Same "
"	29.	" = 11 ft.	= 10 ft.	"	" = 11 ft.	" "
Apr.	5.	" = 11 ft.		"	" = 11 ft.	" "
"	26.	By letter.	Improved hearing continues.			No "
Dec.	28.	" "	" "	" "	" "	" "

The points of interest in this record are several: *First*, There seemed in nearly half the treatments to be a loss of hearing-power as the immediate result of the stretching process. This could be explained without difficulty, however, and was not considered cause for abandoning or even modifying the general plan of treatment. *Second*, At the eighth treatment, when first testing the hearing, it was found that the acumeter could be heard for the first minute or two at a considerably farther dis-

<sup>1</sup> Heard normally at about twenty feet.

<sup>2</sup> Sizes numbered arbitrarily from one to five, the largest.

tance than ever before; but upon repeated measurement, the ear becoming somewhat strained and fatigued from continued effort, the distance fell immediately to that recorded at the previous treatment. This same condition of momentarily acute hearing was found to exist in the subsequent treatments, but the difference between the perceptive power of the ear when rested and when fatigued became gradually less marked as the general progress continued. This affords one instance, of many which I have observed, in which the ear seems to exhibit an accommodative power for sound-perception analogous to the accommodation of the eye for vision. *Third*, Towards the end of treatment the meatus, which had been abnormally dry, began to secrete more cerumen, which was soft and normal in appearance.

A fourth point of interest in this case, and one which may possibly be of use in another field than in aural medicine, is an effect which the patient ascribed positively to the remedy used — the kali muriaticum. This alone had been taken every night for thirty-seven nights, then discontinued for eighteen nights, and again resumed for about twenty nights. At this time a leucorrhœa made its appearance, which was described as thick, yellowish, excoriating, offensive, and attended with much headache and general debility. The patient claimed never in her life previously to have been troubled with leucorrhœa, and stated that upon discontinuing the remedy the trouble soon disappeared. More than two months afterwards, during which time she had been free from the difficulty, she once more began taking the remedy, as before, and a second time was annoyed by the same unusual condition, which again ceased when the medicine was discontinued. Her final letter, eight months later, makes no mention of further trouble of this sort, no more medicine having been taken.

Personally I am slow to believe that kali muriaticum, taken in the sixth decimal attenuation, can produce such a proving; but if true it is certainly an important addition to our knowledge of the drug, and I therefore present it as a casual observation, and the final point of interest in this aural case.

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*WIRING THE PATELLA.—TWO OPERATIONS ON THE SAME PATIENT.*

BY SIDNEY F. WILCOX, M.D., NEW-YORK CITY.

[*Read before the New-York State Homœopathic Medical Society.*]

THE operation of wiring the patella has not been looked upon as one giving the most brilliant results. The old superstition regarding the danger of opening the knee joint, like that of



opening the abdomen, has not yet died out. The fear of setting up a suppurative inflammation in this large joint, and the consequent bad results which may follow, still exists. But, with thoroughly antiseptic methods, it has been demonstrated that the knee joint is as tolerant of operative interference as any other portion of the body.

If I had no other ground on which to base my opinion, a certain experience in operating upon this joint would make me a thorough convert to the "antiseptic method." By this I mean antiseptics thoroughly carried out, without omitting the slightest detail either in the preparation for, or the performance of, an operation. Also, I must insist, to make my ground sure, that not only the operator, but also his assistants, must exercise the most scrupulous care to the end of absolute asepsis.

Still, even under Lister himself, there has been one unsuccessful case; and, even with the best of favorable conditions, one cannot promise perfect immunity from danger. The majority opinion with regard to this operation may be briefly stated as follows: that, on account of the good results as regards useful limbs under conservative methods of treatment, it is, as a rule, unnecessary to employ an operation which may be fraught with danger. The exceptions to this rule may be, first, where there is a compound fracture with an opening into the joint; second, where there is a comminuted fracture to such an extent that it is impossible to draw the fragments together by external means; third, where there is so much laceration or contusion of the tissues about the joint that external means cannot be employed; and, fourth, where by the conservative methods only a weak or inefficient ligamentous union has been obtained. To this last class belongs the case which I shall detail.

The safety of a secondary operation is greatly enhanced by a fact noticed by Dr. Van der Meulen: "that in the space between the two fragments of a broken patella, a clot of blood is formed. This clot is not organized at once in its entirety, but the anterior and posterior surfaces are first organized, and only after some time does the process involve the central portion. In this way the two fragments come to be united by two thin pseudo-membranes."<sup>1</sup> The author takes advantage of this in his treatment of fractured patella.

From ten to twenty days after the injury, he proceeds to operate. An incision having been made over the patella, the anterior membrane and the unorganized coagulum lying beneath it are removed; but the posterior membrane is not interfered with, and thus the joint is not opened. The fragments are then

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<sup>1</sup> Medical Record, Sept. 6, 1884. Abstract from *Deutsche Medicinal-Zeitung*.

united by platinum or silver wire suture, care being taken not to include the membrane of organized coagulum, but to let it fold upon itself posteriorly toward the joint cavity. Dr. Van der Meulen has operated in this manner in three cases of fractured patella, and has been enabled to obtain excellent and firm union.

This observation of Dr. Van der Meulen's is of great practical value in a secondary operation, as the actual opening of the joint cavity may be avoided. This I found to be true; for, in the case I am about to relate, I found that by carefully removing the bone from the articular cartilage, a membrane was left continuous with this cartilage, stretching from one fragment to the other, and covering the joint.

In the first operation this membrane was nicked through in one or two places, but without giving rise to any bad result, as the record will show.

CASE. — Mrs. C., æt. about forty-five years; widow; a very large, stout woman.

*History.* — On May 15, '86, slipped while coming down stairs; sent for her physician, who diagnosed rupture of the tendon from the right patella; treated with plaster-of-Paris bandage, and was able to attend to her household duties after a few weeks, until Aug. 15, '86, when she slipped, and fractured patella of opposite (left) limb. This was also treated with plaster-of-Paris bandage by the same physician, and, after several weeks, he insisted on her attempting to walk, supported by himself and her sister. On attempting to sit down after the trial, the right patella broke the second time, and was again treated for two months by confinement in a plaster splint, when, becoming dissatisfied, she had it removed, and called in Dr. C. A. Walters of Green Point, who found the joint in a highly inflamed condition from the splint. Dr. Walters did not think a useful union could be obtained, but attempted it after reducing the inflammation, but without result other than a weak, ligamentous union; and in April he asked me to operate on her at the Hahnemann Hospital. She entered the hospital on the 21st of April, of the present year; and, on examination, I found that she was entirely unable to walk or to stand, on account of the weak, thin, ligamentous union of the fragments on both sides.

She remained with the limbs constantly extended, and the least attempt at flexion caused her pain and great terror for fear of a re-separation of the fragments.

There was a depression sufficiently wide and deep, in either patella, to lay one's finger in; and, so far as any power of locomotion was concerned, the woman was entirely helpless.

The first operation was performed on April 22, 1887, and the second on the 23d of May, 1887.

As the method of operating on both limbs was essentially the same, one description will serve for both. The day previous to the operation I went to the hospital, selected my instruments, and placed them in the pans on the operating table. About a dozen towels and a piece of rubber tissue were placed in a basin of 1 : 1500 corrosive sublimate solution, and allowed to remain soaking over night. About an hour before the operation the instruments in the pans were covered with a 1 : 40 solution of carbolic acid. The patient's limb was well scrubbed with soap and a solution of corrosive sublimate, and shaved before the operation.

After the patient was thoroughly anæsthetized, some of the towels which had been soaking in the antiseptic solution before mentioned were spread on the table, on the opposite limb, and over the limb to be operated upon, except about where the incision was to be made.

The incision was semilunar from one side to the other, about three inches in length, and running about three-fourths of an inch below the point of fracture. This was made in this way to give more room, and also that the cicatrix would not come directly over the line of union in the bone. The flap was dissected back sufficiently so that the patella could be raised with a strong vulsellum forceps. A track was made for the saw through the periosteum, and, the bone being raised, a thin shaving was sawn from the upper edge of the lower fragment, being very careful to divide only the osseous tissue with the saw, but not to go into the joint, the portion of bone being carefully removed, leaving the membrane on its under surface intact.

A shaving was removed from the lower edge of the upper fragment in the same manner.

All this time and during the subsequent steps of the operation an almost constant irrigation of the wound was kept up with a bichloride of mercury solution 1 : 2000, the sponges being used but very little.

Three holes were then drilled in each fragment. These began from one-half to three-fourths of an inch back from the sawn edge, and ran obliquely down to, but not through, the articular cartilage. The wires were then passed through the corresponding holes in the two fragments, and with a strong pair of toothed forceps the fragments were brought into apposition. This was much more difficult than would be supposed, as the quadriceps, having become somewhat contracted owing to the lengthening of the tendon, had now to be practically overstretched. Another difficulty was found in bringing the sawn surfaces into exact apposition, on account of an obstinate tendency to tilt. However, this was accomplished, the wires twisted up as tightly as they would bear, and the ends cut off short, and tucked down



along the line of union, and covered over by the periosteum. The wire was pure silver, and in the second operation as thick as an ordinary probe. Two rubber drainage-tubes were placed at the angles of the wound, and the flap brought down and fastened by three button sutures, and the edges more closely approximated with catgut sutures.

Iodoform was then dredged on thickly, covering the incision and the ends of the tubes. The dressing of borated cotton in layers of corrosive-sublimate gauze was then applied, and over this a sheet of the rubber tissue which had been soaking in the solution, and the whole held in place by a roller bandage. Then a plaster-of-Paris bandage was applied from just above the malleoli to well up on the thigh, leaving an open space over the wound for inspection. Before application the rollers containing the plaster-of-Paris were wet in the bichloride solution, instead of plain water. After this had set, the patient was put to bed. For the first day or so after each operation there was a little serous oozing which passed through the plaster on the under surface; and I directed the nurse to daub on more plaster wet with the bichloride 1 : 1500 several times a day, until the oozing ceased, which it soon did.

There was nothing after either operation calling for any special attention. The highest temperature was  $100\frac{1}{5}^{\circ}$  Fah., which was on the day succeeding the first operation. The dressings were not opened before the sixteenth day, and then only for the removal of the rubber tubes and button sutures. No pus was found on the dressings, only dried serum. In the first wound, owing to the not exact co-aptation of the integument, there was a little raised point of superabundant granulation. This was snipped off and touched with nitrate of silver once or twice, and gave no further trouble. Aside from this, both wounds healed perfectly by first intention.

The plaster-of-Paris splints were retained in position for six or seven weeks, until I was certain that union had taken place.

The patient remained in the hospital until the middle of August, when she was discharged cured. She had not then walked on account of the nervous fear she had of refracture.

At that time the wounds were perfectly healed, both patellæ were movable, the cicatrices non-adherent, and she could flex the legs on the thighs to a few degrees.

In this paper I have made no attempt at gathering statistics, or quoting opinions: this has already been done by others, and the operation has a recognized standing.

The points I wish especially to draw attention to are, first, the fact of the existence of the two layers of the ligamentous connection between the fragments as shown by Dr. Van der Meulen,

and, second, the good result of a thorough application of the antiseptic method.

Although the joint was opened in the first operation, no trouble followed; and I challenge any one to open the knee joint without antiseptic precautions, and not have it followed by either pus formation, or a decided rise of temperature.

Indeed, as was significantly pointed out by Dr. F. C. Fuller in an article on this subject, the men who favored this as a primary operation were those practising the antiseptic method, while those who opposed the operation and considered it dangerous were opponents of antiseptis.

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### *A CASE OF HÆMATURIA.*

BY E. B. PHILBROOK, M.D.

THE following case was treated at the Massachusetts Homœopathic Hospital. I wish to report this case, not only because of the interest there is in the case itself, but also because it well illustrates the fact, that the scrupulous exactness with which we as homœopaths are taught to note the symptoms of a case, often leads us to make a correct diagnosis, where those not thus careful fail.

CASE. — Mr. W., aged 28. Entered the hospital March, 1886. Three and a half years before, he had received a severe strain; he was lifting with his hands above his head, when he felt something in his back give way. The next day he began to pass blood in the urine.

The amount of blood passed was so excessive, that he was soon incapacitated for business, consequently he spent his time in efforts to get relief. For three and a half years he was under allopathic physicians, but not the slightest improvement was experienced from their treatment.

He went to the Massachusetts General Hospital; and, according to his report, the hospital staff, after an examination, pronounced his case to be one of renal calculus, and advised the removal of the right kidney.

He had almost made up his mind to take this last chance (?) when he came to our hospital. On hearing his case, it was decided that it was not renal calculus at all, but quite another and a slighter affection.

The symptoms of the patient were as follows: The passage of large quantities of blood at each urination; continual dull pain in the small of the back; tenderness to pressure over the right kidney; complexion doughy, with dark circles about the

eyes; profuse sweating at times, especially nights; temperature ranging from  $100^{\circ}$  to  $102^{\circ}$ ; appetite poor. After a full meal, he experienced a feeling of distress and fulness in the whole abdomen, especially in the right side, and subsequently the amount of blood passed was increased. Sleepless and restless at night. He was subject to attacks of "flushes of heat," the whole surface of the body becoming flushed, hot and dry: after these attacks had continued for a time, the blood in the urine was much increased, but decreased again after the attacks had for some time subsided. It was also learned that at times, previous to his injury, he had passed large quantities of blood per rectum, but it was not accompanied with any pain, diarrhœa, or uncomfortable symptom. This occurred once while in the hospital.

The urine contained albumen, excessive phosphates, much mucus, at times occupying half the space of the liquid; re-action sometimes alkaline. Amount passed, about normal.

*Treatment.* — From the symptoms above given, terebinth, lycopodium, erigeron, were successively given, with some benefit.

Cognizance was now taken of the vaso-motor disturbance, which proved to be the key to the whole trouble. The patient was kept in bed, cool hamamelis swathes put about the body, and phos. was administered once in four hours.

Under this treatment the improvement was decided and rapid. His general health was much better, and blood was passed only during the daytime, and but little then.

He continued to improve, till one night he contracted a severe cold, when in a few hours he was reduced to a condition much worse than at any time during his sickness. The amount of blood passed was fearful. This condition did not last long, however, but subsided with the cure of the cold.

He remained in the hospital six and a half months, and was then discharged cured, though there was a slight tinge of blood in the urine once in three or four days.

Since leaving the hospital, blood has entirely ceased, and for about a year he has remained perfectly well, and that, too, with both kidneys, and no surgical operation.

The pathology of this case is at best obscure. The most probable explanation is, that the strain the patient received produced a rupture in the kidney substance, and the hemorrhage continued as a result of weakness of the vaso-motor system. The case was so diagnosed at first, and the subsequent results seem to confirm the diagnosis. It would be of interest if any one could suggest a more plausible theory.

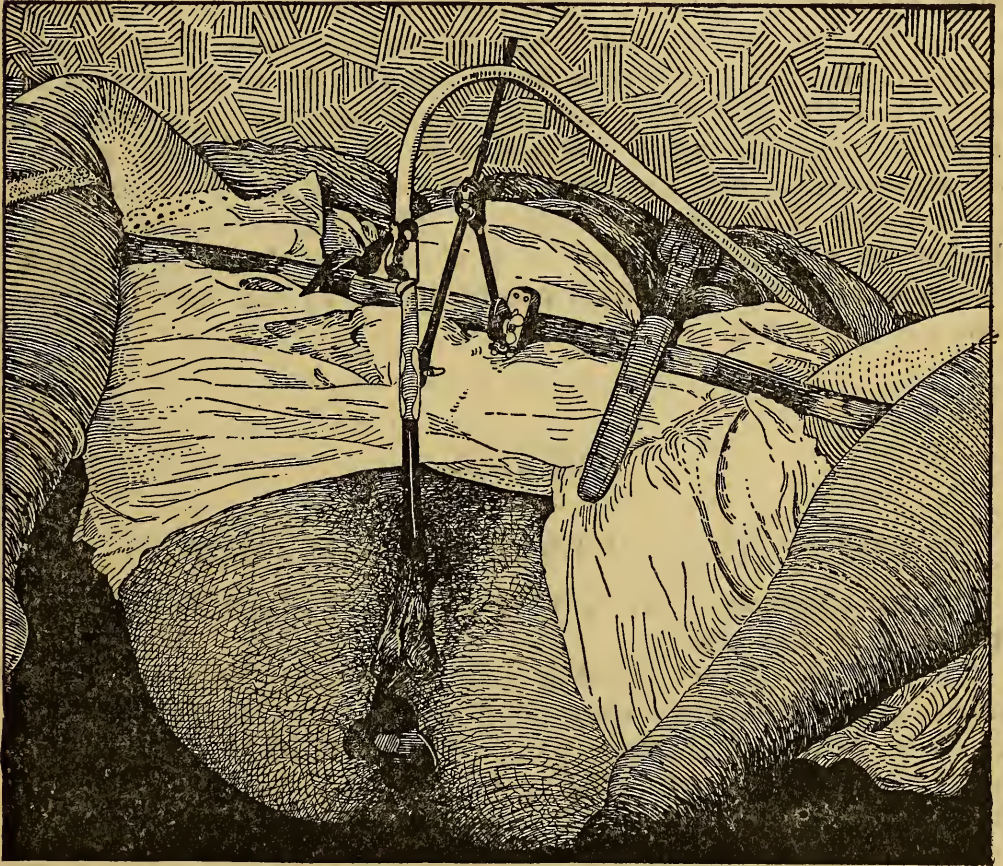


*A NEW APPARATUS FOR MAINTAINING THE LITHOTOMY POSITION, WITH AN AUTOMATIC IRRIGATING ATTACHMENT.*

BY HORACE PACKARD, M.D., BOSTON.

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

THE lithotomy position, so named on account of its original adoption in the operation for removal of stone from the bladder, has assumed additional importance since the rapid evolution of



the art of gynecology during the last decade. This position is used more generally than any other, for all operations on the genital tract. In maintaining this attitude, an assistant is required on either side of the operating-table to support the legs. This is very easy and satisfactory to the operator when able-bodied and skilled assistants are available, but in an emergency, or at a private house, when a nurse or member of the family must be drafted into the service, it becomes awkward and unsatisfactory.

I have long sought some simple device for maintaining the

lithotomy position without the aid of assistants. The apparatus which I here present to you was first described in the New-York "Medical Record" a few months ago, and was invented by Dr. Thomas McBride of Philadelphia. It seemed so simple and practical that I had one made according to his plan. It has given most satisfactory results.

In all operations on the cervix, vagina, and perineum, it is found that irrigation greatly facilitates the process by carrying away all blood, thus taking the place of sponging. It also is a measure of great value as a precaution against the entrance to the wound of septic matter. As an attachment to the apparatus mentioned above, I have devised an automatic arm or holder, by the aid of which the irrigating nozzle may be adjusted at any angle, and thus direct the current of water against any part of the field of operation. This combined apparatus is especially desirable when operations on the vaginal tract are to be performed at the patient's home, and the family objects to a "roomful of doctors." With its aid a cervix operation, or closure of a perineum, can be performed with but one extra assistant, and the help which can be given by the family physician and the nurse.

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## SOCIETIES.

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### *BOSTON HOMŒOPATHIC MEDICAL SOCIETY.*

STATED meeting, Nov. 3, 1887; L. A. Phillips, M.D., Vice-President, in the chair.

The records of the October meeting having been read and approved, the following were proposed for membership: Mary K. Gale, M.D., of Boston; Lucy Appleton, M.D., of Boston; Julia Morton Plummer, M.D., of Boston; Ann C. Stewart, M.D., of East Cambridge; Stephen H. Blodgett, M.D., of Cambridge.

C. Wesselhoeft, M.D., chairman of the Committee on Amendments, then read the following report:—

"Soon after their appointment, your committee met, and have considered the subject intrusted to them, and hereby respectfully report the following:—

"Whereas, The nomination and election of members have been rather informal, and the duties of censors not well defined; and,

"Whereas, Grave inconveniences to applicants as well as to officers have in the past arisen therefrom, thus endangering the standing of the Society:

"Resolved, That physicians wishing to become members of this Society, shall procure of the Secretary blanks stating name, place of graduation, and residence of the applicant, who is to be recommended by two members of the Society.



“ Applicants shall exhibit their diplomas or other satisfactory credentials to the Censors, and shall receive notice by the Secretary immediately after their election to membership.

“ Your committee moves that this resolution be appended to Article IV. of the Constitution of this Society, and be inserted after the words ‘ becoming a member.’ ”

This report was accepted, and action upon the motion deferred until the next meeting, as provided by the Constitution.

The following were then appointed a committee to arrange for the annual meeting: L. A. Phillips, M.D., F. C. Richardson, M.D., A. B. Church, M.D., Alonzo Boothby, M.D., H. C. Clapp, M.D.

SCIENTIFIC SESSION. — Subject: Alcohol. Caroline E. Hastings, M.D., read an able and interesting paper entitled “ The Physiological Effects of Alcohol,” in which its effects as a highly irritative poison were clearly portrayed and substantiated by statistics and illustrative cases. Opinions of eminent scientists were quoted to the effect that the necessity for the use of alcohol in the treatment of disease has been greatly over-estimated, and that in the majority of cases, instead of being beneficial, it is detrimental to the welfare of the patient.

*Discussion.* — Dr. C. Wesselhoeft will not refute what has been said in the paper. Fully agrees with every word of it so far as it pertains to medical practice or morals. Will speak of what he has observed in drunkards. Thinks it is a popular fallacy that drunkards drink alcohol for the love of it. They all agree that alcohol is pretty bad stuff. Many hate it, but cannot get rid of it. Fears that the average temperance reformer knows little about drunkards, or he would not make use of so much ridicule and satire in his attacks upon them.

Has observed two kinds of drunkards. One, the periodical drunkard, who drinks from time to time with sober intervals. These are the drunkards who live longest. Another is the habitual drunkard. He takes very little, but takes it often; he is never known to be drunk, and claims the right to drink as long as he behaves himself. This state of affairs does not last long. He grows gradually worse, and finally breaks down and dies by fatty degeneration of various organs. This latter form of drunkenness is the one most in danger.

The word “ physiological ” applied to the effects of poisonous substances seems a misnomer when considered carefully. The vaso-motor paralysis caused by alcohol is certainly not a physiological effect. “ Toxic effect ” would be better.

Would enter a vigorous protest against the multitudinous nostrums in daily use by the people. The very great majority of them are largely composed of alcohol, and serve merely as substitutes for the rum of the accredited toper.



Dr. D. G. Woodvine would state that his feelings, sympathies, and ideas in regard to this subject are in accordance with those already expressed. But may not alcohol be used as a medicine? Believes that it may be prescribed homœopathically, and should be used in its purest form, not as the nostrums spoken of as tonics.

Dr. Alonzo Boothby does not advocate the promiscuous use of alcohol, but that it has its place in the practice of physicians has not the slightest doubt.

Dr. H. H. Cobb has used alcohol very little.

Dr. W. H. Lougee is a believer in alcohol as a remedy.

Dr. A. J. French has made alcohol a special study in the light of a positive irritant poison. In regard to its being a medicine, we all use poisons as medicines; but in his opinion there is no poison used as a medicine which is so destructive as alcohol. The arousing of all the vital forces necessary to rid the system of this poison is sometimes the very action we want to bring about. There are cases of malignant pustule, or typhoid, for example, requiring this action. Knows of no substitute for alcohol in these cases, and should certainly use it.

Dr. H. C. Clapp has gradually decreased in his use of alcohol, and agrees with Dr. French, that it should be used to tide over epochs or crises.

After some further discussion, the meeting adjourned.

F. C. RICHARDSON, M.D., *Secretary.*

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#### WORCESTER-COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-second annual meeting of the Worcester-County Homœopathic Medical Society was called to order by its president, Dr. N. W. Rand, at 10.45 A.M., twelve members being present. Dr. Goodwin was chosen secretary *pro tem.*

Dr. Barton was called to, and accepted, the chairmanship of the bureau which had the meeting in charge, in the absence of Dr. Paine.

A paper received from Dr. Cushing, and addressed to the Society, concerning the autopsy of the late Dr. McFarland, was read by the President. It proved to be of great interest.

Dr. Roberts next read a report of a successful ovariectomy. His paper led to a wide discussion.

On arrival of the Secretary, at this point in the meeting, the minutes of the last meeting were read by him and approved.

The report of the Censors presented to the Society three names for election. They were, Dr. C. C. Perkins of Warren,

Dr. E. D. Fitch of Worcester, and Dr. P. R. Watts of Worcester. They were unanimously elected into the Society.

The names of Dr. Adams and Dr. Givens of the Westboro' Asylum were reported to the Censors for membership.

The Treasurer's report was next read and accepted.

The report of the Committee on Revision of the By-laws of the Society was not ready for presentation, and they asked for an extension of time. It was granted them.

Dr. Chamberlain next read a few notes on the subject of "Shingles."

At 12.23 noon the Society adjourned to dine at the Lincoln House.

On re-assembling at 1.40 P.M., the first order of business was the annual election of officers, which resulted as follows: President, Dr. E. A. Murdock; Vice-President, Dr. E. L. Mellus; Recording Secretary and Treasurer, Dr. L. Allen; Corresponding Secretary, Dr. John P. Rand; Librarian, Dr. C. Otis Goodwin; Censors, Dr. N. R. Perkins, Dr. J. K. Warren, Dr. C. H. Forbes.

After completing the election of officers, Dr. G. F. Forbes read a paper on "Olive Oil in Dysentery." Some inquiries were made of the doctor on the subject, with extended remarks by different members.

The final paper of the day was presented and read by Dr. Barton on "Blepharitis." He spoke of the use of acid nitrate of mercury. Dr. Warren spoke of the use of acid nitrate of mercury in epithelioma.

Dr. Givens, being present from the Westboro' Homœopathic Insane Asylum, was invited, on motion of Dr. Nichols, to describe to the Society the internal workings of the institution. He did so, much to our instruction and gratification. He spoke of the epidemic of diphtheria in the asylum, entirely exonerating Dr. Paine from all blame in regard to its appearance. His remarks brought forth many inquiries from different members of the Society in regard to the sanitary condition of the asylum; also, of the potencies used for the treatment and cure of disease.

The President next reported a very interesting case, with autopsy, of abscess of the kidney. He promised the Society to present it at some future meeting in a more complete and permanent form.

The Society then adjourned to meet at its next regular meeting.

LAMSON ALLEN, M.D., *Secretary.*

## REVIEWS AND NOTICES OF BOOKS.

A CLINICAL MATERIA MEDICA. By E. A. Farrington, M.D. Edited by Clarence Bartlett, M.D., and revised by S. Lilienthal, M.D. Philadelphia: Sherman & Co., 1887. 752 pp.

Among the first words which meet the eye, as one opens this volume so long and eagerly expected by the profession, are the sorrowful ones "In Memoriam;" and one's first thought, as one turns its pages, is one of vivid regret that the voice whose magnetism lent added interest to the teachings here gathered into permanent form, is silent forever. The work, as is well known, embraces the series of lectures delivered by Professor Farrington before the students of the Hahnemann Medical College of Philadelphia, reported phonographically by Dr. Clarence Bartlett, and by him edited with the assistance of the author's manuscript, and the subsequent revision of Dr. Samuel Lilienthal. The volume thus presented to the profession is a worthy monument to the originality, the enthusiasm, and the indefatigable energy of the author. As a work on materia medica, it is of such unique arrangement, that it can hardly enter into competition with, while it may invaluablely supplement, the present occupants of that important field. It is not necessary to minutely agree with Dr. Farrington, to appreciate the fine qualities of his thorough work. Here and there, as is inevitable, we meet points seemingly open to criticism; as where, on p. 29, the author remarks that cod-liver oil (*oleum jecoris aselli*) "does not act by the oil contained, as Dr. Hughes claims. If it does, why is it that other oils do not produce as good effects?" The evident reply is, that no other oil is as easily digestible, and therefore no other oil can win by assimilation the opportunity to act. We also deplore that such absurdities as *lac caninum* and its fellow lacs—"lacks," indeed, from any standpoint of therapeutic common sense!—should find place, even though but feeble indorsement, in so worthy a volume.

The work, as a whole, is a possession on which homœopathy may congratulate itself, and which the individual homœopathist can hardly afford to be without.

TRANSACTIONS OF THE FORTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Edited by the General Secretary, J. C. Burgher, M.D. 1887. 889 pp.

The Institute may well congratulate itself on the creditable character of the bulky volume which thus makes a surprisingly prompt appearance. Names which are a guaranty of substantial



and interesting work abound in its table of contents, and assure one that a careful reading of the volume will be richly its own reward. The members attendant at the meeting itself will welcome, as here presented, the papers which then proved so interesting, and the non-attendant members will find such suggestions of good things as will tempt them to be less derelict at the session of next summer.

OTIS CLAPP & SON'S "VISITING LIST AND PRESCRIPTION RECORD" exhibits anew those qualities which have won for it in the past the position of the memorandum-book *par excellence* of the homœopathic physician. Its arrangement of double columns permits entry of prescription as well as of the date and nature of service; a numbered list of medicines greatly facilitates this prescription entry; and the introductory text gives all possible "emergency" information in a clear and accessible form. We cordially commend the little volume, testifying from long experience of its predecessors to its entire suitability for its intended uses. Its form is the "perpetual," undated one, adapted for thirty, sixty, and ninety patients weekly; prices relatively, \$1, \$1.25, and \$1.50.

FUNCTIONAL NERVOUS DISEASES: THEIR CAUSES AND THEIR TREATMENT. By George T. Stevens, M.D., Ph.D. New York: D. Appleton & Co., 1887. 217 pp.

This original and highly valuable treatise received from l'Académie Royale de Médecine of Belgium the highest honor awarded for the competition of 1881-83. It sets forth the author's conclusions, based on sound reasoning, original research, and much clinical experience, that many of the more obstinate neuroses, such as chorea, epilepsy, certain forms of spinal irritation and chronic neuralgias, and cephalalgia, have their origin in some form of ocular disturbance, and, by the intelligent diagnosis and treatment of such disturbance, may be almost always ameliorated, often permanently cured. Photographs giving the physiognomy of patients afflicted with nervous diseases, taken before and after the discovery and remedy of the abnormal ocular condition, show a difference that seems practically to amount to a new creation, and furnish overwhelming justification of Dr. Stevens's theories. "We are not to hope," he modestly says, "for a specific against all neuroses. Our greatest advance must be in the recognition of some new classes of causative influences, and the means of combating those influences." To Dr. Stevens the profession is unquestionably indebted for the discovery of a new and most important class of causative influences; and no physician, after a thoughtful reading of this admirable treatise,

will fail to consider the diagnosis of an experienced oculist an invaluable aid to his own in any obstinate case of nervous disease under his care.

A TREATISE ON HUMAN PHYSIOLOGY. By Dr. Henry C. Chapman, Professor of Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College. Philadelphia: Lea Brothers & Co., 1887. pp. 945.

It is with pleasure that we add the above to our list of advanced English text-books on physiology. As a scientific work, it is fully worthy to stand with those of Foster, Flint, and Dalton. The literary style is clear and facile, although the English is at times not of the choicest, and there is occasionally an error which might have been removed by a more careful proof-reading.

In the introduction Dr. Chapman defines the position and object of the study of physiology very clearly, and then makes quite a long and animated plea for vivisection. Then follow in the natural order, first, the general physical and chemical structure of the body; then foods, and their digestion and assimilation into the blood. The circulation of blood comes next, followed by excretion and animal heat. The nervous system follows, and a short chapter on muscular contractility; and two chapters on reproduction, and development of the embryo, complete the work.

Much space is devoted to the description of physiological apparatus and experiments. Chapter XXV. is an interesting review of the history of the discovery of the circulation. The illustrations are numerous and well executed. The publisher's work is in every way up to the well-known high standard of the house.

A HANDBOOK ON DISEASES OF THE SKIN, WITH ESPECIAL REFERENCE TO DIAGNOSIS AND TREATMENT. By Robert Living, A.M., M.D., Cantab. F.R.C.P., London. Fifth edition, revised and enlarged. London: Longman, Green, & Co.

This little volume seems to fulfil in every respect what its title claims. It is a *handbook* for ready and quick reference by the physician in active general practice, whose time is often too much employed to allow of thorough consultation with the larger works on dermatology. The introductory chapter gives tersely proper directions for the examination of patients, and treats of the great importance of distinguishing between the phenomena and the epiphenomena of cutaneous diseases.

The value of elementary lesions, as a means of diagnosis, the author believes is still over-estimated, and strongly insists that

a definite meaning should be assigned to each term used, and strictly adhered to.

The chapters on the various diseases are well and practically written; the diagnosis shortly but plainly and explicitly stated, oftentimes the differential diagnosis being arranged in a tabular form, thus enabling one at a glance to discriminate.

The directions for treatment are full and explicit, under the head of each topic, and at the end of the volume are valuable formulæ for lotions, unguents, etc. Altogether, this is an excellent, practical little volume. It is to be regretted that it is not presented to the profession by the publishers in a little more durable form.

**OPERATIVE SURGERY ON THE CADAVER.** By Jasper J. Garmany, A.M., M.D., F.R.C.S. New York: D. Appleton & Co., 1887. 150 pp.

Post-mortem surgery must always precede intelligent and successful ante-mortem surgery. No more acceptable or useful guide to this form of experimental teaching could be desired, than the admirable little work before us. Not a superfluous phrase and not an obscure phrase mars its pages; with its aid the "manipulative procedures of the ordinary surgical operations" can be made clear and interesting to any earnest student; and their details, moreover, can be readily recalled on even a hurried consultation of the volume by the busy practising surgeon.

**DISEASES OF THE FEMALE MAMMARY GLANDS**, by Th. Billroth, M.D., of Vienna; and **NEW GROWTHS OF THE UTERUS**, by A. Gusserow, M.D., of Berlin. Illustrated. These two works constitute Vol. IX. of the "Cyclopædia of Obstetrics and Gynecology." New York: William Wood & Co. 426 pp.

A very adequate translation is here offered of Dr. Billroth's exhaustive treatise on diseases of the female mammary glands, and also of Dr. Gusserow's work on new growths of the uterus. Both subjects are of great interest and importance, and no gynecologist will wish to remain unfamiliar with such authoritative works upon them, thus rendered readily accessible.

**WINTERING ABROAD.** By Dr. Alfred Drysdale. Second edition. London: J. S. Virtue & Co., 1887. 63 pp.

This little book sets forth tersely and ably the advantages and disadvantages of the health-resorts of Southern France, Northern Italy, Spain, Egypt, etc., and the different forms of disease to which they respectively may be expected to be of benefit. The author is a shrewd and impartial observer, and



the pages of his little treatise teem with useful suggestions. The book was of course primarily intended for British physicians and invalids, but so many Americans now "winter abroad," that the American practitioner will often find practical use for the information here afforded. The absence of health and weather statistics may be noted as exceptional, but hardly regrettable.

THE MEDICAL NEWS VISITING LIST FOR 1888 is a handsome little volume, bearing the stamp of thoroughness and elegance which distinguishes all Messrs. Lea Brothers & Co.'s work. The text portion of forty-eight pages contains many data of great value for instant reference, including the latest therapeutic novelties. It is published in three styles: weekly, dated, for 30 patients; monthly, undated, for 120 patients per month; and perpetual, undated. Its price, \$1.25, is highly reasonable for the value offered.

THE PHYSICIAN'S VISITING LIST FOR 1888 (Lindsay and Blakiston). Philadelphia: P. Blakiston, Son, & Co.

A visiting list which has reached its thirty-seventh year of publication, needs no introduction to the medical profession. In addition to the visiting list proper, much useful information is, in the present volume, condensed into convenient shape for hurried reference; such as notes on "Poisons and Antidotes," "Disinfectants and Disinfecting," etc. These Lists vary in size, being adapted to the registration of from twenty-five to one hundred patients per day or week; they are also offered dated and in undated or perpetual form.

THE NOVEMBER CENTURY has, as the initial paper of what promises to be a unique and powerfully interesting series, "The Last Appeal of the Russian Liberals," by George Kennan. Edward Eggleston and George W. Cable contribute each the opening chapter of a serial story. There is an exquisitely illustrated account of the sculptor St. Gaudens, and his work; essays and poems are numerous and entertaining; and the brief paper on "College Composites," with its photographic reproduction of the composite face of the college man of '87, the Harvard Faculty, and the "sweet girl-graduate," is fascinating to a degree. New York: The Century Company.

THE POPULAR SCIENCE MONTHLY for November has a practical article by Dr. Stillman on "The Unhealthfulness of Basements;" Professor Le Comte contributes a talk on "Agassiz and Evolution;" Professor Eimer talks on "Specialization in

Science;" and the eighteen articles enumerated on the title-page will occupy the thoughtful reader far longer than the month that will intervene before the appearance of the next number. New York: D. Appleton & Co.

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BOOKS AND PAMPHLETS RECEIVED.

- A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By Roberts Bartholow, M.A., M.D., LL.D. New York: D. Appleton & Co.
- ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F. R. S. A new American from the eleventh English edition. Philadelphia: Lea Brothers & Co.
- A COMPLETE HANDBOOK OF TREATMENT. By William Aitken, M.D., F.R.S. New York: E. B. Treat.
- OBSERVATIONS ON THE CLIMATE OF FLORIDA. By H. R. Stout, M.D., Jacksonville, Fla. Reprinted from Transactions of the American Institute of Homœopathy.
- FACTS AND FALLACIES IN CLIMATOLOGY. By H. E. Beebe, M.D., Sidney, O. Reprinted from Transactions of the American Institute of Homœopathy.
- CONTRIBUTIONS TO GYNECOLOGY. FASCICULUS I. THE GALVANIC TREATMENT OF UTERINE FIBROIDS. By Ephraim Cutter, A.M., M.D., LL.D. New York: William A. Kellogg.
- DIET IN CANCER. By Ephraim Cutter, A.M., M.D., LL.D. Reprint from "Albany Medical Annals."
- CALENDAR OF THE MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

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MISCELLANY.

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THE SCIENTIFIC AMERICAN, published by Munn & Co., New York, during forty years, is, beyond all question, the leading paper relating to science, mechanics, and inventions, published on this continent. Each week y issue presents the latest scientific topics in an interesting and reliable manner, accompanied with engravings prepared expressly to demonstrate the subjects. The SCIENTIFIC AMERICAN is invaluable to every person desiring to keep pace with the inventions and discoveries of the day.

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PERSONAL AND NEWS ITEMS.

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THE GAZETTE offers its sincere apologies to Dr. J. P. Dake, for a typographical error which materially changes the sense of his excellent remarks, quoted on page 503 of our November issue. For, "a more critical *chemical* experience," should be read, "a more critical *clinical* experience."

THE fourth annual meeting of the Southern Homœopathic Medical Association will be held at New Orleans, Dec. 14-16, 1887. A large and enthusiastic gathering is looked for.

THE BUREAU OF GYNECOLOGY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY announces, as its general subject for discussion at the next meeting, "Uterine Therapeutics." Those interested in the various phases of this important subject are urged to come prepared to participate in the discussions.

THE Massachusetts Surgical and Gynecological Society will hold its annual meeting, Dec. 14, afternoon and evening.

The following reports and contributions are already assured: viz.,—

President's Address, by George H. Payne, M.D.

Report of Progress in Surgery during the year. A. Boothby, M.D.

Report of Progress in Gynecology during the year. S. Manning Perkins, M.D.

Coccydynia, by Edwin M. Hale, M.D.

Lacerated Perinæum, by H. A. Houghton, M.D.

Ulceration of the Cervix Uteri, by Sarah E. Sherman, M.D.

Clinical Cases, by W. O. Faxon, M.D.

A Case of Malignant Tumor of the Breast, by F. Brick, M.D.

Neoplasms of the Urethra, by D. B. Whittier, M.D.

The Question of Sex in the Profession, by L. A. Phillips, M.D.

THE GAZETTE is indebted to the courtesy of Dr. Frederick S. Fulton of New-York City, for a very interesting account of the recent meeting of the New-York Homœopathic Medical Society. We rejoice to know that the meeting was successful, both from a scientific and social point of view.

DR. O. B. GAUSE has resigned, to the cordial regret of his fellow-workers, the position he has so long held as professor of obstetrics, and registrar of the Hahnemann Medical College of Philadelphia, and has removed from Philadelphia to Aiken, S.C. The best wishes of his colleagues and his many friends go with him to his new home.

J. B. LIPPINCOTT COMPANY, publishers of "The Archives of Pediatrics," announce that, in the issue of the January number, 1888, will begin a series of articles on the "Therapeutics of Infancy and Childhood," by A. Jacobi, M.D., of New York.

The plan and scope of these articles are given in the following extract from Professor Jacobi's letter to our editor:—

"I will prepare an essay of ten or twelve pages for every monthly issue of your journal. The subjects will be therapeutical. The first paper will probably contain general principles in their application to the disorders of early age. The following will treat of the therapeutics of the diseases of the newly born, of developmental and infectious diseases, those of the organs of circulation and respiration, genito-urinary organs, stomach, and other abdominal viscera, muscles and bones, skin, nervous system, etc. Other subjects, which will be treated of afterwards, are certain classes of remedies, such as anæsthetics, narcotics, anti-febriles, purgatives, absorbents, roborants, and stimulants, etc. If there be time and room, the most interesting diseases, such as epilepsy, chorea, whooping-cough, and growths, may become the subjects of special papers."

DR. LAURA M. PORTER has returned from Hingham, and resumed office practice at No. 54 Rutland Square.

DR. L. B. ATWOOD has removed from Watertown to Wilbraham, Mass.

DR. B. C. HOWLAND has removed from 133 William Street to 31 Eighth Street, north-west corner of William and Eighth Streets, New Bedford.

DR. EDNA G. TERRY is very pleasantly located at Tsientsen, China. She writes that she is "much pleased with this part of China as a mission field, and already feels very much at home."

DR. HORACE PACKARD will give a winter course in Gynecological Surgery, beginning Monday, Nov. 28, and continuing six weeks. Three clinics weekly, on Mondays, Wednesdays, and Fridays, beginning at 9.30 A.M.

PROFESSOR LOISETTE'S new system of memory training, taught by correspondence at 237 Fifth Avenue, New York, seems to supply a general want. He has had two classes at Yale of two hundred each, two hundred and fifty at Meriden, three hundred at Norwich, one hundred Columbia law students, four hundred at Wellesley College, and four hundred at University of Pennsylvania, etc. Such patronage, and the indorsement of such men as Mark Twain, Dr. Buckley, Professor William R. Harper of Yale, etc., place the claim of Professor Loiset upon the highest ground.



## OBITUARY.

MRS. MARY MYERS DAVENPORT, M.D., a graduate of the Boston University School of Medicine, class of 1884, died in Bengola, Africa, July 18, 1887, of malignant fever, after an illness of only three days. During the term of her college life, she was an exceptionally able and conscientious student, winning the cordial respect and liking of both teachers and classmates. During the latter part of her student life, she filled the position of assistant demonstrator of anatomy, and held at one time the position of resident physician at the Cancer Hospital. She was the valedictorian of her class. She sailed, as a medical missionary, for Africa, in December, 1884, and the following February was married on shipboard to Rev. Mr. Davenport. Hers was a life of enthusiastic devotion to high aims; and her death, at the early age of twenty-eight years, is a loss not only to those to whom she was personally dear, but to the world at large, which can so ill spare its faithful workers.

LAFAYETTE MACFARLAND, M.D., died in Springfield, Mass., on Sunday, Oct. 30, 1887, at the age of sixty-three years. He was born in Hopkinton, Mass., Oct. 15, 1824, where he lived through childhood, and later he came to Boston to engage in business. The details and confinement of trade and money-making were never congenial to him. To spend one's time in hoarding coppers seemed a waste of life, and he seized the first occasion to seek some broader field of thought and action, and he entered upon the study of medicine with a zest and earnestness that continued to the last days of his life. He studied in the Tremont-street Medical School in its best days, attended lectures in Harvard Medical School, and, a deep interest in homœopathy having been awakened in his mind, he went to Philadelphia, where he studied in the Homœopathic Medical College of Pennsylvania, from which school he graduated in March, 1854. He at once settled in Boston, where, for more than twenty years, he had an extensive practice, and many of his families remember with gratitude and affection his cheerful presence and successful care. He was an enthusiastic believer in homœopathy, and he wanted the whole profession and community to know its great value. He was deeply interested in improving the meetings of our medical societies, and in building up our institutions. In April, 1855, he took a leading part in organizing, and carrying to successful completion, the centennial anniversary of the birth of Samuel Hahnemann. On this brilliant occasion, three thousand people were assembled in Tremont Temple to do honor to one who had done so much for science and humanity. In the same year he, with others, labored earnestly for the establishment of a homœopathic hospital by the State, and the near approach to success made the disappointment of failure all the more severe. In 1856 he joined in the effort which, through the charter of the Massachusetts Homœopathic Medical Society, secured from the State equal legal privileges to homœopathic physicians as to others, a step which has helped the cause of homœopathy the world over. In 1857 he assisted in establishing the Homœopathic Medical Dispensary which was chartered by the State. In March, 1858, he was one of the moving spirits in the public fair, the pecuniary results of which have proved sufficient to sustain the Dispensary to the present time. Later he was equally interested in the great movement which established the Massachusetts Homœopathic Hospital, and which led the way to the founding of Boston University School of Medicine. In all these efforts his good judgment and energy contributed largely to success.

He possessed an unusually fine physique, and an active mental temperament, but from early life he had some heart trouble, which gradually increased. In his early years of practice he consulted two of the most distinguished physicians of Boston regarding this trouble; and, as indicating the exact state of medical knowledge of the day, these physicians disagreed entirely as to his condition, while one advised for treatment the free use of stimulants, and the other said he must not touch a drop of any kind. Some years later, while driving, in endeavoring to control a headstrong horse, he suddenly felt something give way in the cardiac region, producing very serious symptoms, and from which he never recovered. Dyspnoea, dropsy, and prostration followed, and in January, 1875, he left his practice, and went to Willimansett expecting to live but a short time. The quiet and change of air and scene

proved beneficial to him, and in May, 1876, he had so far recovered that he removed to Springfield, Mass., and engaged in practice, which he continued till within a few days of his death.

It would be difficult, in this brief notice, to do justice to the genial, generous, warm-hearted character of Dr. Macfarland. Naturally a student, a thinker, and a philanthropist, his sympathies went towards those of his kind, and he held among his friends some of the best citizens of our State.

His funeral took place at Springfield on Wednesday, Nov. 2, and the body was brought for interment to Newtonville, where it was met by a delegation from the Massachusetts Homœopathic Medical Society, including Drs. Benjamin H. West, David Thayer, I. T. Talbot, C. H. Farnsworth, L. D. Packard, J. H. Sherman, E. P. Scales, S. A. Sylvester, and George W. Woodman, and many patients and friends of the deceased.

At five P.M. of the same day a special meeting of the Massachusetts Homœopathic Medical Society was held in Boston, at which Dr. Conrad Wesselhoeft presided. Commemorative addresses were made by Drs. Wesselhoeft, I. T. Talbot, H. C. Clapp, and others, and the following resolutions were unanimously adopted:—

*Resolved*, That in the death of Lafayette Macfarland, M.D., this Society parts with one of its corporate members, who was active in its legal foundation, and deeply interested in its success and welfare; with one also who filled many of its offices with faithfulness and efficiency, and who, until stricken down by severe and painful disease, did much for the dissemination and advancement of homœopathy. Moreover, this Society recognizes in his death the loss of a conscientious physician, a careful observer, a genial companion, and a faithful friend.

*Resolved*, That we tender our warm sympathies to his devoted wife, who, from the beginning of his sickness, through the long years of his suffering, till the release of death came, watched him so constantly, and so unwearingly administered to his wants

*Resolved*, That a copy of these resolutions be spread upon the records of this Society, and also sent to Mrs. Macfarland. \*

DIED, Nov. 10, DR. JOHN A. BURPEE at his home in Malden. The immediate cause of death was heart failure. He had not been feeling quite well during the evening, but attended to his calls as usual until after ten o'clock, when he returned to his house in great distress, and died in a few minutes. Dr. Burpee was born at Ludlow, Vt., April 8, 1823. While yet a child, he went to live with an uncle in Sterling, Mass.; in early manhood he removed to Lima, N.Y., where he lived with another uncle until he began the study of medicine with Dr. Ellis of Detroit, Mich. He graduated from the Hahnemann Medical College at Philadelphia, March 1, 1854. In April, 1854, he settled in Malden, where he has since remained in the active practice of his profession. On June 22, 1859, he was married to Miss Mary E. Marshall of Dorchester. He leaves a widow, two daughters, and a son. Three other children died in infancy. Dr. Burpee was one of those rare men who with a strong mind combine a fine sympathetic nature, qualities that eminently fitted him for his chosen profession, and made for him a host of firm friends, who mourn his loss, as though of their own kin. His hand and purse were ever quietly at the service of the needy and suffering, and his memory will be kept warm in the hearts of all whose privilege it was to know him. With his patients he was always hopeful and cheerful; his merry laugh has set many a sick one in the direction of recovery. In Dr. Burpee the profession lose another typical physician whose life could be held up as an example to the rising generation. C.

It is with sincerest sympathy and sorrow that we chronicle the death of Mr. GILBERT POPE, son of our honored colleague Dr. Alfred C. Pope, of Tunbridge Wells, England. Mr. Pope was a young man of the highest promise. He was connected with one of the chief electric-light companies of Great Britain, and was sojourning, on business connected with its service, at Waterford, Ireland, when he was stricken with the low fever which ended in his death. While at Waterford, he endeared himself to its people by an exhibition of splendid courage and self-devotion in a rescue from drowning, where he risked his own life in successful effort to save another's. We assure Dr. Pope of the deep and affectionate sympathy which will be universally felt for him by his American *confrères* in this heavy sorrow which has come to shadow his useful and honored life.









