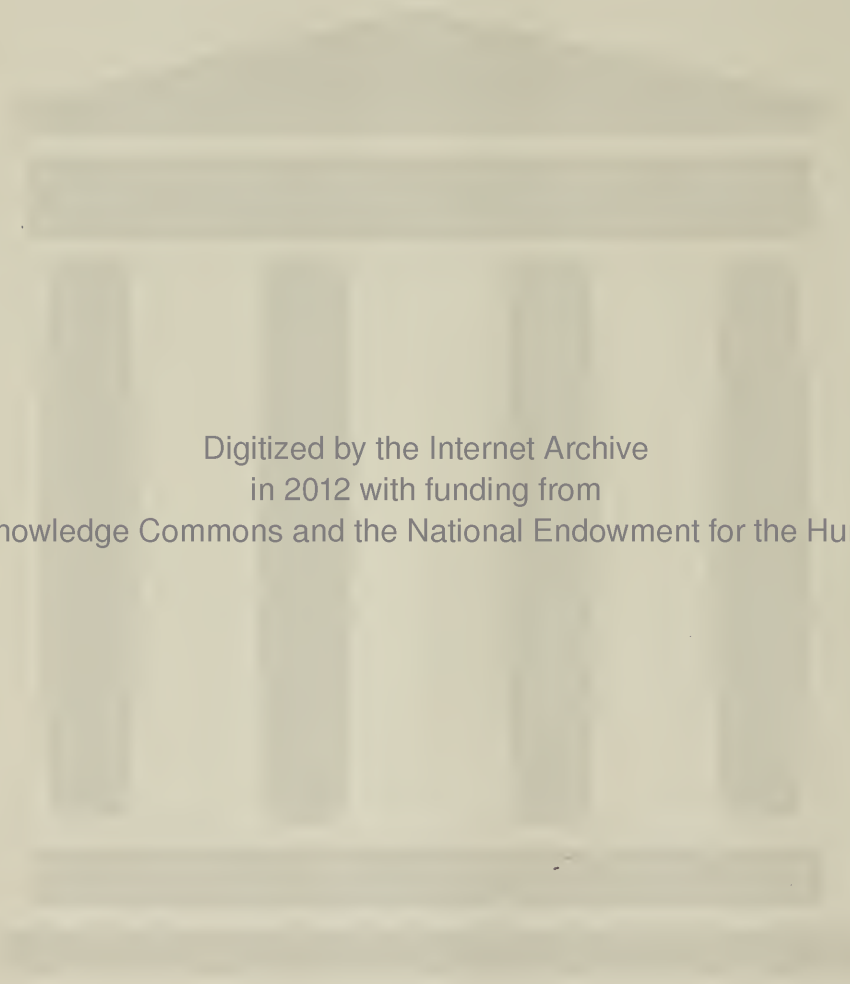




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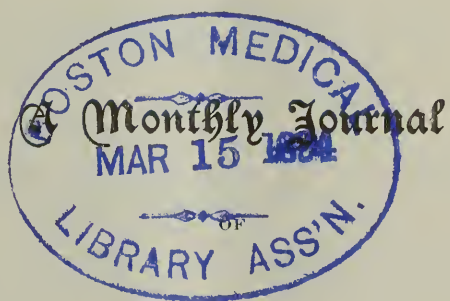
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THE
NEW-ENGLAND
MEDICAL GAZETTE.



HOMŒOPATHIC MEDICINE.

“Die milde Macht ist gross.”

VOLUME XXVIII.

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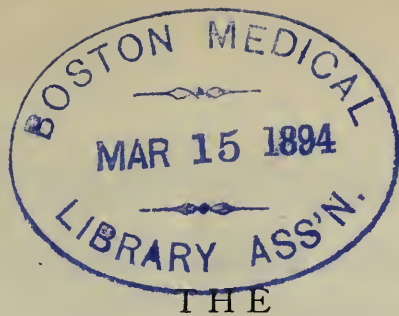
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VOL. XXVIII.

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EDITORIAL.

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GOOD NEWS FROM AFAR.

Pleasant words, of the sort we have now grown wonted to look for, with the opening year, come to us from far Australia and from darkest India. The annual report of the Homœopathic Hospital at Melbourne, shows that despite the exceeding financial depression which has prevailed throughout Australia, despite the diminished subscription-list of the Hospital, traceable directly to this cause, and despite the very considerable increase in expenses from the maintenance of the new wing, the institution has met all claims upon it, and enters upon its new year with a definite if reduced balance to the good. Surely a most creditable showing. The clinical records are not less satisfactory. The total number of patients treated has been 3,527, with a mortality—exclusive of patients admitted *in articulo mortis*, as was not uncommon during the typhoid epidemic—has been 6.8 per cent. Especial mention is made of the marked value of homœopathic treatment as an adjunct to surgical procedures. The Ladies' Aid Society is particularly thanked for its many gracious services, such, for instance, as the providing of pleasant pictures for the walls of the wards, the founding of a library, and the sending, as a surprise, of a well-filled Christmas hamper, to the nurses. Altogether the report is full of encouraging suggestions of usefulness and cheer.

From the Calcutta Homœopathic Charitable Dispensary comes, also, hopeful news. In the eight years of its existence

the number of its regular subscribers has swelled from eleven to seventy-five. Its beneficent work has been attended by continued success. In three remote and poor Indian villages branches have been established to which the "sick with divers diseases" eagerly flock. The charity shown covers not only the giving of medicines, but the distribution of food. It is the earnest aim of the founder, Dr. Banerjee, and his fellow-workers, to establish a hospital, within whose shelter the poor can be treated much more successfully, because more continuously, than in brief visits to a dispensary. Contributions to this end, even the smallest, would be gratefully received by Dr. D. N. Banerjee, 43 Chorebagan, Calcutta; and they could hardly be more worthily bestowed.

As is usual, several interesting clinical cases are included in the report, the following being among the most suggestive to Western physicians, who even yet are occasionally called upon to wrestle with our formidable enemy of several years' acquaintance.

LA GRIPPE AND ITS CURE BY AZADIRACHTA INDICA.

Two cases, Nos. 1784 and 1834, of a Hindu man and woman, aged 50 and 40, respectively. Entered the dispensary on the 6th and 15th February last, suffering from high fever, heaviness of head, pain in the body, especially in the back, over the chests and throat, loss of appetite, aching of the limbs, severe paroxysms of cough and tastelessness. I prescribed our newly proved drug (*Azadirachta Indica*), and to my great satisfaction they got well in six and four days, respectively. Besides these two cases several other cases with similar symptoms were cured. I record it as my firm conviction that this new drug (in many respects analogous to bryonia) is a specific for this contagious epidemic. My colleagues in all parts of the world should try to prove its virtues. It has a curative power over the effects of quinine and is an appetizer.

The drug here referred to has had, during the year, a second proving, at the hands of Dr. Banerjee and his fellow-workers, and this has yielded most interesting confirmatory results, especially in the way of marked symptoms of prostration, severe aching of the limbs, vertigo and burning headache. Dr. Banerjee,

at address given above, will supply all would-be experimenters with Indian drugs, either in pathogenetic or clinical lines, with the pure tincture, at half a dollar an ounce. The field is one well worth cultivating.

All of which is pleasant news for the opening year to bring.

EDITORIAL NOTES AND COMMENTS.

—:o:—

VOL. XXVIII OF THE GAZETTE, which, with the present issue opens its pages, may, we trust, be able to chronicle as many good and fortunate happenings as it was the privilege of the volume just closed, to do. New hospitals opened, new privileges secured for old established hospitals, new facilities for work opened—as in the noble addition to our own college, hospital and dispensary; homœopathic physicians multiplying all over the land, and the demand for their services multiplying as widely and as fast; gloriously successful meetings of our national and state societies; to all these records of “marcies” the GAZETTE adds its own special note of grateful acknowledgment of kindly prosperity. It thanks contributors for many and thoughtful papers; friends for words of encouragement; subscribers for solid and practical support. Let the New Year’s record match the old, and the veriest Gummidge among editors could not enjoy the privilege of being “lone and lorn.” Hoping for a happy new year for itself, the GAZETTE extends its wishes for one to all its valued friends, old and new, far and near!

OUR MEANEST CRIME is the pungent and suggestive characterization, by Dr. John H. Clarke, of vivisection, in his paper lately read before the Church Congress at Folkestone, England. Dr. Clarke’s concluding paragraphs, which we take great pleasure in reprinting, are rich in humane good sense.

“Medical history is full of examples of the contrast that exists between the unanimous opinion of the doctors as to the value of vivisection, and the facts on which that opinion is supposed to be based. I need only refer to Dr. Koch’s supposed consumption cure. In the laboratory he gained from experiments certain information of the behaviour of guinea-pigs in relation to the poison of consumption. I do not deny that ‘information’ may be gained from these experiments; but I do maintain that the information is either pernicious, or else is obtainable by

innocent means. Herophilus is said to have discovered from the vivisection of 600 criminals that man has a pulse. He could have discovered this by merely feeling his own wrist. Koch by vivisection gained information about guinea-pigs and consumption; what was the good of it? His laboratory conclusions proved fatal to numbers when tried in hospitals, as Virchow and others have abundantly proved. Again, we have heard much of the extraction of brain-tumors as being an outcome of experiments on animals, not to say on living human beings—hospital patients pressed into the service of vivisectors. On the other hand clinical observers foretold that the data for such operations was so uncertain that surgeons were not warranted in performing them, and this the event proved. The first two patients on whom the operation was tried were killed by it; and so many others have followed, that Sahli, the latest authority on the subject, condemns the operation and supports the clinical observers.*

It may be asked, how can an intelligent and in most respects humane profession be so far wrong? I answer, it is dominated, or intoxicated—hypnotised, if you will,—by the vivisecting spirit. If the profession were quite sober on the question, how would it be possible for responsible men like Sir James Paget and Sir Joseph Lister to make the perfectly outrageous statements they have done about Pasteur's proceedings? Sir James said at the Mansion House, when advocating the establishment of a British Pasteur Institute, that M. Pasteur had saved the lives of 900 persons from dying of hydrophobia as certainly as if he had snatched them from drowning. Sir Joseph in his speech in deputation to Sir M. Hicks-Beach modestly put the figure at 12,000. These statements are simply absurd; there never was anything like such a mortality possible; and yet so dominated is the profession by the vivisecting spirit that no word of contradiction has gone forth from its responsible organs. In defence of vivisection no statement is too outrageous. What are the facts? In France, the country most affected by Pasteur's experiments, the mortality from hydrophobia has actually *increased* since he began to inoculate for it. This is easily accounted for. Professor Peter and Dr. Lutaud have shown that Pasteur has actually killed a number of his patients by a disease of his own invention—paralytic rabies. Professor Horsley has proved that inoculations were fatal in one of the English cases; and I have ascertained that in another the symptoms with which the patient died were entirely unlike those of ordinary hydrophobia, and corresponded accurately with those of the Pasteurian variety.

If vivisection were of any real benefit to mankind, surely it is human vivisection and not that of animals that would be the most valuable. But nothing good has come of human vivisection. Our modern Herophili ask for animals only, though they do not scruple to use human material, with or without consent, when chance gives it them in the hospital or workhouse infirmary. Such has been the history of the cancer-grafting cases; of the victims of the Koch consumption 'cure'; of Mary Rafferty and the man Rusticucci, whose brains, exposed by accident, proved too tempting a field for the experimenting proclivities of their medical attendants; of the victims of the nitrite of sodium experiments; of the boy, age 10, 'who had never in his life tasted alcohol,' and who was repeatedly dosed with it by his doc-

* The proceedings of the recent 'International Congress of Experimental Psychology' fully sustained this view. Professor Victor Horsley having read some notes on 'Experiments on the Degree of Localization of Movements and Correlative Sensations,' the *Provincial Medical Journal* says: 'A lively discussion ensued, in which Professors Hitzig and Henschen insisted on the great difference between man and the lower animals.'

tor that the latter might learn the effect of alcohol on the bodily temperature; and of the man whom the same doctor made 'dead drunk' for the same purpose. It must be so; animals differ so greatly from one another and from man that experimenters are obliged to experiment on human beings in the end. They do not admit this; they say, give us a free vivisection table and we will save you from suffering. This is their plea. What does it amount to? They asked to be allowed to inflict on man's poor relations — not death, which is the common lot of man and animals alike, and which need not be painful, but — unlimited pain, the worst of all evils known to them, to save man from suffering pain, which may be to him no evil at all, and which is often the direct consequence of his own wrong-doing. Shelter yourselves from suffering, they say in effect, behind the quivering bodies of our innocent mutilated victims: rob the poor man of his one ewe lamb to save your own teeming flocks. If it were true — which it is not — that they could perform what they promise, could the Church hesitate to pronounce judgment on a plea so infinitely mean? A recent diocesan conference decided by a large majority that it did not know enough about the question to decide, and it evinced little inclination to provide itself with the information necessary. The present meeting is an assurance that the Church at large does not endorse this attitude. The great and powerful Church of England cannot afford to play the Gallio on one of the most urgent moral questions of our time. Should the cultivated and refined refuse to decide, the unlearned toilers of the land will rise up in judgment against them and will decide it for themselves.

In spite of all its faults, our country has on former occasions pioneered the world in the cause of freedom. The masses of the nation are gradually informing themselves on the question of vivisection, and are becoming less and less inclined to be blindly led by the class opinions of the medical profession. Presently they will speak with a voice that will not be mistaken. Our country — I trust with the Church's help and guidance — once more will lead the world in the pathway of right-doing, of winning justice for the oppressed, and beginning at home, will purge itself from this, the meanest of all its crimes."

NURSING BY DISTRICTS, the beneficent and most practical charity which has brought, in its working in London, help in a direction which had long called for help, has just been made operative in Baltimore, and a local paper gives the following interesting account of the charity and its methods:

The object of the association will be to furnish nurses to the needy poor without charge. It goes further, however, and will furnish nurses to any one who requires the aid of trained attendants in case of sickness, and though no charge will be made, those who are able to pay can make remuneration by voluntary contributions. Nothing will be demanded. The charity is to be non-sectarian in every respect, both from a medical as well as a religious standpoint. The nurses will obey the instructions

of the physician in charge of the case, without regard to the school of practice to which he belongs.

Under the system a district nurse is required to have taken one year's course of lectures in the elements of medicine and surgery, and of nursing in some training-school for nurses. There will be a head-nurse, who will be in charge of the central office, with as many subordinate nurses as are necessary. Should a nurse find that no physician has been called in, and in her judgment the nature of the case should require one, then she is instructed to summon the physician whom the family chooses, and, if they have no choice, then she is to immediately communicate with the nearest dispensary and secure the services of a physician. This part of her duty complied with, she will see that the medicines prescribed are given promptly and properly, and the patient made as comfortable as circumstances will permit. Should necessity require, she will perform such duties for the family as the feminine head of the household herself would do were she able to be about. This means looking after the welfare of the children, preparing meals, etc. Several of the nurses are expert midwives — (confinement nurses).

WOMEN IN MEDICINE was the theme of a sensible and vigorous address delivered by Dr. Ida J. Brooks, before the Columbian Club, of Little Rock. In the course of her paper, Dr. Brooks made the following excellent points :

“There are fifty medical colleges in the United States and Canada which admit women as students. There are between 2,500 and 3,000 women practising medicine in the United States. Women physicians are found in most of the women's colleges and seminaries. They are resident physicians in many of the charitable institutions of the country. You will find them in dispensary work and holding night clinics for working-women. They are members of medical societies and writers for medical journals. New York has a law requiring that in every State insane asylum at least one of the resident physicians shall be a woman.

Is it not odd to what results prejudice will lead one? The reproach of indelicacy was urged against the study and practice

of medicine by women here, while the cry of the missionaries in Eastern countries is for more women physicians, as the women there must die unaided, since a man cannot be permitted to see them.”

THE MIDDLETOWN (N. Y.) ASYLUM'S VICTORY in recovering, after a good fight on the part of homœopathists, the right to receive patients from any part of the State who may desire homœopathic treatment, is matter for hearty congratulation for all friends of the hospital and of homœopathy.

A VERY DROLL LITTLE STRAW, which helps to show the direction of modern medical winds, is the following, cut from the advertising circular of a firm of well-known pharmacists :

“There are among our patients many that are fastidious in this matter [of small doses]. The authority of the learned profession is not as absolute as it once was. We are more or less compelled to yield to the demands made by our patrons. The rivalry of Homœopathy forces a certain degree of compulsion upon us, that we cannot ordinarily withstand. And then, unquestionably, the experienced practitioner should make, and does make, a difference in his treatment of people of a highly nervous organization. Even fashion lays a claim upon us as medical men as well as social beings.”

THE MOVEMENT TO ERECT A MONUMENT IN HONOR OF HAHNEMANN — a cause which must commend itself to every loyal homœopathist — is thus set forth in a circular recently received :

“At the recent meeting of the American Institute of Homœopathy, held in Washington City, it was :

Resolved, That a National Monument be erected to the Memory of Samuel Hahnemann, in the city of Washington, and that a Committee be appointed to solicit subscriptions and take charge of the project.

The following committee was appointed in accordance with the resolution :

J. H. McClelland, M.D., Chairman, Fifth and Wilkins Ave's., Pittsburg, Pa. ; I. T. Talbot, M.D., 66 Marlborough Street,

Boston, Mass.; J. P. Dake, M.D., 218 North Vine Street, Nashville, Tenn.; J. S. Mitchell, M.D., 5954 Prairie Ave., Chicago, Ill.; Tullio S. Verdi, M.D., 815 Fourteenth Street, Washington, D. C.; J. B. G. Custis, M.D., 110 E. Capitol Street, Washington, D. C.; Henry M. Smith, M.D., Secretary and Treasurer, Spuyten Duyvil, New York City.

The Committee enters upon its duties and desires to lay before the profession its plans as far as matured for the purpose of engaging its hearty coöperation.

The Columbian Year is counted a most auspicious time to enter upon the project of raising a Monument to this veritable Columbus of Medical Discovery, and the Committee feels confident that the profession and the people will join with enthusiasm in doing honor to the man whose learning and genius brought about the greatest Reformation in the history of Medical Science, by the discovery of a rational theory of drug-action.

The plans look to the erection of a heroic statue in bronze upon a granite pedestal; a grand work of art which will make necessary a fund of from \$50,000.00 to \$75,000.00.

For such a Monument there will be no difficulty in securing a most eligible site on one of the Public Squares at the Nation's Capital.

Upon the announcement of the scheme in Washington over \$1000.00 was subscribed at once, and at a meeting of the International Hahnemannian Association additional subscriptions to nearly as large an amount were received and a Committee appointed composed of Drs. Custis of Washington, C. C. Howard, 64 West 51st. street, New York, and R. L. Thurston, 136 Boylston St., Boston.

This is only a beginning, but gives evidence of the intense interest displayed in the movement.

It is confidently expected that every homœopathic physician will feel proud to have a share in this work, and will also find subscribers among the laity, people who have profited much from the discoveries and labors of the illustrious Hahnemann.

It is urgently suggested that State and local Societies appoint energetic committees to canvas the membership for subscriptions, and that action be taken at once; also that names and

amounts subscribed be forwarded immediately to the Treasurer or any member of the Committee, in order that a full list may be published. Checks should be drawn to the order of the 'Hahnemann Statue Committee.' Subscription blanks can be had on application to any of the physicians named above."

THE INFLUENCE OF A GOOD LIBRARY at a medical college, is tersely set forth by Dr. S. A. Jones, in a recent issue of the *Homœopathic Recorder*, as follows :

"A good library, rich in the testimony of the fathers, will go far towards counteracting the mere commercial spirit that actuates some Faculties, for there is here and there a student whose sole objective point is not the mere obtaining of a legal license to practice, but who is earnestly seeking the absolute qualifications therefore. Such will inevitably gravitate into a good library, if there be one, there to make up for the remissness of their teachers."

COMMUNICATIONS.

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INCURABLE ERUPTIONS OF THE FACE, AND THEIR RELATION TO COMMON SCURF.

BY EDWARD BLAKE, M.D., LONDON.

Many of the facial rashes yield wonderfully to carefully selected remedies, still more, perhaps, to cleanliness and to appropriate diet. After all these have been tried, their remains, however, to mock our best endeavors, "A Submerged Tenth." A word or two as to the causation of that tenth may not be out of place. I hope to show that one explanation of the obduracy of that incurable section is that the rash is constantly fed by scalp-parasites of various kinds, existing in so-called "dandruff."

In the number of *The London Lancet*, dated December 27, 1890, at page 1376, will be found a full account of the habits of the scurf microspore, by the present writer.

And without some slender acquaintance with the natural history of that organism, it is nearly impossible to cope successfully with this widespread and obdurate complaint.

Much as we may scorn scurf as beneath the notice of the physician, even if we view the hair as the happy hunting ground of the hair-dresser, or if we look upon the scalp as a fertile field from which ignorant and shallow charlatans may raise a rich and

unfailing crop, nevertheless it ought to claim our attention, for dandruff plays a rather more important rôle in the drama of life than we might suppose. It is, perhaps, after the "zymotic" age has been passed, the commonest cause of premature baldness.

As the result of much time bestowed on the subject, I have come to a few definite conclusions with regard to this troublesome affection.

1. That scurf is acquired *ab extra*.
2. That, *the soil being ready*, it is highly contagious.
3. That it is parasitic.
4. That the parasite is vegetable rather than animal.
5. That there are many distinct species of microspore.
6. That their preferential home is a sebaceous follicle.
7. To retain them in a follicle, the sebum should be solid, hence seborrhœa favors the growth of dandruff.
8. That the hairy scalp, the fur of animals, and the feathers of terrestrial birds are hot-beds of potential infection.

Many diseases are, without doubt, carried by the finger-nails from the hair to different parts of the body. Especially to the superior zones, because sebaceous follicles are much more numerous in the upper half of the body than in the lower.

More especially to the exposed parts for evident reasons. Thus many of the so-called "scrofulous" manifestations are probably self-infections.

Doubtless chronic granular lids, though very frequently the result of the acrid discharges from conjunctivitis, may be thus caused, more particularly in crowded schools and orphanages, where that condition is notoriously common and notoriously obnoxious to treatment. Contagious impetigo we have all seen, carried from the scalp to the meatus auditorius, to the edges of the *alæ nasi* and to the commissures of the lips. In like manner the lupus germ may be taken from the head and planted by the finger-nail on the cheek or in the nostril. I have seen chronic fissures form on the finger tips, from constantly scratching a very scurfy scalp. In this instance, the nails became fibrous and laminated, as in a case of destruction of the digital nerve-trunk.

It seems likely that men more especially obtain the dandruff spore from the hairdresser's brush. The rotatory form, being more troublesome to wash, is probably the greater sinner in this respect. It may also be received from a lounge or an easy chair, from a hansom-cab or a first-class railway compartment.

It is significant that men often observe the itching first in the occipital region, and indeed that is the elective site of early alopecia of artificial origin.

The back of the head is usually protected in a woman by her peculiar coiffure.

In the case of women, the infection is more common in the temporal regions. This may be due to the fact that it is often obtained by means of the toilet accessories of a hotel or of a waiting room. I believe that men are more loath to employ a public brush or towel. A borrowed hairpin or a common comb will sometimes explain the contagion. I may say that on inquiring, I find usually, that when a lady suffers much from dandruff, her maid also suffers in a similar way; and this fact has a certain measure of suggestiveness.

In *The Lancet* of 1890, I recorded a curious observation, that certain of the scurf microphytes, when conveyed by the fingernail from the hairy scalp to a comedo, might set up an amount of irritation sufficient to induce papular acne. A butyric* fermentation occasionally takes place with the production of propane. At this point the ordinary cutaneous bacteria invade the site of folliculitis, with the result that a small furuncle appears, having more or less circumferential induration, the extent of the hardening depending on the particular individual tendency to hyperkeratosis.

In treating all chronic disorders of the face, the obvious inference is to begin by curing the dandruff. This can usually be done in the following way. Cut off as much hair as the patient will allow. Direct the subject to sit once or twice a week in a hot bath and macerate the scalp thoroughly.

Afterwards wash vigorously with a modified form of Hebra's Alcohol Soap.† Let the soap be completely removed by means of plenty of fresh water and then dry carefully with a hot, soft towel.

Now rub well into all the affected hair follicles,

Resorcin,	. . . . .	gr. 20.
Glycerole of tannin,	. . . . .	ʒj.
Cold Cream,	. . . . .	ʒj.

In the case of children the glycerole of tannin is enough usually, to effect a cure.

In obstinate cases it is sometimes needful to employ, in place of resorcin, either sulphur ointment, iodized phenol (sat. sol.) gr. x. to ʒj of common table salt or some other vegetable germicide.

* I have proved this by feeding the subjects of acne punctata on butyric acid with the result of inducing pustulations of the acne papulosa, after about seventy-two hours of ingestion of the acid. E. B.

† *Sapo Alcoholicus*:

Best Green Soap,	. . . . .	ʒij.
Spirits of Wine,	. . . . .	ʒijss.
Oil of Lavender,	. . . . .	m2o.

Mercury should be used with caution, for it readily salivates some persons, and it may induce its own particular form of alopecia.

We have seen that the exceeding obstinacy of diseases of the skin and of the orificial mucosal tracts, may be explained by the fact of a perpetual reinfection going on from the hairy scalp.

We know the tendency that exists amongst large communities of children to suffer from certain intractable forms of disease of skin and mucous membrane. Formerly these were called "scrofulous." Possibly some of them are due to the transmission through the air, and also by actual contact of special scalp germ.

Other school affections, including myopia, may arise, with tachycardia, from the slow saturation of the nervous system with toxines given off from the breath and from the cutaneous surfaces.

Finally one word as to the rapid removal of acne punctata.

Apply over night some appropriate reducing agent, its activity bearing some relation to the amount of super-cornification, either ichthyol, Lassar's paste, or a common poultice.

In the morning foment well with hot water. To a small area firmly apply Ammonia Soap,* and immediately sweep the excess away by means of half a lemon.

Now the comedones or "blackheads" may be removed wholesale, with the greatest ease, by means of Alder Smith's scab elevator (Arnold, Smithfield, London, England). Thus a whole face may be completely cured in a few minutes. This plan is a great improvement on the ordinary method, which cannot be applied to the alæ of the nose nor to other yielding points which are often covered abundantly.

* Some years ago I devised this special formula for the purpose:

Liq: ammoniæ fort. . . ʒij.
 Etheris, ʒiii.
 Saponis alcoholici, . . . ʒj.

Keep stoppered and tied down.

A STATUE TO HAHNEMANN.

BY DR. CONRAD WESSELHOEFT.

It is a good sign of the time that bodes well for the high appreciation of a great reformatory movement, to witness the stirring activity of those in charge of the proposed monument in honor of Hahnemann. The spontaneity and unanimity with which the idea was broached and received means that it will be carried out. For one earnestly interested in the matter, the writer would urge it upon the committee that nothing but the most perfect and imposing model should be accepted, and that

nothing less grand than the Gœthe statue at Frankfort-on-the-Main should be contemplated. It is not a question whether Hahnemann's genius is appreciated by everybody, nor whether his teachings are universally accepted, but it is of the utmost consequence that those who propose to erect a monument to his memory, should accept a work which does not only do honor to their task, but which shall be a monument of art to be admired by the whole nation, and which shall be an ornament to the National Capital.

The artist whose model is to be accepted need have no special knowledge or appreciation of Hahnemann's work, but he must be possessed of the power of conceiving the image of a great idea embodied in a great and imposing figure. It is not a portrait statue that we want, but one which shall represent a great idea, or rather an imposing ideal figure. There are some approaching these conditions in the United States, but those which are intended to adorn our cities, even our National Capital, are far behind what the spectator has in mind. Our reason of this is — if the history of the origin of many of those statues were known — that the funds were insufficient to procure what the founders intended. It is to be hoped, therefore, that a deficiency of means will not disappoint our hopes, and that everyone, layman as well physician, will contribute generously.

*WHAT I HAVE FOUND IN PALPATING THE ABDOMEN WHERE
NO ABDOMINAL GROWTH WAS SUSPECTED.*

BY J. R. COCKE, M.D., BOSTON.

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

My plea to-day, is for accuracy in physical diagnosis. With all the advancement in modern medical science it seems strange that things so apparent to sight and touch, should so long have been ignored, or their explanation sought in the realms of fancy and speculation.

And yet without a perfect method, abdominal palpation is worse than useless; it is illusory; so I trust I may be pardoned for entering into detail in my description of the technique used in palpating the abdomen.

With the patient placed in a prone position upon a convenient chair, lounge, or table, and the shoulders elevated to an angle of 45° , we may begin general palpation of the abdomen.

The hands should be well warmed, and the physician should stand facing the feet of the patient. The hands should be passed from the epigastrium, touching the abdomen lightly, out through the hypochondria and downward in a circular manner

to the pubes. At all times the palmar surface of the whole hand should be in contact with the abdominal walls.

If the examiner be careful in his examination he may perceive with one sweep of the hands over the abdomen the following :

1st. Symmetry or asymmetry of the abdominal wall, the temperature of same.

2nd. He may perceive the degree of elasticity, the amount of tension, gurgling of intestines, if it be present, and the degree of mobility of tissues beneath.

It seems to me always advisable, no matter what the condition may be in the abdomen, to begin the examination by passing the hands from above downward as previously described. I am satisfied that a large number of failures in abdominal palpation are due to a want of method in palpating. I have known a number of times, skilled physicians start to palpate the abdomen by punching it in an aimless manner with the tips of their fingers, thus producing contraction of the abdominal muscles, concealing completely the viscera beneath.

Having described the method of what we may call general palpation, I will now enter into the discussion of the method for investigation of the several regions of the abdomen. Let us suppose in passing the hand over the abdomen we have detected a mass which seems suspicious. We must first determine its general location and whether or not it be in, or connected with the abdominal parietes.

The method by which I outline a mass in the abdomen is as follows :

Having found a mass which is suspected to be abnormal, I determine first whether it is connected with the abdominal wall in the following manner.

I seize the abdominal wall between my two hands, and by passing the tissues lightly between my fingers, I at once determine whether the growth is in connection with the abdominal wall or viscera beneath ; also by passing the tissues of the abdominal wall between the fingers one may determine the amount of sub-cutaneous fat. Having determined then that the mass is not connected with the abdominal parietes, I next proceed to outline it in the following manner.

Placing my hands on a portion of the abdomen not occupied by the mass, by gently pressing the tissues down I gradually approach the mass : when I come upon its border I endeavor to determine its consistency, shape, attachments, if any, and if it be movable, to what extent. The point which I particularly wish to emphasize is this, that the great law of contrast applies as much to the sense of touch as it does to sight and sound ; and that the examiner should first, in palpating the abdomen,

begin in that portion which is least resistant, and gradually approach the mass, and when he has reached its border, his hand should play backward and forward on it so as to render the contrast more distinct to the sense of touch, and again, after palpating the abdomen generally, each region should be investigated separately and systematically.

CASE I. Mary L —, seen by me Jan. 10, 1890. She presented a typical figure of a healthy New England woman, but informed me with tears in her eyes, that she had an ovarian tumor, and that she had come to Boston to have it removed. I requested an examination, to which she consented. Placing her upon the operating chair, and baring the abdomen, I found on passing my hand over its surface, there was enlargement in the hypogastrium which extended on either side to the inguinal regions and upward to the umbilical region.

I proceeded to determine the nature of the mass in the following way. Placing my hands perpendicularly upon the abdomen, with the heel of the hand in the epigastrium, I gently pressed with the palmar surface of my fingers upon the abdominal walls until I could perceive an increased resistance. It always seems to me better to establish the outlines of the mass than to begin palpating over the suspected mass, and then going to a non-resistant portion of the abdomen. In the meantime I directed the patient to breath deeply so as to relax the abdominal muscles. The superior border of the mass was felt at a line drawn horizontally across the abdomen a $\frac{1}{4}$ inch below the umbilicus. I next determined the lateral extent of the mass by beginning posteriorly with my hands placed near the vertebral column, and palpating from it towards the inguinal and lumbar regions, and in this way outlined its lateral borders. My fingers coming upon a spherical mass, I endeavored to determine whether it was solid or fluid, fixed or movable.

The abdominal walls would readily glide over it, and it extended laterally into both inguinal regions. The mass itself was not freely movable. On palpation of the surface of the mass the walls felt smooth and very tense. I next endeavored to determine if there was fluctuation, and as the patient was quite obese I was at first deceived with regard to this. Placing my hand laterally in the right inguinal region, and tapping in a staccato manner with my left on the other side of the abdomen, I could distinctly feel what I thought was an impulse caused by vibration of the supposed fluid within the growth. But remembering how easy it is to be deceived in this way, I had the edge of a book placed vertically over the long axis of the tumor. This prevented the transmission of the vibrations caused by the loose abdominal fat showing that if there was fluid within the mass

that the tension was too great to allow of a vibratory thrill. It then became necessary to make a bi-manual examination to determine the origin and connections of the mass. With the patient placed in a recumbent position, limbs well flexed upon the abdomen and two fingers introduced into the vaginal canal, one came at once upon a large, firm mass, which completely filled the cul-de-sac. By using firm pressure upward and forward in the axis of the superior pelvic strait, the mass immediately rose in the abdomen, and left the posterior cul-de-sac clear. The cervix which could not previously be felt because it was pushed up behind the pubes, could now be easily made out, and a sound passed within the uterine cavity, showed its depth to be seven and one quarter inches. It is needless to add that I made the diagnosis of a sub-peritoneal uterine fibroid, which was subsequently confirmed by a laparotomy which was performed. The patient died from hemorrhage.

I cite this case as illustrating the great importance of skilled and methodical palpation of both the pelvic and abdominal viscera.

CASE 2. Mr. H. S—, age 23; was seen by me March 24, 1891. Family history was negative. He had complained for a number of years of dyspeptic symptoms, of lumbo-sacral pains, of tenesmus of the bladder, and severe attacks of frontal headache. This man stated that he had consulted six physicians at different times, none of whom had even taken the trouble to examine the abdomen. The last one informed him that he had chronic lumbago, and had better try massage. Placing him in the dorsal position for this purpose, and beginning to palpate the abdomen, I soon found an elongated mass in the right lumbar region. I proceeded to investigate it in the following manner.

Placing my left hand in the right hypochondrium I brought the mass firmly against it with my right. Palpating it between my two hands I could readily make out that it was of an elongated oval shape. This suggested, at once, that it was a displaced kidney. My next step was to practise percussion over the mass, and I found that the percussion note when the strokes were light, was a clear tympanitic note. Next I determined that it was not impacted feces in the line of the ascending colon, first, by its general shape and outline; second, by its great mobility; third, the mass was not doughy, and did not pit upon pressure.

Next I determined that the mass was retro-peritoneal in the following manner. Placing my left hand posteriorly in the right lumbar region, near to the vertebral column, and with my right laid flat upon the mass, I found when I gave a number of sharp sudden pushes with the fingers of my right hand, I could distinctly feel the impact of the mass against the fingers of my

left. The sensation reminded me of ballottement of the child in utero, and I next determined that when the mass was dislocated from the right lumbar region, that my left hand could detect a difference in resistance in the tissues between the right and left lumbar regions, and that this resistance was absent when the mass was again placed in position. I informed the patient that in my opinion he had a movable, displaced, or floating kidney. I explained to him the comparatively harmless nature of the affection, but he was considerably frightened and again consulted his physician. This physician, without so much as laying a hand upon the abdomen, pronounced my diagnosis untrue. I did not see the patient again for some months, when he again called upon me and requested massage. Still finding the movable mass before mentioned, I insisted upon his seeing a surgeon with me. I took him to Dr. Boothby's clinic at the Homœopathic Dispensary, and this gentleman had no trouble in confirming my diagnosis. The patient was not yet satisfied. I took him to Dr. N. W. Emerson at the Homœopathic Hospital, and after careful palpation he unhesitatingly pronounced our conclusion correct. The patient received much relief from a properly adjusted abdominal band. It does indeed seem incredible that in the light of our now accurate methods of scientific investigation, this young man should have been allowed to go for a number of years with this movable kidney unsuspected, and that he should have been treated for an ailment which did not exist, and I can but ask myself how many thousands of individuals there may be at present trying all the cures warranted by the patent medicine venders, or drugs prescribed by the physicians, in whom a careful diagnosis would unravel the cause and at the same time lead to a cure.

CASE 3. Mrs H. of Malden, consulted me Aug. 15, 1892, and gave the following list of symptoms. She complained of severe pain in the lumbo-dorsal region, of anorexia, nausea and vomiting, especially before breakfast. This lady was 53 years of age, weight about 160 pounds, and she ceased menstruating at 46 years of age; she complained of great flatulency and insomnia, also of aggravated constipation. She informed me she had taken three pod. pills (strength unknown), every night for nine years, and hoped I could give her a remedy that would relieve her constipation. When I requested a physical examination of the abdomen she demurred, and said if I could not prescribe for her without "feeling of her bowels," as she expressed it, she would go to a physician whose sight was not impaired and who could tell what her trouble was by looking at her. To this I readily consented. She left my office in a state akin to high dudgeon, and I did not see her for some weeks. She again con-

sulted me September 18, and I found she had consulted a man who gave her a severe course of purgatives, with the result of greatly aggravating her sufferings. I again insisted upon an examination of the bowels, to which she consented, although with much trepidation. Placing her on my table in the dorsal position, one sweep of the hand over the abdomen revealed the fact that there was an asymmetrical enlargement in the right hypochondriac and right lumbar regions. The patient was very nervous, and I had great difficulty in overcoming the contraction of the abdominal muscles at first, but engaging her in conversation and gently massaging the muscles, I soon overcame the difficulty. I beg leave, again, to call attention in this place to the fact that massaging the abdomen will frequently overcome the abdominal reflexes sufficiently to enable the physician to make a thorough examination without subjecting his patient to the unpleasant procedure of an examination under an anæsthetic. I found in this patient a movable, elongated mass which extended from the right hypochondrium down through the right lumbar region, and that the point of the mass came within $\frac{1}{4}$ of an inch of the right iliac crest. I found that the mass extended anteriorly to the umbilicus, and posteriorly its border could be made out in relation with the quadratus lumborum muscle. Having ascertained the limits of this mass — what was it? Was it a fibroid of the uterus? Was it a growth upon the enlarged kidney? Was it an enlarged gall bladder, or was it a fecal mass in the ascending colon? Pelvic examination made it evident that the mass did not spring from the organs contained in this cavity. I beg leave to call attention to a technical point in bi-manual palpation. It is frequently the case with students that after inserting the finger into the vagina they will wander aimlessly on the supra-pubic region with the other hand. The following is the method that I use; after having placed one or two fingers, as the case may require, of the right hand in the vagina, placing my left hand upon the supra-pubic region with the palm of the hand resting on the pubic bone and the fingers in the long axis of the abdomen, I begin by first pressing the tissues in the right iliac region firmly but gently down upon the examining finger within the vagina. In this way one may ascertain the condition of the right broad ligament and Fallopian tube, and if firm enough pressure be used the ovary may be clearly made out, even when it is normal (a difficult thing to do). Of course the elasticity and thickness of the abdominal walls will make a difference in each individual case. The uterus may be easily outlined, and with the fingers of the left hand one may seize the fundus, while with the fingers of the right it may be carried forward and upward in the axis of the superior-strait of the pelvis, and by gently

oscillating the two hands the uterus can be plainly felt between them, and its size, density and general shape may be made out. After palpating the right inguinal and hypogastric regions the left inguinal should be palpated in the same manner. But to return to the discussion of our case. The pelvic examination having proved negative, I next sought to ascertain if the tumor was connected with the liver, and palpating its upper border I could distinctly feel the fissure between it and the liver, and besides the rationale of the symptoms made it improbable that this viscus was the seat of the disease. The mass was reniform in shape, but so large that I concluded it was an enlarged kidney, but to me the cause was unknown. Dr. Boothby saw the case with me the same day, and substantially agreed with my diagnosis. Bearing in mind the fact that the mass was movable. I tried the test of placing the hand in the lumbar regions and practising ballottement upon the mass with the other. I found that the impact could be plainly felt with the hand in the lumbar region. This confirmed me in my view that this mass originated from the kidney. The bladder was then catheterized and found to contain a small amount of urine so that an over distension of the viscus was excluded. The next day she wrote me that she had passed an enormous amount of urine and felt wonderfully better. She came to see me on the day following the receipt of her letter, and to my amazement I found the mass was reduced in size to that of a normal kidney. After searching the literature on this subject, I found recorded a case of what the French call "hydronephrose intermittente," which was due to a floating kidney having been moved in such a manner that the ureter was twisted, thus giving rise to the temporary enlargement of the kidney, which was relieved whenever the canal of the ureter was made patent by the kidney being placed in its proper position. I suppose the above case was explainable upon this hypothesis. I have read that a floating kidney may be so twisted that it will lay transversely across the abdomen in such a manner as to simulate an omental growth.

CASE 4. Mrs. W., age 45 years ; consulted me January, 1891. She complained of palpitation, severe pain in lumbar regions, indigestion, and stated she had lost 20 pounds in weight in three months. She had four children and the labors were all normal. Her family history was negative, and she informed me she was certain something was the matter with her kidneys. The urine was examined and found to be normal. Placing her in the dorsal position I began to palpate the abdomen. I was at once struck by the presence of violent epigastric pulsations, and was much alarmed for fear I had to deal with an abdominal aneurism. I called Dr. Sutherland to assist me in the case,

and after palpating the abdomen carefully he decided that it was not an abdominal aneurism, for it did not possess the characteristic *bruit*, the pulsations were not expansile, that is, it did not pulsate with the same force laterally as it did anteriorly, and again the pulsations in the two femorals were synchronous and of equal strength. There was no specific history. In what affections do these pulsations of the abdominal aorta, simulating an aneurism, occur, and what are the means at our command for differentiating them? We have epigastric pulsations with hypertrophy of the right ventricle of the heart, especially when tricuspid regurgitation is present. Physical examination of the heart showed it to be normal. We may have epigastric pulsations from tumors connected with the stomach, omentum or liver, which rest upon the aorta, but these were excluded for two reasons; first, as there was no tumor which could be felt, and secondly, if a tumor rested on the aorta and received pulsations from it, by changing the position of the patient to the knee-chest position the pulsations would disappear, as the tumor would be moved away from the aorta, which they did not in this case. Epigastric pulsations may be plainly felt when the abdominal walls are much relaxed from frequent child-bearing, or some wasting disease, but rendering the abdominal muscles tense would entirely cover all the pulsations. Placing the patient in such a position that the abdominal muscles were firm, did not make the slightest difference in the epigastric pulsations. Again we may have epigastric pulsations from a relaxed state of the aorta, due to an atonic condition of the sympathetic nervous system. Now the patient presented the history of loss of flesh and dyspeptic symptoms, with general weakness, and I determined to try forced feeding and general massage, rest and remedies designed to meet the symptoms as they arose. The patient gained rapidly in health and strength, and in eight weeks the epigastric pulsations entirely disappeared, but the pains in the back remained, and pelvic examination revealed the fact that there was an eroded os uteri and a partial prolapse of that organ. The uterus was replaced, and the erosion treated, when the back-ache promptly vanished. This case seemed to me very important, illustrating as it does, the necessity of using great care before jumping at an opinion.

Each case which presents alarming symptoms, by no means indicates grave disease. I was told by the physician in charge at the Massachusetts General Hospital, that a large number of similar cases come in annually to that institution with the diagnosis of abdominal aneurism, which, fortunately for the patient, prove to be simply a relaxed aorta, and as before mentioned an atonic condition of the sympathetic nervous system.

CASE 5. Mrs. R. was recommended to me for massage in May, 1890, by a prominent Boston surgeon. He stated she had intercostal neuralgia upon the right side, and that she was decidedly neurasthenic. Beginning to massage the abdomen, she immediately called my attention to the fact that there was great tenderness in the right hypochondrium. Directing her to draw the limbs well up on the abdomen and elevating her shoulders to an angle of 45° , I placed my hand vertically in the right lumbar region, and gradually by gentle rotatory movements, succeeded in inserting my fingers beneath the lower border of the eleventh and twelfth ribs on the right side. I then distinctly felt several nodules on the under surface of the liver to the right and on its anterior border. I said nothing to the patient about the fact, but reported it to the surgeon, and he made a physical examination, and failing to find anything, laughed heartily at my expense. I did not see the lady again until the spring of 1892. Things had changed decidedly by this time. The liver was enormously enlarged, there were nodules of various sizes over its surface, and she had all the symptoms of pyloric stenosis as well. Hoping that it might not be too late, I called Dr. Boothby in consultation. He decided that an operation now would be only palliative at the best. She decided not to have the operation performed, and I learned that the patient died recently from asthenia. An autopsy was refused.

I have records which show that I have given massage to 900 persons in 12 years. Out of this number palpation revealed the abdomen to be normal in 822 cases; in 36 more the patients were aware of having abdominal growths when they consulted me. The remainder (42 cases) were not aware of any abnormality of the abdomen. 28 of these cases have been operated upon and an abnormality found in each case of the 28:

19 uterine fibroids.

5 ovarian cysts.

2 cases of pelvic peritonitis.

Two cases operated on and I did not learn the result. Of the remaining 14, 8 died from maglignant affections, 2 are still alive, and the fate of the remaining 4 is unknown to me.

In closing this paper I wish again to call your attention to the great necessity of the physician, as well as the surgeon, acquiring reasonable skill in abdominal palpation. I know every surgeon present will agree with me in this, for it is still too often the case that ovarian cysts, uterine fibroids and growths upon other viscera, which are carried by their possessors, besides inflicting a large amount of misery upon them, are not recognized by the physician until they have attained such a size or

formed such close peritoneal adhesions that their removal by laparotomy is impossible, and many valuable lives are lost, which might have been saved had proper care in diagnosis been used.

*TREATMENT OF TWO CASES OF TUMOR OF THE BREAST BY
ELECTRICITY.*

BY WILLIAM L. JACKSON, M.D., BOSTON, MASS.

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

During the past year I have experienced such satisfactory results in the treatment of two cases of tumor of the breast by electricity that I am led to present the method employed to the attention of the profession. It is possible that others before me may have employed this mode of treatment in such cases, but no report of the fact has ever come to my notice. Still it is well-known that analogous uses are made of electricity in other similar diseased conditions, so that I make no claim to originality in this instance.

CASE I. Colored woman, married, age 38, never pregnant, no history of similar trouble in her family; has never had anything of this kind before. Received a severe blow on the right breast in June, 1891; two months later began to have pain, and a small lump was noticed in the inner and upper segment of the breast. This gradually grew larger, and when first seen by me in September of the same year, was the size of a small orange. It was tender to touch, dense, freely movable, detached from skin and muscle, nodular; there was no retraction of the nipple, no involvement of lymphatics; patient complained of considerable pain, dull in character, but occasionally sharp and shooting. Whenever she used her arm, as in sweeping, severe pain in the breast followed, which even prevented her sleeping at night. The tumor is always more painful and more swollen at the time of menstruation.

My diagnosis was chronic mammary tumor (adenoma). Gave a favorable prognosis and prescribed *conium maculatum* 3x. She continued this remedy about four months, at the end of which time there appeared no marked change. In January I resorted to the use of the galvanic current,—a cataphoric electrode connected with the positive pole was moistened with 10 to 15 drops tincture of iodine, and applied to the breast at the nearest point to the tumor. A large, flat sponge connected with the negative pole was applied to the opposite side of the same breast. The current was applied, and gradually augmented until the patient complained — 15 to 20 ma. 5 minutes.

The immediate result was pigmentation and slight vesication

of the skin over the area of the positive pole. The redness of the skin remained apparent for a week or ten days. Following each treatment the pain was greatly ameliorated, the tumor became softer and markedly smaller. These improved conditions continued a number of days and then slowly retrogressed. In March, she received a sharp blow again on the breast, which caused a relapse to the original state but under the electrical treatments the same improvement was again noticed. The treatments were made at infrequent intervals, averaging once a month until June 7, 1892, at which time the tumor was much reduced in size and the pain absent.

In this case, we can reach a fair estimate of the value of electricity in comparison with medicine alone, by dividing the treatment into two periods,—the four months when medicine alone was used, and the five months when electricity combined with iodine was employed with continuance of the medicine. In the latter period, results were seen immediately,—pain subsided at once and the size of the swelling perceptibly diminished, and by the end of the time was reduced, at least, one-half from its original size. Recent examination of the case after an interval of four months shows that the improved condition continues. The tumor is only about as large as a hen's egg. The patient is entirely free from pain and able to work as usual.

CASE 2. Unmarried, age 43. Mother died of recurrent cancer of the breast. One sister has had both breasts removed for cancer at an interval of one year between the operations. Is occasionally subject to a headache and backache. At times suffers from dyspepsia, but usually has fairly good health. About the middle of March, 1892, noticed a feeling of discomfort in the left breast when lying upon it, and soon after discovered a slight hardening in it.

I was then consulted and found a swelling about the size of a hen's egg, rounded, slightly nodular, but for the most part smooth, dense, freely movable, detached from skin and muscle, quite sensitive to touch, situated in lower outer segment of the breast, extending nearly to the nipple. No evidence of other trouble could be discerned in the breasts or axillary glands. There was no retraction of the nipple. Patient complained of darting, lancinating pains, more marked in the axilla. General health below normal, slightly anæmic, had some indigestion, all functions regular.

Diagnosis, chronic mammary tumor (adenoma). Gave a favorable prognosis, but on account of the grave nature of the antecedents, and the solicitude of friends, consented to the patient's consulting one of the most distinguished surgeons in Boston. The result was an entire corroboration of the opinion

that I had already expressed ; he thought an operation might be necessary, although he preferred not to give a final opinion until he had seen the case again after a month's interval.

I immediately began electrical treatments in a similar way to that described in the last case, but here could only give 10 to 15 ma. on account of the sensitiveness of the skin. At the same time prescribed conium maculatum 3x, and also a tablet of citrate of iron and strychnine ix before each meal. Each treatment was followed by static electricity, general insulation and negative sparks to the spine. Patient came for treatment at intervals of from three to ten days, the time being increased as the symptoms improved.

About eight treatments were given, and nearly two months from the time when the consulting surgeon saw her first, she called on him again. The result of his examination was as follows, as expressed in a letter to me :

“The lump in her breast has certainly diminished very much. It seems to me that the inflammatory thickening which existed about it has largely disappeared and no longer masks it. The part which had become fibrous remains and forms a sort of fibroma there. There may be, as I thought at first, some cystic element also. I should think if it now remains stationary that it could properly be let alone, but if the tumor itself shows a tendency to grow at any time, I should consider an operation wise, simply because it would be better to do that while it is small than to wait until after it is enlarged.”

Electrical treatments were continued until the 7th of June. During these months patient's health decidedly improved. Head and backache disappeared. Color better. Digestion normal. The pain in the breast disappeared very early in the treatment, and the size of the tumor steadily diminished, and at the same time it became difficult to distinguish it from the surrounding breast-tissue.

On September 16 I saw her again after an interval of four months, during which time nothing had been done except to continue the medicine. There had been no change for the worse, but there could still be found a soft swelling about the size of a nutmeg. There also could be felt in the other breast immediately beneath the nipple, a portion of gland tissue, which was markedly distinct from the rest and slightly harder. Its outline could not be made out so clearly as in the left. Complains of occasional stinging pains aggravated by pressure. On account of the severely hot weather of the summer, her general health had suffered, so that in this particular she was in much the same condition as when I first saw her. I have now given her two treatments of galvanism to the right breast with the result of

entirely relieving the pain, and the almost complete disappearance of the tumor.

The results achieved in these cases were, 1st, a clearing up of the diagnosis, and 2nd, a saving of these patients from a considerable and disfiguring operation. Had the tumor been malignant, instead of continually diminishing as it did, it would inevitably have increased, and manifested itself clearly during the months that these cases have been under observation. It therefore seems fair to assume that the diagnosis was correct, and that the favorable results were brought about by this treatment. I am in favor of the use of stronger currents than have been recommended in the text-books in times past. Apostoli's successes have mostly come since his use of the high intensities, and I believe that, in the future, the greatest progress will be shown in the development of medical electricity by the use of stronger currents. I want to be clearly understood as realizing fully the powerful nature of this therapeutic agent, and the necessity of its being handled only by those who entirely understand it.

THE SPECIALIST IN MEDICINE.

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

[*Read before the Medical Fraternity of Worcester, Nov. 4, 1892.*]

In primitive times there was no such thing as a specialist. The artisan combined the essentials of several trades in his occupation. The carpenter or house-joiner, as he was called, was not only the architect but the complete constructor of the house, and, more, he was the village wheelwright and sleigh manufacturer, and, in case of death in the vicinity, prepared a rude coffin at short notice for the interment.

The village physician performed the double duty of medicine and dentistry, or, perhaps, if of a religious turn, was pastor of the little church and officiated at his own funerals with becoming grace. The shoemaker of that day with peg and bristle constructed a durable article from the shapeless hide, and did the work it now takes a dozen to perform.

But a different order of things has changed the demands of society upon the individual, and now we do not expect our clergymen to give us physic or our physicians to extract our teeth. It has gone even farther than that, and the work required of every practitioner a few years ago, and what the country physician still performs, in larger cities is divided among a dozen, more or less, and each selects that best suited to his taste. Indeed, I claim that the specialist is the inevitable result of civ-

ilization, and the all-round physician of the past a creature of real necessity.

As a young man in choosing an occupation, if his circumstances are favorable, is guided only by his natural aptitudes and tastes, so in after years, having entered upon the same, does he subdivide his duties in the same way. The work which seemed to him but a unit at the start, as he advances becomes split up like rays of light from a prism, some roseate and beautiful, others not, and, if necessity does not determine, his choice in every instance is guided by his taste.

The specialist, then, will do better work than the general practitioner, even though the latter may be as well informed, for "his heart is in his work, and the heart giveth grace unto every art."

In 1825, there first appeared in this country certain specialists in therapeutics. They had caught their inspiration from a German physician called Hahnemann, and the enthusiasm with which they did their work is fittingly shown by the results. The regular and only school of medicine at that time was so strongly entrenched with lance and blister and drastic pill that it seemed as if no power on earth could rout them. They expected to bleed and purge the human race for all time, but the followers of Hahnemann said: No, we have got a new method. How does it act? By contraries? No, we have been contrary long enough; contrary to reason and contrary to sense. By substitution? Perhaps so! But our substitute is such a tiny fellow that when it has done its work we are hardly aware of its presence. It acts upon a new principle, "*Similia similibus curantur.*" It is not necessary, it is even harmful to use the massive doses of heretofore. We have something to teach that is worth your hearing! But the old school, with characteristic "pig-headedness," refused to be taught. It even went farther than that and ostracized the advocates of a new principle, though educated at the same schools and possessed of all the previous advantages of themselves.

Little by little the contagion of intelligent medication spread. Practical business men employed it in their ailments and, marvellous to relate, got well. The people gradually caught on to the fact that a drop is as good as a barrel, and a great deal better so far as the taking of it is concerned. Even little children, who had no fear of death before their eyes, would take the pleasant prescription of the homœopathic doctor and cry for more. That paved the way for the entire community, making it true of medicine as of grace that "a little child shall lead."

The success which the homœopathic practitioner had in prescribing gave him a financial and social standing, and created

the demand that he should not be a prescriber only, but an all-round fully educated physician. For you must know at this time many laymen had taken up the repertory and case of globules, and were doing excellent service.

To meet this demand the Homœopathic Medical College was established in which were taught the rudiments of universal medicine. But the colleges were poor and poorly equipped. The early teachers had started out with the idea to cure the sick, and, so far as their treatment was concerned, it made but little difference whether they knew the name of the malady or not. Chemistry was not taught beyond the merest elements of toxical drugs. Anatomy and physiology were not admired, obstetrics and surgery much the same. But when it came to materia medica the earlier homœopath considered himself a Hercules. No task was too great for him to accomplish and no malady too hopeless for him to undertake. The writings of those early masters read like magic. They had faith in themselves and in their remedies, and the people learned to have faith in them, too. They would accept the report of any proving, however exaggerated, with the utmost credulity.

There was no such thing as "chaff" in their eyes. It was all "wheat," and the more they had the richer they felt. The iconoclastic methods of Wesselhoeft and Sutherland had not then "emasculated" the fair proportions of materia medica pura, and Hering when he gave his condensed work to the profession undoubtedly felt as Professor Allen expresses himself in his recent Primer, that "it is at best but a suggestive work and never should be used in place of the more complete symptomatologies." And yet we look at "Hering's Condensed" and wonder when he did it. Like the clown's surprise over a colored baby, we wonder how anything so dark could be so light (?).

The stolid flights of reason fail utterly to reach the ethereal heights of the primitive homœopath. They are gone, and over their sacred dust in justice let us at least bring one tribute to their memory, for it is to them we owe our existence as a school, our success as individuals and the beneficent results which have through homœopathy been obtained.

I said the success of those early prescribers created a demand for the fully equipped homœopathic physician and surgeon, and the demand for any commodity, in fulness of time, is sure promise of supply. People did not want to trust their ordinary illnesses to one man, and, then, in case of accident or uncommon form of disease be pushed back upon another whose skill they doubted, whose drugs they abhorred and whose humanity, if he had any, they very much questioned.

To fill this gap came the homœopathic surgeon. Men like

Helmuth, who started out with an ambition to become a surgeon, and in doing so made a reputation for homœopathy as great as for himself. At the same time came men like Prof. Angell, of Boston, another graduate of the old Hahnemann College in Philadelphia, who gained for himself a national reputation for his skill and technical knowledge of the eye. The great Ophthalmic Hospital at New York, is a monument to show what intelligent and enthusiastic physicians can do to place that most delicate of all specialties upon a homœopathic basis. At that time but little stress was laid upon the treatment of the throat and nose, or even yet upon the generative organs of the female. Pratt had not revealed the wonders of orificial surgery and traced the cause of every possible ailment to some perversion of the sphincter muscles.

The general practitioner could easily attend to the ailments of the skin, and, all in all, at that time, the homœopathic fraternity were pretty well equipped. It was then, and not until then that we gained any right to public recognition as a distinct school or financial aid from the public treasury. It would have been the height of folly to have asked it. Indeed, the preparation to receive honors of any kind is of more importance than the honors themselves.

To be sure Dr. Cullis had established his faith resort for consumptives and was doing good work, but the State took no recognition of the fact. It was not to the philanthropist or therapist that the State could furnish aid, for many, if not the majority of cases demanding a hospital, are surgical cases. Hence it is through and on account of our surgeons that we have obtained what general hospitals we have.

Thirty years ago no homœopathic practitioner could obtain a government position as an army surgeon. How different would it be to-day if like conditions should appear. A recent interpretation of the statutes upon this point (and I wish I could recall where I read it) reported the Secretary of War as saying, "That any legally qualified physician could take the examinations for government service and, if successful in passing might receive an appointment." That does away theoretically, at least, with schisms in medicine so far as the government is concerned, and why not? When the President of the United States relies upon his homœopathic physician, as has just been demonstrated, to the bitter end; when the Governor of New York would probably do the same; when the majority of the intelligent citizens in any community are known to be on our side, why should we hang our heads because a few old-school physicians, who don't know what they are talking about, say it is a delusion? Are statesmen, in whose hands we

trust our government, such fools when it comes to matters of personal health that they have no judgment to decide? With such men with us, in the lines of Burns we may sing,

“Now Diel-may-care about their jaw
The senseless, gawky million,
I’ll cock my nose aboon them a’—
I’m roos’d by Craigen-Gillan.”

It is, indeed, a matter for profound congratulation that we occupy the social position that we do. We have even taken advanced ground in the matter of medical education, and, henceforth, to be a graduate from a homœopathic college must mean four full years of study. The stigma of imperfect education must soon rest with our friends of the old school unless they follow suit. And why should it not to-day? A man may graduate at Dartmouth with only two terms of lectures of about fourteen weeks each. He is not required to dissect the human body at all. He has no hospital advantages whatever. One of their students, I am told, in his final examination said to the Professor, “I don’t quite understand what you mean by the word ‘post-mortem’ in this question.” And yet he was about to be let loose upon society.

Dr. Rice, of the Post-Graduate School, in New York, tells of another recent graduate, had he been a homœopath I am sure he would have mentioned it, who came to that institution. He was asked what work he would like to do. He said he did not particularly care for any subject. He had learned it about all, but he had two weeks to spare and fifteen dollars left, and would not mind spending it there. Among other things he asked if the course upon operative surgery would be given upon the *live* or *dead* cadaver, and seemed perfectly satisfied with the reply of either. And, yet, such men because of the prestige of State recognition, look down with contempt upon the graduate of our homœopathic colleges, who has spent three full years in study, who has dissected the entire body under intelligent direction, and who has received special instruction in nearly every department of medicine! Their arrogance is only equalled by an apostate priesthood.

But I have wandered from my theme. There are other thoughts for our consideration. We are from necessity, and, perhaps, from choice, a distinct and separate school of medicine. We hold the advanced position we now occupy by the efforts of our own adherents. Not a crumb has come to us, voluntarily, from the old-school table. In every way possible have they sought to do us injury and are seeking still. Men, whose personal character is above reproach, have cast their influence with

the majority in denouncing a system which gave better results than they could show without having even investigated it.

We thank them for their opposition. It has made us robust, but we do not love them for it. If circumstances were different I am inclined to think that many of us would be glad to help (?) them in the same way. We owe nothing to them (except, perhaps, to that old-school physician in the recent legislature who helped to win our appropriation from the State). We do owe much to one another. As I said before, we owe our existence as a distinct and thrifty body to the marvellous results of our early practitioners, those specialists in materia medica who were hardly called to do anything else, but they did their work, and did it so well that every other specialty has followed in their track. Next, to our specialists in surgery do we owe high honors for the help they have given us in times of extreme need. To them and to them alone is due the determining influence in procuring money from the State to establish our public hospitals. Before any vote was taken in the legislature that granted us our late appropriation, the committee in charge visited our private surgical hospital and saw the character of the work there done. Had it been less satisfactory where would be the \$120,000 that the State granted?

Right here let me say there is one man in our school to whom, in Massachusetts, we are greatly indebted for his political ability and great sagacity in pressing our cause to the front, and demanding the rights to which we are justly entitled. As an organizer and leader he has few superiors. At Providence, I heard him introduced as the "Nestor" of homœopathy. But we, in Worcester, know him better as the Dean of the Boston University Medical School, a specialist in successful leadership.

Thirdly, to our specialists in mental and nervous ailments do we owe what scanty aid we have received in establishing homœopathic hospitals for the treatment of the insane. In three States only is homœopathic treatment for the insane established by law, New York, Massachusetts and Minnesota. In Michigan and Connecticut are similar institutions, but not compulsorily homœopathic, though we have no fears of their back-sliding. There are also private institutions elsewhere. In this, as in our government's recognition generally, we are manifestly behind our deserts. Only three states out of forty-four! And yet whenever the opportunity, I will not call it an experiment for homœopathy has outgrown its experimental stage long ago, whenever the opportunity has been given the comparative results have always been in favor of our school.

I remember a conversation I once had with an allopathic physician, in which he would deny all schools but his own the right

to exist. I said, "Doctor, that is all very well if the object of a physician is simply to administer drugs. But if to heal the sick that school that can show the best results, whether it give little medicine or none at all, is best entitled to existence, and the man must be a stupendous idiot who will ridicule a system that can show better results than his own, until he has investigated it."

Fourthly, to our special workers in diseases of the eye, ear, throat and nose have we reason to give thanks. There has not been a finer operator than the lamented Liebold. There has not been a young man of brighter promise than the late Geo. S. Norton. Boston can boast of at least two superior men in ophthalmic surgery, and Worcester is in a fair way to do even better than that. Remember this, that in sending patients to the best men in our school we are doing the best possible thing for them, and in some degree repaying the debt we owe to the earnest workers who have thrown themselves in the gap and made us self-sustaining and independent.

Fifthly, to our specialists in Gynæcology do we owe quite as much for their conservatism as for their skill. There has been no class of patients so outrageously abused as our sisters and mothers, from whom we have received the most. The fashionable unsexing of woman, of opening and sewing up the abdomen and cervix uteri, merely to swell the list of cases on one's record-book, is little short of downright butchery. Our homœopathic specialists in these lines having still some lingering regard for remedies and nature, have been less radical and hence more humane, and I am confident that success has been on their side.

In the physical examination of the thoracic organs we have Professor Clapp, who stands a peer to the best men in the regular profession, whose hobby has ever been on diagnosis, a man who has produced a text-book of such merit as to receive the commendation of the late Austin Flint, who, as we all know, was anything but liberal in his medical opinions. In official surgery, headed by the indomitable Pratt, we have a score of enthusiastic workers. They claim much, and we have reason to be thankful to them for drawing our attention to the possibilities of a heretofore neglected subject. There are other lines of special work to which I might allude, but the foregoing are sufficient for my purpose.

We are in no immediate danger of "fusion" with the so-called regular school of medicine. The time may come, but not yet. Some funerals must first be. So far as we are concerned we are manning the citadel of human ailments so strongly that except for the need of comparison we have but

little use for the old school at all. At present, if they should follow the suggestion of Dr. Holmes and throw all their drugs in the sea the world would be just as well off. The homœopathic profession is prepared to treat every ailment that flesh is heir to in an intelligent and satisfactory manner.

So much for our common obligations to the specialists in our school. It is not charity for them but strength for us. Our interests are so intermingled that not one of us can suffer without harming all the rest. Any one of us who succeeds, so as to make an enviable reputation for himself, has added his mite towards our common reputation without which not one of us could do as well he does now. In return for all this what does the specialist owe the profession? I answer

1st. *Ability.* Before he proclaims himself a candidate for any particular service he is bound to have equipped himself for it. He should not only know the best methods in his own school, but in all schools, that he may be competent to make intelligent comparisons. In theoretical knowledge, at least, he should be master, and if his hands have been tied so that he could not become expert in practice the fault is not his.

2d. *Absolute frankness.* If he has given his specialty the study it deserves, he is better qualified to express an opinion than the general practitioner. In diagnosis, prognosis and treatment then, he is bound to take his patrons into his fullest confidence. If the task required is what he has never performed, he is bound to say so. If he has performed it, he is bound to tell how many times and give the results. In reporting his cases he is bound to report his methods too. If he believes in antiseptics, say so. If he uses them, say so, and say so if he does neither. If he does not recognize the malady in an obscure case let him say that, too, and time shall vindicate the wisdom of the act. We are all of us too ignorant to throw stones, and, oftentimes, the opinion of the man who does not know is of more value than the positive assertion of many another who thinks he does. In eye and ear and throat and pelvis the same law obtains. Do not locate every disease that flesh is heir to in some department of your individual specialty, so as to hold on to the case. It is a short-sighted policy that is sure to prove a boomerang in the end.

3d, and lastly, the specialist owes to the profession, *courtesy.* The Golden Rule should guide his conduct always. If a brother physician has entrusted a case to his care he has no moral right to use his superior reputation to the damage of his patron. To "damn with faint praise" is often worse than open criticism. Not the words we say but the impression we give is the real test of any communication. If the case does not require especial

skill in treatment, unless requested to the contrary, it should be returned to the original attendant, and the patient made to understand the fact. If an irremediable blunder has been made think carefully before you make it public, perhaps yourself may be at fault. I do not mean that you should withhold your opinion from the one who made it, but will it be any kindness to the patient to tell him all your surmises, and fill his soul with unkind feelings towards, perhaps, the best friend he ever had in his life.

If medicine was a fixed and unalterable science these suggestions might be out of place, but in matters of uncertainty *no man's opinion can be set down as fact.* The specialist should be the humblest of men. The higher he gets the more he can see to be learned. There are a hundred ways in which we can "bear one another's burdens," and the specialist has the best possible opportunity to find them out. With ability, frankness and courtesy we can help our fellows and help ourselves at the same time. We can do good and get good, and, perhaps, at some time be good, which makes all courtesies spontaneous.

A CASE OF POISONING FROM THE USE OF BI-CHLORIDE OF MERCURY AS AN ANTISEPTIC.

BY EMILY M. THURBER, M.D., PROVIDENCE, R. I.

[Read before the Massachusetts Surgical and Gynecological Society.]

Dr. M. was employed by a surgeon having a large practice, to assist him in nearly all of his operations. She took upon herself the care of sponges and instruments, silk and catgut, and all of the accessories considered indispensable to successful results in minor operations, as well as the severer laparotomies. All went well, and her health was as good as that of the average woman, until the medical journals began to be filled with accounts of the wonderful results in modern surgery from pure antiseptis, through use of solutions of corrosive sublimate. The most severe operations might be undertaken with impunity. Peritonitis would be unheard of, and the dreaded pyæmia and septicæmia abolished, if only the patients and doctors, nurses and assistants, instruments, and, in fact, everything in the room coming in contact with exposed tissues should be freely bathed or soaked in solutions of mercury.

This surgeon not to be behindhand in his efforts for his patients' welfare, requested Dr. M. to use this disinfectant freely. Sponges, towels, silk, gauze were thoroughly rinsed in solutions varying in strength from 1 to 1000, to 1 to 5,000, 15,000 and 20,000. During operations hands were frequently bathed in the solution. Results to the patients were in the main good, but

whether from stricter cleanliness or from the germicide used I know not.

About this time Dr. M. became most uncomfortably afflicted with an obstinate diarrhœa. It persisted apparently without cause or reason. The Homœopathic *Materia Medica* was searched for remedies, but not one seemed of the least avail. The trouble continued at irregular intervals day and night, more particularly the latter and early morning, for about two years, until she was nearly worn out with it. Stools very profuse and irritating, contained undigested food, were slimy and at times bloody, causing the rectum to become inflamed, and creating intense heat and burning for the greater part of the time. During all these months the cause was not suspected, but there came a time when more extensive preparations were necessary for an ovariectomy, and the evening previous to the operation Dr. M. was seized with a more profuse and exhausting diarrhœa than usual, which was followed by vomiting and almost collapse. This continued the whole night without cessation. She had no sleep at all and morning found her prostrated. She insisted upon taking her customary place during the operation, but fainted in the attempt. Still the cause was unsuspected. Three weeks later, the evening previous to another laparotomy, there occurred another attack similar to the one I have described. At this time it was thought that there must be some connection between the laparotomies and the gastric and enteric disturbances, and it was finally decided, though with much doubt and questioning, that the corrosive sublimate used in disinfecting the paraphernalia necessary for these operations was the only probable cause of trouble. From this time on mercuric chloride was seldom used, and in very weak solutions when at all. Gradually the bowels assumed a more natural tone, stools became normal, rectum was healed and life seemed worth living.

A year or more had passed with comfort and freedom from her trouble, and Dr. M. presuming the susceptibility to the poison had passed away, became careless again. A strong solution of mercury was called for at the hospital one day, and without much thought her hands were immersed in the poisoned water. This was followed by moderate disturbance for several days. Four days later, the nurse at the hospital, without her knowledge, supplied her with strong mercurial solutions which Dr. M. used for over an hour. The most severe attack of all was caused by this accumulative poisoning.

Taken with nausea and slight vomiting, fever soon developed, accompanied with severe headache and partial stupor. Temperature, 103. Pulse, 120. A very offensive diarrhœa set in with movements at first profuse, then finally becoming scant,

attended with severe pain and discharge of a great deal of mucus. In short, a real inflammatory condition of the alimentary tract was developed from the stomach down. For hours the movements were every ten minutes, sometimes involuntary, which could only be controlled and which were finally checked by morphine after four days of this wretched condition. Then she was seized with pains in the legs which continued five days and nights, so severe as to require an anodyne to give her rest. Following this there were pain and swelling of the joints of the hands particularly the right one. The fingers and palms of the hands became red and tender to the touch and looked as if almost entirely denuded of the cuticle. This was the last symptom noticeable. She gradually improved, but was housed nearly three weeks, and it was fully as long before the stomach could retain and digest food well, and much longer, yes, months, before the bowels resumed a healthy tone.

I have given this case thus minutely to show that the surgeon and his assistant were anxious to prove beyond a doubt the certain cause of trouble, and that mercuric chloride, even in high dilutions, can be productive of much evil. Since the advent of germ theories and bacteriology, with greater knowledge of surgery, and increased surgical appliances, it has been deemed essential to find some certain germicide and bactericide. Microbes are abundant everywhere, but, whether the cause or result of diseased conditions is not fully determined, yet they are at any rate an accompaniment of inflammatory and suppurative processes. This fact induced physicians to search for remedies to lessen the fatality attending so many of the early surgical operations. The medical fraternity seem to have at last settled upon corrosive sublimate as the only certain disinfectant and bactericide, forgetting the powerful nature of the drug and ignoring the dangers attending its use. Is any germicide safe when such serious results may occur as in the case related? To be sure there might have been some peculiar idiosyncrasy in Dr. M.'s physical make-up, to be so readily affected, but there must be others, patients as well as physicians, who would be equally susceptible.

Since meeting with this case Dr. C., of Boston, writes me she was salivated after wringing sponges from merc. solutions, while assisting at a laparotomy. Last winter I visited one of the smaller hospitals here in Boston, one which accommodates about twenty-five patients, and the resident physician told me that the least touch upon her hands of even very mild mercurial solutions, produced an eczema just where it came in contact with the skin, which would last two or three months. She had no skin trouble at other times. Very frequently this was accom-

panied with dysentery. She gave me an account of two patients in the hospital, whom they were very sure were poisoned by this antiseptic, one after laparotomy, suffering intensely with dysentery which nearly proved fatal, and the other as certainly poisoned by a few drops of the sol. 1-2000 injected through an abdominal drainage tube. The use of this germicide has been attended with such unfavorable and dangerous symptoms, as to decide the head surgeon to exclude it from the hospital. I should like much to ask whether the physicians here have met with any ill effects from its use. Some of the Providence surgeons are growing shy of it and, indeed, use it but little comparatively. The success of their operations where of late it has been omitted, compare most favorably with those of a few years previous, when everything was bathed in mercuric solutions prior to any surgical treatment.

*A CASE OF STRICTURE OF BOTH URETERS. DOUBLE PYELO-
NEPHRITIS. CYSTOTOMY. DEATH EIGHT DAYS AFTER
OPERATION.*

BY L. F. POTTER, M.D., MALDEN.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

The history of this case is briefly as follows: The patient, a man, age 40, had excellent health up to within three months, with the single exception of a moderate stricture of the urethra, which appeared a year previous to my first visit, and for which he had been treated by sounds on two occasions, the last being six months previous. During the last three months the frequency and difficulty in passing water had increased and with it slight falling off of the general strength. Rectal examination negative. A No. 10 English gauge sound was passed into the bladder, followed by 12, 14 and 15, with no other incident than a spasmodic grasping of the instruments in the urethral canal. About four ounces of fetid, ill-smelling urine was drawn, and, later, found to contain pus cells. The bladder was thoroughly washed with boracic acid. Condition in forty-eight hours little improved. Potass. permang., 1-4000 was used with slightly better results and the urethra again dilated by sounds. Improvement so little marked during the next few days that nitrate of silver, ten grains to the ounce, was substituted with marked effect; all evidence of cystitis disappeared. Examination of water showed no pus, urethral stricture gave little trouble.

For two weeks following, the patient remained in bed complaining of occasional neuralgic pain in right and left lumbar region, and irritable stomach. No chills were manifest throughout the sickness. The patient on resuming his business was

conscious of only a very gradual increase of strength. The stomach continued irritable, necessitating the use of liquid food for the most part. Lumbar pains appeared only at long intervals. The urine was fast taking on its old condition of cystitis which examination confirmed. Difficulty in passing water increasing, patient obliged to rise at night every two hours. Notwithstanding patient attended to a somewhat exacting business for two months, during whole time complained only of excessive and painful urination. Repeated examinations of water were made during these latter months, showing rapid increase in pus cells.

The diagnosis (which in the first instance had been chronic cystitis following spasmodic stricture of the urethra, nature conjectural) had now become a possible pyelo-nephritis and cystitis, possibly from renal calculi, although no symptoms of stone had appeared, nor did careful examination of the kidney region suggest renal disease. Cystotomy was advised as a means of obtaining further light, and accepted.

A median incision was made through the perineum into the bladder. Digital examination negative. A drainage tube was introduced, and a pint or more of fetid urine was withdrawn. The bladder was washed with a sublimate solution 1-4000. During the process gushes of foul urine would mix with the clear, suggesting sacculi in the walls of the bladder, and obviating also the use of the cystoscope, the help of which was attempted from time to time. A drainage tube was introduced, and the patient put to bed. Recovery from ether in a few hours. The night following operation vomiting occurred frequently. Temperature, 101°, pulse, 98. The following few days' temperature alternated between normal and sub-normal, stomach continued intolerant, pulse grew more feeble in spite of active stimulants, and death occurred in eight days.

I made a post-mortem examination the day after death with the following result. Heart and lungs normal. Nothing of interest was found in the abdominal cavity until the region of the kidneys was exposed; here, after feeling in vain for the left kidney, I came upon a pus sack, oval and almost the size of an egg, there having been total destruction of the kidney tissue by long standing pyelo-nephritis; chronic inflammation of both ureters about one and a half inches above the bladder. The left ureter was the seat of an almost impervious stricture due to inflammatory thickening and connective tissue deposit around and within the muscular tissues of the ureter. At this point the strictured portion would only allow of the passage of a bit of wire about the size of a fine knitting needle. Above this point great dilatation of the ureter and the kidney pelvis. On

the right side the same process up to within an inch of the pelvis of the kidney, and here again another stricture of the ureter with a very narrow opening through it, the kidney in process of destruction by a chronic pyelo-nephritis. There was also chronic cystitis with marked trabeculation of the bladder and thickening of its muscular coats.

Strictures of the ureter from stone or obstructions from new growths and abscesses are, I believe, of fairly common occurrence, but cases of this kind are extremely rare, if one can judge from the literature on the subject. It is little wonder that we failed to make a diagnosis beyond cystitis and probable pyelo-nephritis. I cannot see that it is possible in such cases to diagnosticate ureteral stricture, considering the apparent good health; and the rarity of the conditions is such that one does not take it into consideration. Treatment seems hopeless, the wonder is that one can live so long with so little working renal tissue.

EPIDEMIC INFLUENZA IN WORCESTER.

BY CHAS. L. NICHOLS, M.D., WORCESTER, MASS.

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

The antiquity of Epidemic Influenza is undoubted, and the reference of Homer to it as among his heroes assembled before the gates of Troy, is one of our first notices of its serious character.

It is said that Hippocrates has mentioned it, but of this there seems to me considerable doubt as his descriptions were so clear and his observations so keen that no uncertain or doubtful reference would have been left to record so marked and distinctive a disease. In the year 827 A. D., however, we find an accurate description of the disease, and in the annals of the four masters of Ireland is recorded the following description of the epidemic of 1510:

A curious disease extended from the Southeast from the Island of Malta, towards the Northwest, with the following characteristics: A grievous pain of the head with violent pain over the eyes, heaviness, difficulty of breathing, hoarseness, loss of strength and appetite, often with attacks of colic, restlessness and watchings, from a terrible tearing cough. Presently succeeded a chilliness and so violent a cough that many were in danger of suffocation. The first days it was without spitting, but about the 7th or 8th day much viscid phlegm was spit up; others (though fewer) spit only water and froth. When they began to spit, cough and breathing were easier. None died except children. In some it went off by looseness, in others by

sweating. It was preceded by a long moist air and followed by remarkable storms.

Truly this is an excellent description of Epidemic Influenza, and little could be added to-day!

The epidemic of 1557 crossed the Atlantic to America by way of Spain, but the first description of the disease in America, Noah Webster says, was of the epidemic of 1847, which also came from Spain.

The epidemic of 1891-2 in Worcester began with sporadic cases, about November 15th, but not until the 1st of December could its epidemic character be determined. From that date until January 6th, a rapid extension was noted, and then a sudden decrease for a week, diminishing by over one-half the new cases. From the middle of January until the middle of February, with several exacerbations of a few days at a time, the number gradually diminished, and the cases since then have been sporadic. It was predicted that frost or a snowstorm would check the disease, but careful observation could not discover any marked change, although it should be stated that the cold and snow were not persistent with us for more than three or four days at a time.

The following may be considered typical of the cases during this epidemic:

In many cases the prodroma were malaise and disinclination for work, and ill-defined bad feelings. These symptoms were only observed in cases where known exposure to cold had been noted, or in persons accustomed to define their bad feelings. In more cases, perhaps the majority, the statement was definitely made that the disease began such an hour, so marked was its onset. A chill, severe and of an hour's duration, or less severe and persisting for 24 hours, was followed by or alternated with fever, frequently accompanied by nausea. The temperature rose within 24 hours frequently to 103° , but in nearly every case the normal was reached on the third day at latest. Aching all over the body, in the muscles, with darting pains in the joints, especially the wrists and ankles, with a hot aching over and back of the eyes, and frontal headache with a pressive, bursting sensation, all of these symptoms being aggravated by motion, the chill even being brought back by moving in bed. The throat felt full and swollen, looked red, especially in the posterior pharynx, and was painful particularly during empty deglutition. This was succeeded by a raw, scratchy feeling, and later by painful dryness of the throat.

In the majority of cases the second day was one of comfort, relief from the chills, fever and aching, and the patients considered themselves convalescent. The third day, however, brought a severe coryza; so noticeable was this that most confessed that

they were careless and probably exposed themselves, though this was not the case. Coryza and severe cough, dry at first, and later with expectoration of tough, viscid mucus, with gagging, the irritation to cough coming from the middle of the sternum. The time of aggravation of the dry cough was at night, but as it became looser, during the day when moving about, and later, night and morning. Insomnia and restlessness were present in the large majority of cases, the insomnia being very marked even in good sleepers. Prostration and night sweats were almost universal and continued for many weeks in many of the cases.

Among my own cases I observed at the onset of the epidemic that the general symptoms were more severe, and later on that the catarrhal symptoms predominated, and that it was at this stage of the epidemic that the old people were particularly attacked, the fatality among this class being remarkable. The severe and long lasting cases were almost without exception among the persons whose bodily condition was reduced below the normal, or those with persistent catarrhal affections. Another point of interest was the development of the chronic diseases to which each was subject, among the majority of those at least in poor health, as a sequel of the epidemic.

Among the cases of interest may be mentioned, 1st as a sequel to a mild attack ;—a case of embolism of the internal capsule, the only symptoms being hemianæsthesia and hemianopsia of the upper right quadrant of each eye. The disease was first described by Charcot ten years ago, and this is the second recorded case in America, recovery being perfect except in sight.

2. A case of broncho-pneumonia following on the fifth day, in which the woman's life (65 years of age) was saved by inhalations of 80 per cent. oxygen, only to fall a victim, however, ten days later to suppurative parotitis.

3. A case of broncho-pneumonia followed by phlegmonous erysipelas of the left arm in consequence of injury, and death on the twentieth day.

4. Two cases of broncho-pneumonia consequent upon coal-gas poisoning through carelessness.

5. Six cases where cherry-red frothy expectoration was present for one or two days with no marked dullness on percussion or other sign of hepatization.

6. A case of influenza ushered in by an attack of angina pectoris in a man suffering with interstitial nephritis. The case was mild and recovery from the influenza was apparently perfect, but death came in eight weeks from sudden angina.

These cases have been outlined to illustrate either their novelty

or other points of interest. Others, less noteworthy, have been omitted.

At the beginning of this epidemic, two questions claimed my attention. 1st, is this disease contagious? 2nd, is it to be treated by epidemic remedies, or by individualization?

1. Is this disease contagious? By contagious disease is meant a disease capable of transmission either by personal contact or through some medium (water, air, etc.).

In the present instance the object is to determine the extension by personal contact, as every epidemic must extend either by such means or by some organisms carried in the air. The question of germ does not enter into this discussion as my own faith is not fixed as yet, nor has my reason been satisfied that the existence of germs proves them to be the cause of disease.

In one family six persons were attacked in succession at intervals of two days, and this experience was repeated with me, though to a less marked degree in forty or fifty more families. In this epidemic, sickness among the nurses employed was greater than in any epidemic I have ever seen, and the burden of work has not been marked at the stage when they were attacked, in the majority of cases. This last fact was more marked than in any epidemic of scarlatina or diphtheria which I have ever watched. The existence of sporadic cases at the outset, and at the close of the epidemic, and the sudden rise to its height, show that this has followed the lines of other acknowledged contagious diseases.

In a recent monograph by Dr. Sisley of London, his arguments in favor of the contagiousness and germ origin of this influenza fell into four lines.

1. That it followed the general lines of human intercourse. This we know to be the case from the history of its progress, for so excellent is the newspaper service of to-day that the course of an epidemic can be followed with great accuracy.

2. That sporadic cases preceded the epidemic.

3. That many cases seemed to develop in sequence. In support of this argument he detailed many cases of seeming value.

4. That in prisons or isolated places the disease was less likely to be developed, except it was traceable to contact.

Dr. Sisley cited a large number of verified cases to prove each of these propositions, the reverse of which has been as stoutly affirmed in times past.

These arguments added to one other alluded to, that these epidemics follow exactly the course of other epidemics, e. g., cholera, scarlatina, diphtheria etc., are sufficient to prove the contagiousness of the Influenza. But to my mind the germ origin must be argued on different ground, for post, not propter hoc,

is as invincible an answer in this case as in any abduced in drug action by our brothers of the other faith.

It is not with the expectation of adding new arguments or convincing proof of another kind than heretofore presented, that this question has been touched upon, but simply to give the personal experience of one more in lines already laid down, and add the cumulative weight of observed cases to such reasoning.

The proof that this disease is contagious, should undoubtedly be followed by stringent measures to stamp out this new epidemic, as cholera and small-pox have been made so nearly to disappear by wise precautions. This is the more possible in that all classes and shades of medical belief can join on an equal footing, and thus add one more argument to the noble words recently uttered by Dr. Thomas, and to his prediction that preventive medicine is the line in which the highest medical achievements of the future are to be made.

The second question: "is this disease to be treated by epidemic remedies, or by strict individualization of the remedy," is a serious one for us as homœopaths, just as the first appeals to us as physicians. Hering. N.A.J.H., 1872.

From the time that Paracelsus, observing the characteristic discharge in an epidemic of dysentery, applied successfully the same remedies to an obstinate ulcer of the leg with a similar appearing discharge, the attention of physicians has been called to this question. Routine prescribing is the bane of the medical mind, but is, at the same time, the almost irresistible tendency of the busy practitioner, and we seek, in general practice as well as in times of epidemic sickness, to simplify the thought required in prescribing, to shorten the time spent in the sick room. Sydenham, called the modern Hippocrates from his keen power of observation, carried this still further, and claimed the epidemic character of all diseases which varied from time to time, from year to year, according to conditions at present unknown, Gruber attempted to revive this 50 years ago on the same lines, but with little success. Rademacher and Grauvogl sought to generalize on the basis not of disease, but of bodily constitution. But it has been the glory of Hahnemann that strict individualization is the requisite of the highest success. In the treatment of epidemics, however, the *Organon* teaches differently, and we know from the *Lesser Writings* also, that Hahnemann's method in these cases was towards generalization. Indeed the greatest of the early triumphs of homœopathy were in this line, when the smooth variety of scarlatina was warded off by Hahnemann's use of belladonna; when the epidemic cholera was treated so successfully by camphor, cuprum or veratrum, according to the

indications supplied by him, and when the typhus fever was combated so well by bryonia or rhus tox as indicated.

Section 101 of the Organon says: the first case may be misleading, but observation of two or three should give a picture of the coming epidemic, and show the appropriate remedy.

Section 102. Write the symptoms of several cases; define closely the peculiarities; general signs, e.g., sleeplessness, anorexia, etc., being of less consequence, the more prominent and special symptoms constitute the characteristics of the epidemic. Individuals are affected alike, the source being exactly the same, yet there are variations in consequence of differences of the bodily constitutions.

Such are the rules laid down by Hahnemann, and the interpretation is, that even in these cases the rule of individualization must be followed with sufficient accuracy to determine the personal peculiarities of each case, although the class of remedies may be restricted by generalization.

The description of the epidemic of 1510 will be found to harmonize in all essentials with that described by myself as typical of the present outbreak, three hundred and eighty years later, although there will be found marked differences in the characteristics or lesser symptoms, and it is by these lesser symptoms that our selection of remedies must be determined. Each single epidemic also varies at different stages of its progress, and here too we are met by a new principle of selection.

At the outset of this epidemic the cases were mild, the general symptoms were marked, but localized troubles were not noted, and the attack passed off rapidly; then the catarrhal troubles began to be more marked, gastric or respiratory. With the development of a long, cold rainstorm, the muscular pains were again made prominent, and, later, hoarseness and aphonia were among the earliest and most persistent symptoms. Not until after the acme of the epidemic did pneumonia develop, and the characteristic of this epidemic, the great fatality among the old people was, then seen. At the close, the cases again became more mild, the general symptoms being more characteristic than the catarrhal, although the sequelæ kept physicians as busy as in the more active stage of the epidemic.

With these general conditions and the variations in the different stages of the epidemic, the question then arose of the personal equation. Leaving out of sight the mental influence which cannot as yet be determined with accuracy, and the natural course of the disease, which could have been fixed at this time by recording a series of cases treated by the expectant method, my plan was to select each remedy, daily, by the usual careful comparison of symptoms, and record the remedy used and symptoms indicating it.

One hundred cases so treated and recorded during the middle of the epidemic gave the following remedies used :

Bryonia, in 30 cases.

Rhus, in 26 cases.

Sanguinaria, in 15 cases.

Gelsemium, in 12 cases.

Kali Bichrom., in 7 cases.

Hepar Sulph., in 6 cases.

Causticum, in 4 cases.

This was the first remedy selected, and the remedy used for the first few days at least and, in many cases, the only one employed. The characteristic symptoms of these remedies are so well known that repetition of them here is unnecessary. In looking over my notes of all the cases treated during this epidemic, I find that the relative proportion of these remedies is quite accurate for the entire list. Among the many other remedies used, two deserve mention. *Lobelia inflata*, suggested to me by Dr. Francis Brick, in cases the onset of which is marked by nausea and gagging from collected mucus ; and *sabadilla*, for the cases with coryza and cough, with blood-streaked expectoration at the outset.

From this record it will be seen that no one remedy is pre-eminently indicated, but that the class known as catarrhal is drawn from more extensively, although the two heading the list, bry. and rhus, have a deeper and more defined action upon the general system than any of the others. It may be inferred, also, from the number employed, that individualization is as necessary in these epidemics as in general practice, although the class of remedies used will be limited.

It is not claimed that greater success with these remedies was attained than by others. It is not asserted that the course of the disease in these cases was abated, for we know that even Hahnemann recognized the self-limitation of these diseases and their regular course ; but it may be fairly inferred from our previous knowledge of homœopathy and experience with its remedies, that our patients were more comfortable and more free from alarming sequelæ than those treated by the complex formulæ of the other schools. And it is my hope that at no far distant day the selection of these remedies will be made so accurate, and the results of their use so markedly favorable in comparison, that all shades of medical belief will be attracted to try, and so inevitably to employ them ; and if this brief article shall contribute in any way to that end, my object will be more than accomplished.

“VERY cute little dodge of that druggist, selling me that porous plaster with the privilege of returning it if it did no good.” “Well, why don’t you return it?” “I can’t get it off.”

SOCIETIES.

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THE MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The annual meeting of the Massachusetts Surgical and Gynæcological Society was held at Quincy House, Boston, Wednesday, Dec. 14, 1892, the president, C. R. Brown, M.D., in the chair. The following physicians upon the recommendation of the Executive Committee were unanimously elected to active membership: Dr. Geo. A. Suffa, of Boston, Dr. Helen S. Childs, of Jamaica Plain, Dr. Mary E. Mosher, of Roxbury, Dr. Geo. B. Rice, of Wollaston, Dr. Jas. R. Cocke, of Boston, Dr. Geo. H. Earl, of Boston, Dr. Emily M. Thurber, of Providence, Dr. John C. Shaw, of New Bedford, Dr. W. T. Hopkins, of Lynn, Dr. G. W. Haywood, of Lynn, Dr. Chas. F. Johnson, of Newburyport; and, as corresponding members, Dr. E. H. Pratt, of Chicago, and Dr. S. H. Linn, of Rochester, N. Y.

Officers were elected for the ensuing year as follows: Dr. Sarah E. Sherman, president; Dr. A. J. French, first vice-president; Dr. C. W. Morse, second vice-president; Dr. L. A. Phillips, secretary; Dr. F. W. Elliott, assistant secretary; Dr. J. H. Sherman, treasurer.

Dr. S. H. Linn exhibited instruments and appliances, many of original design, used especially in orificial surgery.

The President's address discussed in an interesting manner "The Relations of the Mind Cure, the So-called Christian Science, Hypnotism and Suggestive Therapeutics to Rational Medication."

Dr. H. A. Whitmarsh reported upon "Progress in Gynæcology," advocating the use of the curette prior to the removal of the uterine appendages, especially, also, before operation for uterine fibroids; also, in endometritis and in various forms of excessive uterine hemorrhage, and as a last resort in septic puerperal infection, before the peritoneal cavity had become involved; the employment of graduated cervical dilators to secure thorough drainage of the uterine cavity; conservatism in removal of uterine appendages; an approved system of woman's dress.

Dr. Jas. R. Cocke spoke upon "Practical Applications of Massage in Gynæcology," illustrating the softening and absorbent effect of persistent massage upon hard fibroid growths, which were unsuitable for surgical operations.

A most interesting case of "Malignant Stricture of the Rectum. Relief by Inguinal Colotomy," illustrated by a patient, was presented by Dr. F. W. Halsey.

Dr. F. C. Richardson presented a paper upon "Reflex Disturbances from Rectal Irritation."

The Secretary read a characteristic letter from Dr. E. H. Pratt, entitled "A Public Letter to My Professional Brethren of the East Who Are Interested in the Treatment of Chronic Diseases." The paper treated the subject with the directness, force and enthusiasm for which its author is well known. It was the able plea of an earnest advocate who enjoyed to the limit the strength of his convictions. An animated discussion followed. Dr. S. H. Linn and Dr. Hunt, of New Bedford, defending the positions assumed by Dr. Pratt and strengthening their argument by a series of successful cases.

Drs. Phillips, Halsey, Richardson and Morse, and others, while admitting the success in many of Dr. Pratt's cases, yet questioned the sweeping conclusions which he always and everywhere made. The discussion upon the whole gave to official surgery a higher place than it before occupied before the Society; elevating it from the position of a fad, as it had, perhaps, been generally regarded, to a means of cure worthy of respectful study and consideration. Dr. Phillips called attention to the bad results which sometimes followed the operation from lack of control of the sphincters. Dr. J. H. Sherman reported an instructing case of "Polydactylus Pedis," the sixth toe being removed by a rubber ligature.

Dinner was served at 7 p. m., plates being laid for sixty.

F. W. ELLIOTT, *Ass't. Sec'y.*

REVIEWS AND NOTICES OF BOOKS.

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RINGWORM: ITS CONSTITUTIONAL NATURE AND CURE. By J. Compton Burnett, M.D. Philadelphia: Boericke & Tafel. 126 pp.

This is one of the bright, spirited, convincing little monographs in which a man who believes something very heartily sets forth what he believes. In this case the man is Dr. Burnett, well known as a therapeutic enthusiast, and the master of a terse, vivid, pungent English style; and the thing he believes is that *bacillium* in the high potencies will cure ringworm, speedily, safely and permanently. For ringworm, he holds, is a constitutional and not a local disease, and, therefore, can be treated rationally by constitutional measures alone. He regards it as an expression, in most instances, of the tubercular diathesis; hence its treatment by the so-called "consumption virus." As usual, Dr. Burnett supports his thesis by reporting many clinical cases in which his remedy has acted, or has seemed to act—the former phrase being Dr. Burnett's, and the latter our own—with all but miraculous promptness and efficiency. Whether or no we accept the author's reasoning and conclusions, one is forced to enjoy his charming fashion of expressing them; his pages teeming with such quaint and refreshingly untechnical statements as that the pathological condition known as psora "roots in the vague, and its trunk and boughs run away into anywhere."

INTERNATIONAL CLINICS. Vol. III. Second Series. Philadelphia: J. B. Lippincott Co.

Among the noteworthy and brilliant contributors to this new volume of a famous

series, are Drs. John Ashhurst, Jr., J. M. Charcot, N. S. Davis, William Goodell, Alfred M. Loomis, Paul F. Mundé, Wm. Pepper, A. J. C. Skene, and many others. As is always the case, the clinical experiences set forth cover a wide variety of pathological conditions, as, for instance, "Suppurative Pleurisy," "Peritonitis," "Thoracic Aneurism," "Cancer of the Tongue," "Retained Placenta," "Hypertrophy of the Prostate," etc. Dr. Charcot's report of a case of brachial monoplegia, is highly interesting and remarkable. It was a case of genuine and obstinate hysterical paralysis, and after other means of treatment, electricity among them, had been faithfully tried and had utterly failed, was cured by psychical means alone, the man being directed to make certain movements with his left arm, and imitate them with his paralyzed right. There is much suggestiveness in Dr. G. A. Gilson's remarks on "Effects of Renal Disease on the Circulation." Dr. Davis' "Two Cases of Chronic Rheumatism" are interesting as showing how rapidly the "rational" school is progressing toward genuine rationalism, in holding but lightly by drugs, and dwelling on the value of diet, exercise, simple adjuvants and general hygiene. Each new volume of the "Clinics" impresses anew on the reader how valuable is the access thus afforded to the most practical counsels of great practitioners.

NOTES ON THE NEWER REMEDIES. By David Cerna, M.D., Ph.D. Philadelphia: W. B. Saunders. 1893. 177 pp.

This little hand book sets forth its aim in its title. The "remedies" — a substantive that perhaps makes a more definite claim than facts warrant — which have come into favor so newly that they are not included in the standard text-books, are here briefly described, and perplexity thus saved to the student who often chances upon allusions to them in the old-school medical journals of the day. The composition of the drug, its physical properties, solubility, therapeutic applications, and mode of administration, including dose, are each summarized in a few terse lines. How catholic is the experimentation of the school which in a thousand years of experimentation has hit upon so few stand-bys and specifics, is suggested by the facts that these "new" remedies, a mere appendix to the vast bulk of the standard text-books, number upward of four hundred drugs! It is to be hoped that patients are not often startled by mention of some of them — diiodoparephenosulphonic acid, for example; or diacetylpiperazine. One exceedingly commendable feature of the book is its outspoken condemnation of "patent," i. e., secret compounds. We note occasionally, with much amusement, some such "new" remedy as rhus tox., among whose therapeutic uses are relief of chronic rheumatism, and certain conditions of typhoid fever.

AN AMERICAN TEXT-BOOK OF SURGERY. Edited by Wm. W. Keen, M.D., LL.D., and J. William White, M.D., Ph. D. Philadelphia: W. B. Saunders. 1209 pp.

This encyclopædic volume is compiled on a somewhat novel plan. The work of no less than thirteen well-known surgeons, among whom may be enumerated Drs. Chas. H. Burnett, Roswell Park, Lewis L. Pilcher, Nicholas Senn and Lewis A. Stimson, the collaboration has been so close that no individual share of the work is represented by individual signatures, but the great volume as a whole stands as the work of the group of distinguished authors, as a whole. The book is modern, strong and exhaustive. It is in four divisions: General Surgery, Special Surgery, Regional Surgery and Operative Surgery. Each division has innumerable and minute sub-divisions, and the immense field of modern surgical achievement and possibility is thus admirably covered. Especial features of the work are, first, its Americanism, preference being given, whenever such distinction arises, to the procedures in vogue on our rather than on the other side of the Atlantic; second, its up-to-date treatment of surgical bacteriology, asepsis and antisepsis; and thirdly, its setting forth of the essentially modern surgical experiments in cerebral, abdominal and spinal operations. The book is fully and excellently illustrated, very many of the plates being original. Those, especially, which relate to bacteriology, are of exceptional interest and value.

A LABORATORY COURSE IN MEDICAL CHEMISTRY. By Eugene H. Porter, A.M., M.D. and W. S. Pearsall. Ph. B., M.D.

This little manual gives a series of tabulated lessons on its chosen subject, each lesson consisting of the briefest statement of facts, and directions for laboratory

procedures. Six of these lessons deal with inorganic chemistry, eighteen with organic chemistry. The student, following these directions, learns to detect abnormal substances in the urine, and to discover the presence of the various substances treated of, in any specimen submitted to him for examination. The work is terse, technical and suggestive, and essentially intended for the practical worker in the laboratory.

MANUAL OF PRACTICAL, MEDICAL AND PHYSIOLOGICAL CHEMISTRY. By Chas. E. Pellew, E.M. New York : D. Appleton & Co. 314 pp

The distinctive object of this book is to exclude, as far as possible, from the course it prescribes, merely general chemistry, and to provide for the student lectures entirely germane to his medical education. The gist of these lessons was published in pamphlet form some years ago; they are now amplified and brought into finished and permanent shape. An interesting feature of the work is the division on microscopical examination of the urine, a section illustrated by many carefully-prepared plates, colored and otherwise. The book is handsomely and solidly gotten up.

DISEASES OF THE LUNGS, HEART, AND KIDNEYS. By N. S. Davis, Jr., A.M., M.D. No. 14 in the Physicians' and Student's Ready-Reference Series. 359 pp. Cloth, \$1.25. Philadelphia : The F. A. Davis Co.

Dr. Davis has here condensed, into a size suitable for the "ready reference" form of hand-book, many of the lectures recently delivered by him before the Chicago Medical College. The wide fields covered in the volume are necessarily dealt with very briefly; prominence, as befits a work so essentially practical in aim, being given to the subject of treatment, over those of etiology and pathology. Dietetic and hygienic measures are largely given, thus making the work of use to other practitioners than those of the old school: whose therapeutic treatment is of course that recommended.

There are three papers relating to well-known authors in the January CENTURY: A paper of reminiscence and sympathetic criticism of Whittier by Elizabeth Stuart Phelps, including extracts from letters of the poet, and accompanied by a frontispiece portrait; a concise but graphic sketch, by Prof. Henry A. Beers, of Yale College, of Christopher North (John Wilson), the "Crusty Christopher" of Tennyson's stanza, with which is printed a striking portrait from a photograph, and a paper by Arthur Allchin, entitled "An Illustrator of Dickens," on Hablot K. Browne ("Phiz") setting forth this interesting illustrator's relations to Dickens and Lever. This number is otherwise rich in interesting articles on a wide variety of subjects. New York : The Century Co.

Colonel A. B. Ellis has a paper on "Marriage and Kinship Among the Ancient Israelites," in THE POPULAR SCIENCE MONTHLY for January. He maintains that this people once practised marriage by capture, and at one time were polyandrous. The scarcity of women which led to the latter practice was caused, he infers, by female infanticide. The subject of "Genius and Suicide," is treated by Charles W. Pilgrim, M.D. He shows that the most careful guidance is needed to prevent the mind that is abnormally developed on any side from becoming unbalanced. New York : D. Appleton & Co.

The complete novel in LIPPINCOTT'S MAGAZINE for January is "A Pacific Encounter," by Mary T. Stickney. Other contributions of noteworthy interest are a pleasant paper on "Foils and Fencing," by Eugene Van Shaick, and a pleasant sketch of Charles Biddle, an "Old-Time Philadelphian," by Elizabeth Bates. Philadelphia : J. B. Lippincott Co.

IRISH VERACITY. — The Irish are so proverbially truthful that there is veracity to be found even in their lying, as the following will amply prove: In an Irish daily there recently appeared this advertisement: "Wanted — A gentleman to undertake the sale of a patent medicine; the advertiser guarantees it will be profitable to the undertaker." Would that all patent medicine advertisers were equally truthful! — *Ex.*

MISCELLANY.

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LEPROSY IN JAPAN. — Another missionary who devoted himself to the succor of lepers has just completed his sacrifice by giving his life in their service. Father Testevuide, who may be called the Damien of Japan, established the first leper house in that country, in 1886. At that time no provision whatever was made either by the government or the public for the care of lepers, and it was only by the most persevering efforts that the energetic priest was able to collect sufficient funds to build the leper house on Mount Fusi. This institution he personally managed till his death. His example has been fruitful, and now there are three asylums for the victims of leprosy in Japan, all apparently owing their existence to private charity. — *British Medical Journal*.

BRYAN, J. ROBERTS, (PHILADELPHIA): DETERMINATION OF THE SEX OF THE FŒTUS, — (*Annals Gynec. and Pæd.*, Phila., 1892, v., 307.) He gives six cases of pregnancy which seems to confirm the theory of Dr. Wilson, of England, as to the determination of the sex of the fœtus. It is based on a theory concerning the nutrition of the ovum, to the effect that when the ovum is first extended from the ovary it is much stronger, and its nutritional power is greater than after it has been several days on its way down through tubes, uterus, etc., to be cast away if not fertilized; and if fertilized, while strong, the resulting fœtus will be male; if later when the ovum has become weakened, female. On the further supposition that ovulation, although not dependent upon menstruation, is *apt* to occur at that time, hence, if impregnation occur before menstruation, the result will be a male child; if afterward, a female.

PREGNANCY AT THE AGE OF FIFTY-NINE. — Dr. E. Derasse (*Gazette Medicale de Liege*,) saw in his consulting room in August, 1889, a lady with a swelling of the abdomen. She was 59 years of age, and had been a widow for twenty years. The tumor was taken, by one of her medical attendants, for a uterine fibroid, and by another for a cyst. Arrangement had even been made for an operation. Dr. Derasse, on examining the tumor, which was uniform with the uterus, noticed a sensation as though something was moving inside it. On auscultation fetal heart sounds could be heard; *ballotement* was also clear. The breasts were already well developed and heavy. After careful investigation of the case it transpired that the elderly patient had a young lover. On December 21, 1889, she was delivered of a fine boy. She was then 59 years and 5 months, Dr. Derasse having succeeded in obtaining her birth certificate. She suckled her child well, and weaned it upon her sixtieth birthday. She stated that she had ceased to menstruate at 50, and she had a married daughter 40 years old. Dr. Derasse refers to the *Dictionnaire Encyclopedique* where several cases are recorded where mothers suckled their children at the age of 60, or even later. — *Brit. Med. Jour.*

PERSONAL AND NEWS ITEMS.

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DR. FREDERICK W. HALSEY, has opened an office, 229 Berkeley street, corner Boylston, Boston. Office hours, 11 to 1. Rectal diseases exclusively.

DR. NICHOLAS SONN, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery," arranged in conformity with the "American Text-Book of Surgery," which will be a valuable aid to all who have this fine work.

THE homœopaths have too long had the advantage of the rest of the world with their neat little cases and almost tasteless pellets. Now we make a stand against them with soluble compressed tablets, which, although made up of remedies of the regular school, are as little trouble to take, and are as easily carried about as homœopathic remedies. — "*The Doctor of Hygiene*," Dec., 1892.

W. B. SAUNDERS, Philadelphia, announces as in preparation, and to be for sale by subscription only, "An American Text-book of the Medical and Surgical Diseases of Children." Among the contributors to which will be Drs. John Ashhurst, Jr., J. M. Da Costa, I. N. Danforth, Harold C. Ernst, Wm. Osler, William Pepper, F. C. Shattuck, J. Lewis Smith, M. Allen Starr, Louis Starr, James Tyson and J. C. Wilson.

It is interesting to note what a colony of specialists is growing up in the homœopathic profession. For evidence of this, one has only to note the Woodbury Building, within whose hospitable walls are quartered the following physicians, all homœopaths, and all practising a specialty:—Dr. Bellows, Dr. Colby, Dr. Suffa, Dr. Coffin, Dr. Rice, Dr. Kimball, Dr. Halsey, Dr. Cocke, Dr. Brown (Dentist), Dr. Phillips.

DR. L. HOUGHTON KIMBALL, a graduate of the New York Ophthalmic Hospital, having prepared himself for special work by a winter's course of study in the Hospital at Vienna, and by several years' experience in the Eye Department of the Boston Homœopathic Dispensary, desires to announce to the profession that he has taken offices in the Woodbury Building, corner of Boylston and Berkeley streets, where he will give exclusive attention to the medical and surgical treatment of Diseases of the Eye. Office Hours, 2 till 4 P. M.

THUS says Mr. F. B. Sanborn, in a recent Breakfast-table chat, in the *Boston Advertiser*:—"I then reflected on what the Harvard Medical School has done of late to extend a knowledge of the nature and treatment of insanity,—how little it has accomplished in comparison with what it might do. The little homœopathic school in Boston, with its single lunatic hospital at Westborough, has done more for the instruction of its few students in brain disease than I have lately heard of as done in the Harvard School. Yet the field for this work is one in which European science has made many experiments and some discoveries since 1880."

THE annual meeting of the American Obstetrical Society for 1892, was held in the reception room of the New York Ophthalmic Hospital, corner Third avenue and Twenty-third street, New York, on Thursday, Dec. 15. There were two sessions; a business session at 4 o'clock P. M. for the transaction of routine business and the election of officers, and a public meeting at 8 o'clock P. M.

There are at present 163 members. The annual dues are one dollar. To become a member, send application to Dr. Thomas Franklin Smith, No. 264 Lenox avenue, New York. Unless the applicant is personally known to one of the Censors, or is a member of the American Institute of Homœopathy, he should send the name of his college and date of graduation.

THE faculty of the Homœopathic Medical Department of the State of Iowa announce that arrangements have been completed for the establishment of a post-graduate course, in which the work will be clinical and in the laboratories of the University. The course will open Tuesday, March 21st, 1893, and continue four weeks (five days in each week), and from three to six studies a day being provided, the student having the privilege of taking all or any number. The branches offered and teachers engaged, are as follows:—Surgery and Surgical Gynæcology, James G. Gilchrist, A.M., M.D.; Ophthalmology, Otology, Laryngology and Rhinology, Frank J. Newberry, M.D., O et A. Chir; Normal Histology and Embryology, Frank S. Aby, M.S.; Pathological Histology, Edward H. Williams, M.D.; Chemistry and Urine-Analysis, Elbert W. Rockwood, A.M. The clinical work includes daily classes, in which instruments and appliances for diagnosis, and the most approved methods of treatment will be illustrated, the material being abundant, and of great variety. The laboratory work will be most thorough, the appliances and material in the extensive laboratories of the University being utilized. Conditions for admission are, the possession of a diploma from some accredited medical college, a certificate from the State Board of Medical Examiners, or two years medical study. All fees must be paid to the secretary of the University, Mr. Wm. J. Haddock, at the commencement of the course. Those desiring to take this course will please notify the Department as early as possible. For all information address the Dean or Secretary of the Faculty at Iowa City.

W. H. DICKINSON, *Dean.*

JAMES G. GILCHRIST, *Secretary.*

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EDITORIAL.

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A UNIQUE COLLOQUY.

The millennium has so far arrived that the lion and the lamb have lain down together, and, contrary to ironic and irreverent modern predictions, the lamb was not in the stomach of the lion. Which, in plain statement, is to say that at a recent meeting of a famous and brilliant social club, in a great city, it happened that allopathic and homœopathic physicians not only faced each other at the social board, but that, in the discussion of a strictly medical topic, each spoke his mind, and no bones were broken. It is an event worth chronicling.

The city was Chicago, the club was the "Sunset Club"; the topic was the daring question, "Is Medicine a Science?" On the yea side and on the nay side many interesting things were said, and a few exceedingly illogical things, and a few very discourteous things. The same queer fact that is so often observable in certain phases of old-school journalism, that as all roads lead to Rome, so all talk of medicine leads to a peroration against homœopathy, was noticed in several of the speeches by old-school physicians. Like King Charles' head in Mr. Dick's manuscript, homœopathy popped up in the most unexpected and irrelevant places, and sat, in the eyes of more than one old-school physician present, a skeleton at the feast, in the most literal possible sense. Both the worst and the best speeches of the evening were made, it is to be noted, by speakers of the old school; worst and best in matter, in style, in grace and gracious-

ness. It is also to be noted that the only lapses from grace and graciousness were made by old-school physicians in attacking homœopathy, not by homœopaths in defending themselves, not by laymen in discussing the question from the standpoint of their position. This is a fact which must have struck the laymen present with humorous significance; and it is to be hoped will suggest itself to their minds whenever legislators are approached by the old school to pass measures inimical to homœopathy on the ground of large, unselfish, impersonal devotion to science and the public good.

The report of the discussion as a whole is rich in suggestive points. As, for instance, what utterly illogical arguments can, in support of a prejudice, in all quaint seriousness, be advanced by thinking men. Thus one speaker defends vivisection on the ground first, that animals destined for food are subjected to the "worst kind of vivisection," — a statement which, if true, would be a most dismal surprise to society at large! — and second, that surgeons in the exercise of their calling, are vivisectionists; a childishly absurd parallel, since opposition to vivisection is a protest against subjecting any sentient thing to torture for *any other reason than its own ultimate individual good*. From this same speaker comes appropriately the most bitter and illogical of all the attacks on homœopathy. Like every opponent of homœopathy but one who spoke during the discussion, he made the utterly ignorant and irreparable mistake of confounding the homœopathic principle of administering drugs with the size of the dose administered. For this fatal confusion of ideas — fatal as regards any rational argument between the opposing schools — homœopathy must largely blame the irrational writers and talkers in its own ranks; but it is none the less an entirely exasperating confusion. Among the arguments advanced by the speaker referred to, were those that homœopathy is a fallacy, because homœopaths purchase calomel; because a homœopathic physician, in personal illness, once called in an old-school physician; because homœopaths hold to homœopathy only because it is "fashionable and lucrative"; because homœopathy is the "parasitic itch doctrine." Other speakers to the same end condemned homœopathy because the homœopathic physi-

cian "never cares to make a diagnosis at all"; because all his cures are made by "regular remedies"; because the famous records of homœopathy at the Cook's County Hospital were made by the homœopathists "turning over all the interesting cases to the regular wards, thus increasing the mortality there"; because "*we do not believe* that the principles of homœopathy have ever been subjected to those tests which science applies, and, *therefore*, they are unscientific."

Are not these arguments unanswerable, brethren? Decidedly they are. Why? For the same reason, (unfortunately, not possible to state in social discussion) that answers the old familiar 'catch-conundrum, viz: "the boy lies." Hardly one statement above quoted is a true statement; therefore what argument can take rise from one of them? And this fact, also, let us hope, impressed itself fruitfully on the laymen present.

Yet one more serious point remains to be noted. The mention of homœopathy seemed here, as so often it seems, to invite its opponents not only to rage but to coarseness. In this connection, and in this only, jests were made, by way of ridicule, of a vileness and indecency utterly incredible, had one not the impartial testimony of the printed page. The animus that can move gentlemen of a learned profession to public falsehood and foul speech, is an animus which can hardly be trusted to shape legislation, and this, also, we hope impressed itself upon the lay mind.

We reserve the best for the last. And the best was the speech of an old-school practitioner, Dr. Samuel Willard, whose name we give that it may be remembered in honor, and who discussed the question of the evening, and the bearing of homœopathy on that question, with a graciousness, a dignity, a trenchant good sense, a high honesty, past all praise. No homœopathist can agree with all his conclusions; no homœopathist but can profit by many of them, and deeply respect the sincerity of conviction which underlies them all. We give here with a few quotations from the speech in question with regret that limitation of space forbids our reprinting it in full.

. . . "Our modes of dealing with disease are crude and rudimentary; diseases must run their course, and methods of

curing them very often transcend the bounds of human knowledge. . . . Am I therefore doing medicine an injustice when I say that whatever it may hereafter become, medicine is not yet a science? I claim that a chain, whether of metal, evidence or argument, is no stronger than its weakest link. .

. . . I am not decrying medicine as useless. Many things that are not scientific are useful. . . . I glory in the work of doctors. Like the Templars of old, who never asked 'How many are the enemy?' but 'Where are the enemy?' the good doctor does not ask anything but 'Where is the patient whom I can help?' . . . If the doctor knows little, I can assure you that the laity know still less. If one is sick, let him send for the most sensible physician he knows and trust him. Even if medicine be only the science of guessing, the doctor's guess is immeasurably better than that of anybody else. . . . Now, if medicine be a science, how is it possible to have sects in medicine? . . . I shall not be so hard upon the homœopathists as to deny them a place in medicine . . . but if either sect had absolute scientific certainty as to their basis, how could the other exist? . . . To me the basis of homœopathy is a mistake, its logic is a fallacy; but if its opponents were real scientists, could homœopathy stand as the choice of so many intelligent, sensible people? I do not believe the people love falsehood. They see that the patients of the homœopaths get well, and apparently in as large proportion. I venture to say that when medicine becomes a true science, it will be found that both the present great schools, and all the lesser ones, will have been totally changed, renewed, regenerated and disenthralled. . . . There are two factors which constantly interfere with our *materia medica*, toleration and accumulation . . . Before we can say decidedly that any medicine ever produces a good effect, we ought to have a complete statement of the natural history of the disease. In short we should know exactly when a disease runs its natural course.

. . . How can we say that any disease does not run its full course under treatment unless we know the natural course of the disease? . . . How can we tell whether our treatment is effective, if we do not know what would happen if there

were no treatment at all? . . . The homœopathist may claim a superior knowledge of the effects of drugs, but his failure to compare his results in practice, with nature, must exclude him, too, from the scientific platform.”

EDITORIAL NOTES AND COMMENTS.

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“GENIUS AND SUICIDE” is the title of an interesting paper by Dr. Chas. Pilgrim, in a recent issue of the *Popular Science Monthly*. Dr. Pilgrim dwells upon the temptation that the “short, dark road” has always had, for the strange temperament that we call that of genius; and instances the consummated suicides of Chatterton, Hugh Miller, Robert Tannahill, Burton, of “melancholy” fame, and Samuel Romilly; and the attempted suicides of Michael Angelo, Cowper, Chataubriand, Cavour and Comte. He looks upon these instances as one more proof of the kinship of genius to insanity. With this thesis, exceedingly popular of late years, and boasting many brilliant advocates, we confess ourselves not in accord. There is one view of the matter which shows genius and insanity not as different manifestations of the same diathesis, but as an example of the mysterious and strangely paradoxical law which for want of a better name we may call the intimate connection of opposites. Things the most contrary in their nature often dwell so near together that no man may trace their border-line. Laughter and tears lie so close that an over-prolongation of either calls up the other in hysterical union. Humor and pathos in proportion as each is its truest self, are at one. Passionate love and animal lust — heaven and hell are not in essence more opposite! — are, even in this, our day of civilization, confused sometimes past entangling, in the eyes of the law and the church, and the name of the one used to cloak the shame of the other. So, we hazard a guess, with genius and insanity; the one the highest step of mental evolution, the other the dark descent into mental disintegration; essential opposites they yet — the student of psychology is almost tempted to say they *therefore* — lie marvellously close together; and to our dulled sight it is often difficult to see on which side of their border-line a soul abides.

"TAX ON QUACKS" is the caption of an excellently sensible editorial in a recent issue of the *Medical Times*. Its gist can be gathered from the following quotations :

"The recent suggestion of the Secretary of the Treasury that the tax on alcohol be increased fifty cents per gallon in order to raise more money for the increasing expenses of the Government, seems to have met with a favorable response in some quarters, and the question of tariff and taxation will no doubt be considerably discussed by Congress in the near future.

In this connection the wisdom of putting a heavy and permanent tax on all forms of nostrums and quackery, will at once commend itself to all wise legislators who are working for the public good. A stamp tax of this kind, say twenty-five per cent., on every form of secret or proprietary medicinal preparation of any kind, whether sold by the retailer, proprietor, manufacturer, or by advertising quack specialists, would be no hardship to the public, as it would in no wise affect the retail price of these articles. All such manufacturers could easily afford to give the Government twenty-five per cent. of the retail price and still have a very handsome profit left, as their net profits is rarely less than five hundred per cent., and often very much more.

Legitimate preparations of the Pharmacopœia, and other standard preparations where the complete working formula is public property, should be exempt. But as the success of quackery depends on secrecy and mystery, and as these two conditions enable unscrupulous persons to get a dollar for a few cents' worth of a simple remedy, it will be seen that there would be no injustice to any one if a good fair tax were put on the business.

England, which is said to be a free-trade country, taxes the nostrum business heavily, and derives a large growing revenue from that source."

It is to be hoped this wholly admirable suggestion may soon find embodiment in drastic legislation. The community is afflicted to-day with no form of swindling more dangerous than that of the venders of secret nostrums. By them money is wasted, health undermined ; perilous habits, such as those of alcohol and morphia insidiously inculcated, and many forms of

vice, physical and moral, distinctly pandered to. Not the least of the mischiefs thus wrought, is the perpetuation in the public mind of the old, ignorant conviction — the hygienist's worst foe! — that unwholesome and vicious living can be safely indulged in since its consequences are curable by the administration of drugs. The *Times* has started a crusade under whose banner every thinking physician must enroll himself.

THE REPORT OF THE WESTBOROUGH INSANE HOSPITAL for the year just past, is interesting and encouraging. The Hospital has come nearer to paying its expenses than ever before, and this despite repairs and additions unavoidably necessary and exceedingly expensive. Attention is again called to the serious evil of overcrowded wards, and no argument should be needed to urge the relief of this state of things, beyond the stated fact that the accommodations intended for four hundred and twenty-five patients, are made to answer the needs of five hundred and fifty! Many interesting items are noted, as the provision, by private generosity, of pleasant parlor entertainments, of legerdemain, music, and the like; and the saving of expense by the labor cheerfully done by patients, with excellent results to themselves. The resignation of Dr. Paine from the position he filled so long and ably, is chronicled with friendly regret.

HYPNOTISM AS AN ANÆSTHETIC IN DENTISTRY is gaining favor and winning advocates. It is claimed and has been demonstrated, that the patient who is having a molar extracted, or an eye-tooth excavated, can be told "Rest! Rest! You are not being hurt! You are enjoying yourself!" and serenely believes it, and rises from the whilom seat of torture "rested and refreshed." If this be true, surely a glorious capture has been made of one of the most obstinate outlying citadels of Pain. Still, we confess ourselves inclined to look upon experimentation with a factor so occult, so little comprehended as that of hypnotism, as very unsafe play for any but the trained and conscientious psychologist. Behind its alluring smile has been known to lurk the terrible features of a Frankenstein; an uncontrolled Something which many can summon but few handle. The ultimate effects of the subjugation or possession of will by will must be closely

watched and deeply studied before loose experimentation can even in the interests of suffering's relief, be too widely ventured upon.

A REGIMEN FOR OLD AGE is outlined briefly and interestingly by Dr. J. M. French in the *Journal of the American Medical Association*. The following is its concluding summary :

"Of prime importance is sleep. Sleep oils the wheels of life, and lessens the friction of labor. The want of it causes all the machinery of life to run with difficulty, and wear out rapidly. Sleep recreates the nervous system — and sleeplessness breaks down the strongest frame. Especially does old age need abundant sleep, that all the vital forces may be carefully husbanded.

To sum up briefly : The food of old age should be simple, nutritious, but not too concentrated, not too largely nitrogenous. It should be taken four times a day, in less quantity as a whole than in middle life, and in a soft and friable condition. Stimulants and narcotics should be avoided, unless required by life-long habit. Tea and coffee may be allowed in moderation. The calls of nature should be promptly attended to. All excesses should be avoided, and regularity, temperance and moderation observed in all things. Careful protection from cold and atmospheric vicissitudes is required. The mind should be kept active to the last. Avoid worry and fret. Look on the bright side of life. Take plenty of sleep. Have the best of care in health, and of nursing in sickness. Avoid passion, excitement, luxury, over-exertion. Thus will life be lengthened, and old age made enjoyable."

ONE OF THE HUMORS OF RECENT ADVERTISING is the putting upon the market of a new aliment for infancy, under the name of 'Harvard Baby Food.' The inference is irresistible that it is specially designed and adapted to the uses of the younger under-graduates of that ancient and honored institution. And doubtless it would be a commendably safer beverage than many in which the young gentlemen in question are prone to indulge.

WOMEN AT JOHNS HOPKINS UNIVERSITY.—It is reported that Miss Mary E. Garrett has given the balance of the sum required by the trustees to admit women. In order to complete the required \$500,000, Miss Garrett now gives over \$300,000 in addition to \$50,000, which she previously gave. The fund will be known by her name, and instruction will begin next autumn.—*Boston Med. and Surg. Journal*.

COMMUNICATIONS.

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*THE CURE OF NASO-PHARYNGEAL CATARRH, WHEN REGARDED
AS A SYMPTOM OF DISEASE.*

BY G. B. RICE, M.D., BOSTON, MASS.

Scientific study of disease results invariably in closer discriminations and often in the discovery of first causes, astonishing in their simplicity. It is within the remembrance of the older practitioners that the train of symptoms having their origin in laceration of the cervix-uteri, were treated as original diseases without success, when the key to the whole disorder might have been found in repair of this laceration; when the relation between certain forms of headache and disturbances of the nervous system and eye-strain was overlooked, and when jaundice and dropsy were treated as diseases without a thought of their being but symptoms of varying original causes.

Pages might be written of similar instances; the object of this paper, is, however, to show that catarrhal diseases of the naso-pharynx have not, in the mind of the general practitioner, shared in the upward progress, and that closer discrimination would result in discovering that oftentimes the cause of this symptom, naso-pharyngeal catarrh, could only be successfully treated by surgical measures, and was not amenable to constitutional or local remedial treatment.

As definite understanding of the histological anatomy and functions of the nose, is of comparatively recent date, a brief description will not be out of place. The nose by the peculiar formation of the turbinated bodies, presents to air contact a large area of mucous surface, that the air in its passage to the lungs may be warmed, made moist, and be deprived of irritating foreign substances. The soft tissues of these turbinated bodies comprise three definite layers: first, the epithelial; second, the fibro-vascular, and third, the sub-mucous which contains the racemose glands and venous sinuses, formed by the latter into a loose spongy net-work with thin connective tissue separating their walls. This connective tissue, apparently non-elastic, is lined with endothelium, continuous with that of the veins opening directly into them. When empty, the corrugated walls lie in close contact one with another.

The arterioles frequently tortuous when empty, run directly toward the surface, and there form the minute capillary vessels, which in their turn ramify in radical veins. These direct their course toward the venous sinuses with which they unite. If the blood supply is cut off by contraction of the arterioles, the

venous net-work possesses the property of emptying itself, due, no doubt, to the development of the elastic tissue in the fibro-vascular and sub-mucous layers.

The distention and contraction of the turbinated bodies is, therefore, easily explained by this simple mechanism. The mucous membrane is covered in the olfactory region, which comprises the superior, and the upper half of the middle turbinateds, the roof of the nose, the superior meatus and the corresponding portion of the septum, with tessellated epithelium, the remaining portion being covered with ciliated epithelium.

The mucous membrane of the vault of the pharynx, though continuous with that of the nose, is further furnished with a large number of follicular glands which deserve special mention, as they form on the posterior pharyngeal wall at its upper part, the so called third tonsil of Luschka.

It is well also, to remember that the septum of the nose is composed of three structures, behind the vomer and perpendicular plate of the ethmoid, and in front a cartilaginous plate received at the angle of juncture between, and anterior to these two bones, while the base of the septum is formed by the palate and and superior maxillary bones. Now a blow on the nose is one of the first causes of a train of pathological changes, one of the symptoms of which is catarrh. The blow is usually received in childhood when the structures are soft and yielding, and as the result, follows a slight crowding together of the sutural surfaces of the bones, which at some point will result either in slight inflammation, hyper-nutrition and the formation of a minute septal spur or ridge, or in deflection of the septum.

The septal spur, one of the sequences of the traumatism, does not usually become absorbed, but on the contrary, slightly increases in size as life advances.

Repeated attacks of acute coryza induce in time, slight hypertrophic changes in the turbinated bodies, or local atmospheric conditions and excitation of the nervous system, give rise to distention of the venous sinuses. As the normal space between the turbinateds and the septum is small, this two-sided hypertrophy only need be slight to bring the two surfaces in contact, and at this point of contact, cause a direct source of irritation with its increased blood supply and additional tissue hypertrophy.

Owing to decreased air-pressure behind this point of contact, a partial vacuum is formed, and distention of the blood vessels necessarily follows. A chronic inflammatory condition of the mucous membrane is progressive; it extends to the vault of the pharynx and this pharyngitis is still further aggravated by insufficiently moistened air, and occasional mouth breathing.

Of course naso-pharyngeal catarrh is one of the symptoms of the disease, but it is not the disease itself, for the dropping of mucus is but the logical result of the original pathological change.

Prof. Rice, of the New York Post-Graduate College, says: "We think the term, nasal catarrh, should be banished entirely from our teaching vocabulary and text-books, because the term really signifies only a symptom of nasal disturbance, and in no way indicates the existing pathological condition."

Prof. O. B. Douglass, of the New York Manhattan Hospital once said to me, "In any adult patient presenting naso-pharyngeal catarrh as a symptom, look for its origin in the nose. In the majority of cases will be found a point of contact. This is 'the cinder in the eye,' remove it, and the work of cure is two-thirds accomplished." We can trace in a similar way the results of a septal deflection, if the deflection be marked.

The majority of patients will, on examination, present slight septal deflections and minute septal spurs, but it is when the diseased condition is sufficient to interfere with normal respiration, or to bring two nasal surfaces in contact that the results detailed follow.

It is impossible to cause a permanent cessation of the catarrh secretion by means of internal medication or local application while the source of irritation exists. The inflammatory process may be lessened, and as long as the patient comes frequently to the physician's office for treatment, and takes the prescribed remedy faithfully, the disease is in a measure controlled, but this treatment must be secondary to surgical measures, to effect a cure. The proper procedure is to restore the nasal fossæ to as near their condition as is possible, by removing the septal exostosis or enchondrosis, by reducing the hypertrophy of the turbinated bodies, or by straightening the deflected septum. It is not always an easy matter to do these things. It is not always an easy matter to locate the point of contact if it exists, and here I wish to emphasize this point; a proper diagnosis of the nasal disease is practically impossible without the use of cocaine, and it is by means of this drug that so great advance has been made in the past six years, in the knowledge of nose and throat diseases. Cocaine used in from one-half to eight per cent. solution, according to the susceptibility of the patient to the drug, has the power of contracting the blood vessels, reducing the distention of the erectile tissues, and thus temporarily restoring the soft parts to nearly their normal condition. A good view of the interior of the nose can then be obtained, and the proper treatment of the diseased bony structure, if found, determined upon.

Cocaine also enables one to distinguish between hyperplasia of the soft parts and a simple hyperæmia. Having then located the point of contact, and having decided that surgical interference is necessary, the following facts must be remembered :

Destruction of the superior portion of the middle turbinated body or the corresponding portion of the septum will result in destruction of the olfactory nerves. Too extensive destruction of any portion of the nasal structures may be followed by traumatic rhinitis. Septal perforation as a result of surgical interference, will be a continual source of annoyance to the patient and surgeon alike.

It is better to snare off too little of the turbinated body than too much ; to remove with the saw a thin portion of the septum, rather than the entire septal spur and the portion of the septum itself besides ; to apply the cautery at several sittings, and never to cauterize a second time until the amount of contraction produced by the first operation has been fully determined, than run the risk of creating atrophic rhinitis.

Hypertrophy of Luschka's tonsil is a second and very frequent cause of over mucous-production in the naso-pharyngeal vault ; these hypertrophies as found, particularly in children, are much more common than is usually supposed, and give rise to a number of distressing symptoms, chief of which are, dropping of mucus from the naso-pharynx, snuffles, thickness of the voice, and mouth breathing. The nose often presents a pinched appearance, the face is unhealthy in color, and the child not well developed.

These children are usually troubled with enlarged tonsils, take cold easily, and are subject to attack of laryngismus. The removal of these growths is of such comparative ease and good results are sometimes so surprising, that there is but one thing to be said — restore the pharyngeal vault to its normal condition. This can be done in a variety of ways ; by breaking down the vegetations with the finger-nail, by using the curette, or by removing them with the adenoid forceps. Many shapes of the latter have been devised. My preference is for the Nichols, or the Raynor forceps, and I think operating with the forceps is the most satisfactory method of procedure. The reaction is slight in either case, and the relief almost immediate.

In carrying out the above described measures, the liability of the patient to contract repeated colds is greatly lessened, but during treatment of the nasal disease this cause of chronically inflamed naso-pharynx is very troublesome, and is, therefore, in this connection, worthy of attention.

I know of nothing more discouraging to physician and patient alike, than for the treatment of the disease to be continually

interrupted, and the trouble aggravated by these attacks. It is needless to say that proper hygienic measures must be pointed out to the patient and insisted upon; that proper attention be paid to the diet, not forgetting to see that the patient is, during cold weather, taking and assimilating a sufficient quantity of fat. In this connection I wish to say that for the debility and poor appetites of children, I have found Otis Clapp's preparation of malt and cod-liver oil of great service. Finally give the patient the indication for the use of the proper homœopathic remedy in the different stages of a cold, and supply the remedies in advance. In nine cases out of every ten, a cold can be aborted if treated early.

The physician does not ordinarily see the case until the cold is well developed, and the most that can then be done, is to shorten its course. I have had prepared a little case, consisting of six remedies and a protective snuff, with printed directions for taking the remedies on the back, which I have found helpful in curing nasal or pharyngeal disease.

In conclusion I wish to present a few typical catarrhal cases, illustrating the benefits derived from carefully diagnosing, and carrying out the above treatment.

CASE I. Mrs. K.; age, thirty-four; a brunette of spare habits, gives tuberculous family history; complains of loose bronchial cough, dryness in throat, constant dropping from naso-pharynx, and copious discharge of mucus from nose; appetite poor, and has lost flesh in the past six months.

Examination disclosed hypertrophy of middle turbinated body, and at a point on the septum opposite the middle and anterior portion of this body, a small exostosis, but sufficient to bring the two surfaces in contact. Left nasal fossa slightly atrophic, pharyngeal vault much inflamed, and covered with tenacious mucus. Posterior wall of pharynx inflamed with thickening of the lateral walls, larynx slightly congested, ary-epiglottic folds thickened, bubbling râles over upper third of left lung, with occasional moist râles over lower lobe behind; percussion sounds normal.

Fearing tuberculosis, I had a specimen of the sputum examined, but with negative results. Patient so strongly objected to operative measures, that I treated her with constitutional and local remedial measures for some weeks, but without benefit. I then touched with chromic acid the most prominent portion of the hypertrophied turbinated, and snipped with the scissors the soft tissues covering the exostosis. The contraction following was sufficient to separate the two surfaces. Improvement in all the troublesome symptoms almost immediately took place, and the case steadily progressed toward recovery.

It is now almost eight months since this patient has been to me, and I learn of her continual good health. The cough complained of by this patient, was apparently of reflex origin, and its cure confirms the observations of John Mackenzie of Baltimore, Lennox Browne and others, in the nasal origin of some bronchial coughs.

CASE 2. Mr. H.; age, thirty-one; occupation, merchant; family history good; complains of dryness and burning in throat particularly at night, dropping of thick ropy mucus from naso-pharynx, roughness of voice, stuffiness of right nostril, and constant liability to take cold. On examination I found hypertrophy of anterior portion of the lower turbinated body, and the formation of two enchondroses, one directly above the other, and opposite the hypertrophied turbinated, of sufficient size to bring the two points in contact. This patient also had an atrophic rhinitis of left nostril, with atrophy of the post-pharyngeal wall. Nothing particularly distinctive could be discerned in naso-pharynx or larynx.

I operated on this case by removing with the nasal saw both enchondroses, letting an interval of three weeks pass after the first operation before doing the second. On freeing the right nostril, the left became more moist, while the dropping of mucus from the naso-pharynx practically ceased.

The pharyngitis sicca was not, however, much benefited, though the use of an oily spray in the evening and before retiring, relieved him of the disagreeable dryness and burning.

CASE 3. Miss G.; age, eighteen; apparently in good health. The face has, however, the peculiar expression characteristic of nasal obstruction; voice thick, and words are not distinctly pronounced. Complains of dryness in pharynx, constant dripping of mucus from vault of pharynx, inability to breathe easily through nostrils, with constant discharge of mucus from them. Examination shows hypertrophy of posterior portion of left inferior turbinated body, also hypertrophy of anterior portion of left middle turbinated body, presenting the appearance of a polypoid growth, and of sufficient size to touch septum even when reduced with cocaine. Right nasal fossa normal. Pharyngeal vault filled with a mass of adenoid tissue partially occluding both posterior nasal fossæ.

The case was cured by removing with the forceps the adenoid vegetations. This was done at many different sittings, the parts being anæsthetized by the use of a four per cent. solution of cocaine. The hypertrophied portion of the middle turbinated body was next snared off with a Jarvis cold-wire snare. After these operations and by particular attention being paid to enunciation for some weeks, the voice regained its natural quality,

the mucous discharge ceased, and nasal respiration became easy. The results were so satisfactory from these operations that the post-hypertrophy of the inferior turbinated was not interfered with.

CASE 4. Willie W.; age, five; a poorly-nourished child of unhealthy appearance. His mother brought him to me because he slept poorly, snored, and could not breath through his nose. Examination revealed enlargement of both tonsils, and the naso-pharyngeal vault filled with adenoid tissue. Both nostrils normal, though undeveloped, and the tissues in the nasal fossæ were bathed with glairy mucus. The tonsils were excised, and the naso-pharyngeal vault restored to its normal condition. With the result that the child slept easily, breathing through the nose, appetite increased, he gained in flesh, face lost its pallor, and six months from the time of the operation presented the appearance of a child in perfect health.

FOREIGN BODIES IN THE TISSUES.

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

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

Among the most frequent occurrences in domestic life of the insertion of some foreign substance into the flesh is that of needles broken off therein. Next in frequency is that of wooden splinters; while there is no substance capable of fracture and of making a sharp point or edge but may find its way into the flesh at almost any point. Many of these objects are fortunately easily removed, while others are found and extracted only with the greatest difficulty. Thus needles are sometimes imbedded superficially. In the soft tissues their location and course can be readily determined, and it is not a difficult matter to cut down upon and remove them. Again, in the palm of the hand or sole of the foot, places particularly liable to invasion by them, it is often extremely difficult to determine their presence or location, and equally so to know the precise point for incision. This must depend largely upon the skill and judgment of the surgeon. If in the soft tissues, and the point of the needle remains unbroken, it may sometimes be forced towards the surface, and then removed without any incision; but otherwise it should, by lateral pressure, be kept intact without allowing it to move after the incision is made upon it until seized by a forceps. The same may be true of splinters of wood and other sharp foreign substances. Sometimes these are found with difficulty even when of large size. Thus a person fell upon a spruce ladder which broke under him, and the sharp splinters penetrated his thigh; two surgeons of excellent repute were called and removed all the wood that they could detect; the wound

closed, but the patient complained of soreness on motion, and insisted that a piece of wood was in the thigh. The soreness increased, and six months after the accident, a deep incision was made in the fleshy part of the thigh, and close to the bone was found a piece of the spruce wood five and a half inches in length, and an inch in diameter at the largest end.

Other substances, such as glass, have the faculty of imbedding themselves in impracticable places, and eluding the most careful examination. Several years ago a young man discovered a fire just making headway in an office with a glass door which was locked. He had on at the time, a pair of thin calfskin boots. With a kick from his foot he smashed the plate glass, and the broken fragments penetrated the foot through the leather. It bled profusely, and a distinguished surgeon was called, who arrested the hemorrhage, examined the wounds, and closed them with several sutures. They healed kindly, but in a few weeks the patient was conscious of a pricking sensation when stepping in a certain way, and suspected a piece of glass was still left in the sole of the foot. Six months after the injury, I removed from the point indicated, a piece of glass, a corner of which had made its way to the surface, and which was one and three-eighths inches long, three-fourths of an inch wide, and three-sixteenths thick. The wound healed readily, but about a year afterwards, our colleague, Dr. H. C. Clapp, removed another piece more than half as large as the first, and eighteen months later, I removed a third piece more than half an inch square and of the same thickness. It seems remarkable that with so large a quantity of glass in the sole of his foot, he was able to walk about without much, if any, discomfort.

On October 1st, I saw a young man who, in the early part of the preceding June, while on a fishing excursion, in attempting to ward off with his hand a small rock-bass which his companion playfully threw at him, the dorsal fin struck in the fleshy part of the outer palm and broke off in it. It was dusk, but they removed as far as possible the broken fragment. A hard callous formed over the wound, which gradually softened, and about the middle of August a surgeon opened it with the point of a lancet, thinking it contained pus, but nothing but a little serum exuded. It continued to grow more and more sore, and presented an indurated base nearly half an inch in diameter with a slight opening in the centre, which had not closed after the puncture six weeks before. The patient was etherized and a free incision made; at the depth of half an inch there was a cavity containing a semi-gelatinous substance which was curetted, and a piece of fish-bone about one-fourth of an inch long and a little larger than a horse-hair, was removed. The

hardened tissue was carefully excised and the cavity thoroughly syringed. A remarkable thing in this case was that the contents of this cavity had a very strong odor of putrid fish, perceptible to those who were present. Whether any serious condition could have arisen by the continued presence of this fish-bone is, of course, uncertain, but the following item from the *New York World* is suggestive :

“ A VERY PECULIAR MISFORTUNE.

SEA ISLE CITY, Sept. 12.

Capt. Clinton Townsend, one of the best known yachtsmen in Cape May County, has just had his arm amputated near the elbow in a Philadelphia hospital. Several weeks ago he was “ finned ” in the hand while taking a fish from his line. Beyond a little pain no bad results were felt until a week afterwards, when the arm began to swell and became badly discolored. Capt. Townsend is the owner of the yacht Penrose, and is well known to summer visitors.”

OUR MATERIA MEDICA, OR EVERY DOCTOR HIS OWN BOOK-MAKER.

BY CONRAD WESSELHOEFT, M.D., BOSTON.

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

Students and physicians have always been urged to study the materia medica ; but the advice was half-hearted, and the zeal of students often dampened by the lack of positive methods, but still more by doubts on the part of teachers who, when searching their material observed, with feeling of misgivings, the somewhat chaotic condition of what they were to impart to others. There was no other course left but to sift and analyze, or to take the whole for true and unalterable, and by giving full play to their faith, put the whole into the form of large and attractive text-books and repertories.

Such a time should now be past. There is no necessity for shrinking from the process of analytical sifting, nor is it any longer necessary to do violence to our better sense by forcing upon others what we cannot accept ourselves.

Before the great compilations of Allen and the much more compact narratives of Hughes made better books possible, we had to put up with whatever the book-market afforded us in the form of repertories or works on materia medica. But with such digests as we now have we ought to have better repertories.

The most glaring fault of our older handbooks was that their authors too often disregarded the distinction between authors and authoritative sources. Any one who writes a book, good or

bad, is an author, but not all, in fact very few, are authors of reliable and trustworthy books.

Without naming any books in particular, it is not a difficult matter to prove that some of our most popular books on materia medica, and especially repertories, have been made without the slightest distinction between authors and authoritative sources; and it would be possible to name many which were composed and compiled out of collections all of which, by themselves, were again made out of collections and repertories rearranged without the least attempt of critical sifting. Thus, e. g., Jahr and Boenninghausen were and are now considered as authoritative; so is Farrington. They are simply authors of books compiled from other books.

The reader should know exactly where the material came from, that is, he should be sure that reliable sources were used. Now, a repertory bearing the name of any ever so respectable an author is no reliable source unless we know precisely where the author got his information, or where he first demonstrated that the "provings" he used had been carefully sifted for their most reliable parts. This was once very difficult; but is made much easier through the most valuable sources of original research given us by Hughes' "Cyclopædia."

Now the demand is for reliable books. Who is to write them? Who is to give us a repertory containing only reliable indications? Such reliable indications are only to be had by the great labor of critically analyzing each proving, by eliminating that which is discordant and incongruous, and by retaining only that which agrees. This is difficult work; not that it could not be done, but what one does in this line might not meet with the unconditional approval of another. I have analyzed and condensed many provings. I cannot find that others have accepted my work with avidity, nor have similar most conscientious efforts of others in the line of critical analysis been sought after or used; but it is much more certain that those who have sifted and arranged such provings, have themselves reaped the excellent results of their labors; those who have done such work appreciate each other's labors to the extent of literary rapacity, most praiseworthy. But those who never have done such work and who wait only for others to do it for them, will wait in vain. The best compendium derived from the most carefully-culled original sources, and arranged in the handiest and most practical form, will be valueless in the hands of those who have never done such work or who have never seen it done.

The difference between what some of us have attempted and that which has been, is like that between raw material and the refined, polished and finished final product of skilled labor. The

materia medica with its crude provings is the raw material, full of impurities and dross ; the fully analyzed and refined product is something infinitely better and more useful, as much so as fine broadcloth is superior to the raw sheep's-pelt.

Good text-books are always in order as works of reference. There is none so learned as not to need such works, but they should be authoritative, that is derived from the best sources. Like some of the standard dictionaries we can not do without, so should our books of reference be made ; not drawn from the opinions of this man or that, but from the sources of established, demonstrated and sustained truth like, e. g., Webster's or Worcester's Dictionaries. Were our text-books, I mean more particularly our repertories, made under the principle of searching for truth, they would be more enduring. But a text-book, if ever so good in worth of contents and arrangement, should not be used all the time. Its contents if worth anything should be in the owner's mind and retained there. Hering claimed to have used up a copy of Boenninghausen about once a year or two, and this boastful assertion has been repeated within my hearing by others.

Imagine any lawyer or minister using up a dictionary or a bible every year, by looking up the meaning and orthography of words. We should say to him go to school and learn to spell. A man who has not mastered materia medica enough to get along part of the time without his repertory is not mentally constituted as a very reliable medical adviser. If he boasts of his use of the repertory for mere effect, he is still worse, verging closely upon that line where sincerity ends and humbug begins.

Have good text-books by all means ; use them to fill up gaps, but do not let the gaps and natural limitations of memory and reason grow into yawning caverns of ignorance which assumes the mantle of great learning by using up repertories.

There is but one way to fill up our deficiencies, and that is *not to allow others to do our studying for us*. Experience serves only him who attains it. Materia medica in the form of original provings reads like a novel ; when arranged in the form of a repertory it is dry and uninteresting except under one condition and with one exception, namely, it is interesting and useful only to him who prepared and arranged it according to a live principle of his own.

The rule with the earlier homœopaths was to collect their own roots and chemicals, to prepare their own triturations and dilutions, to prove their own preparations and, above all, to compare, analyze and arrange the results in short repertories for private use.

A repertory thus prepared is of inestimable value to him who made it from his own reliable sources, while to another it is of less value. For my part I have cared very little for repertories and text-books in our school, preferring to make my own memoranda for private use. I use repertories in which my own memoranda help me out more than the original text. It is a good aid to memory, and often suggests what memory and imagination fail to find; but repertories and other text-books of materia medica should not take the place of memory and imagination, which is dulled and blunted by too great a dependence on each donkey-bridge, as Germans call ponies.

I suggest the following course which I regret I did not recognize or follow earlier in my practice, or indeed before I had any practice. That is the time to begin; it is much harder, or nearly impossible later on to carry out the plan fully.

To make what I call an office materia medica and repertory, it is well for beginners in practice, before the tug of war comes, to collect plants, minerals and chemicals, and make upon themselves, and as many colleagues as they can, short provings. A series of thirty or forty of our polychrests will furnish a very good stock to begin with. Compare these with other provings throw out the improbable and impossible, to be recognized by its incongruity, and condense these provings into short narrative form. Having done this, make an alphabetical repertory out of your condensed and winnowed narratives. One who has not at least a little experience in such things, has no idea of the good that comes of it.

An excellent plan in making an office repertory is that which I advocated in my little pamphlet, "How To Study Materia Medica."* Every symptom may usually be divided into three parts, according to organ or locality affected, the kind of sensation or pain, and thirdly, the conditions under which they occur. It is not difficult, but only clerical work to make this arrangement, and once made in the case of our proving, is impressed on the mind and will save fumbling repertories.

Another very interesting study is to rearrange our condensed provings according to such indications as are met with in acute diseases, measles, scarlet fever, dysentery, enteritis, bronchitis, rheumatism, etc. Our office repertory will easily help us out in that.

This is a much better method than the one I followed in the beginning for want of better advice. I took well-recommended text-books like Hartmann, Bähr, Hering, and wrote out all indications for all cases mentioned, and then re-arranged them alphabetically for handy use, and got hold of a good deal of useful information in that way. I next took Boenninghausen's Pocket-

*Three Lectures, Otis Clapp & Son, 1887.

Repertory and re-arranged all remedies mentioned in two principal kinds of type. I did it in such a way that instead of mentioning all medicines belonging to one indication or symptom, I placed all the indications belonging to one medicine together. This also helped me to remember many things I never would have retained by looking at the repertory for everything, a habit which Boenninghausen himself condemned as "absolutely harmful," and yet some people boast of it. Later on, personal provings interested me more, and experience in these things taught me that I had crammed my head with imperfect provings and unreliable symptoms (artificially peptonized), which had to be unlearned and replaced by something more reliable. Like everybody else I learned that it is much more difficult to give up old prejudices, to unlearn some things than to learn new ones. I can readily understand how an honest enthusiast can stick to what he has once acquired and fight for it. I shall not fight any one but myself. It is the hardest thing I ever undertook, and I can assure you that I would rather fight some one else for I should stand a much better chance of winning the match, than by struggling with my own shortcomings.

Let each man sweep before his own door, the door of his materia medica, and clear up the useless odds and ends and obscurities. Some of us have endeavored for years to pave the way, all the time learning more than we could possibly teach. There are many other possible methods. Each is good in the hands of him who uses it; less good for his neighbor.

Only one thing more I would urge as necessary to guard against, do not classify the errors with the true, the chaff with the wheat; measure and separate honestly and judiciously your provings. Hughes has done the greater part of that Herculean task for you with his untiring industry, in omitting the bulk of the useless.

Look also to your pharmaceutical methods; see that impossibilities are not attempted as heretofore. Do not try to dissolve insolubles, or to regard as comminuted to extreme fineness what is really very coarse; the pharmacopœia forthcoming under the auspices of the American Institute will be a step in advance of all methods hitherto practised by any school.

Above all things look to your provings. Cease to regard it either as tedious or as easy child's play. Look upon it as the most complex and difficult work ever attempted in the line of experimental research, and much good will come of it. Only he can cure with medicines whose provings are perfect, and their results so arranged as to be held by the memory and recognized by the intellect, and applied according to the reasons of un-biassed judgment.

*LOCATION OF PAIN IN HEADACHES AN IMPORTANT FACTOR
IN THE DETERMINATION OF THE NATURE OF THE
AMETROPIA.*

BY JOHN H. PAYNE, A.B., M.D.

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

The fact that headaches of various kinds are mainly dependent on defects of vision, is too well known to the profession to allow of repetition here ; but I wish to call your attention to-day to a means of diagnosis of some special forms as dependent on certain lesions of the adjusting apparatus of the eye when engaged in the act of seeing. An observation of some years has demonstrated to my mind that the location of the pain is a very material aid in the determination of the nature of the ametropia. Thus, occipital pains are associated with weakness of the recti interni, or of the recti superiori, or inferiori; frontal pain, with an over-effort of the ciliary muscle in the act of focussing the image of the object, and with its consequent over-convergence of the eyes. This latter is explained in part by the fact that the majority of cases of over-convergence are dependent on over-contraction of the ciliary muscle, and that the force of contraction of the latter holds a direct ratio to the force of contraction of the interni, by which the eyes are drawn together too forcibly and thus over-converged. This is demonstrated by "cross-eye" or squint of childhood, which, if treated by appropriate glasses adapted to the release of tension of the ciliary muscle, will (if the trouble has not become established by neglect and over development of the interni) at once yield and allow the eyes to assume their parallel position. In my experience weakness of the externi, *per se*, is a very rare occurrence, and esophoria as commonly met with, is due merely to the over-contraction of the ciliary that I have referred to.

A combination of occipital and frontal pains, or pains beginning at the frontal region and terminating at the occipital, or vice versa, is due to a combination of these two conditions.

A patient afflicted with this occipital headache, will present somewhat the following train of symptoms. He will place himself in a good position for seeing his work, whether reading, writing, or other mechanical employment, and will fix his eyes upon it in contemplation of his subject. Soon he will begin to feel a dull, aching, constricting (tensive) pain at the occiput, with an apparent sense of effort in fixing his vision and in following the minutæ of his work. If he looks off he will feel the pain gradually subside, to be renewed, however, in resuming his work. This continual relaxation and aggravation (or teasing process) will eventuate in a settled pain that will entirely inca-

pacitate him for further work. Associated with this, there is usually found a disposition to bend the head forcibly backwards, a confusion of memory, and in extreme cases, a double vision, or an appearance of unsteadiness of the vision as though the type oscillated to and fro. I have rarely found nausea and stomach disturbances that are so common in other forms of ametropia accompanying this. This condition is frequently associated with inability to use the eyes by artificial light even for a few moments, though they may be fairly comfortable for day use and able to perform their function with comparative ease. This peculiar symptom is very marked in many cases, so that I have accustomed myself to consider it as diagnostic. An examination of such a case reveals a weakness of the interni, allowing the eyes when in a state of rest to assume a divergent position, and when in the act of vision to assume a parallel position only by an over-effort of the weakened interni. My case-books present many illustrations of this, one only of which I append.

Mr. H., a man of some fifty years of age, a partner in one of our prominent mercantile firms, had been afflicted for years with occipital headaches. At the time of calling upon me, in January of this year, he explained that for the past seven years he had been constantly under the influence of drugs for alleviation of this, and that during that time he had been so afflicted, that it had been necessary each and every morning to use hot water locally, and to dose with stupefying drugs, in order to get him into condition to resume his work. In spite of this his trouble had increased, and he was in a pitiable condition of mental and physical prostration. An examination of his eyes demonstrated perfect vision for each eye separately, but a weakness of the interni of 15° when the eyes were engaged in binocular fixation. As a result, his unceasing efforts to keep his eyes parallel when looking at objects, especially those that were moving and constantly changing their position, thus necessitating a constant re-adjustment of the eyes, had been drawing too heavily on his reserve nerve force, and exhausting it, leaving him prostrated and with pain localized at the occiput. I advised him to wear a prism of 3° , with its base turned towards the nose, before each eye, and from the moment of putting them on to the present time, he has experienced absolute relief from the pain, and has steadily recovered his lost vigor.

Weakness of the superior and inferior recti presents much the same train of symptoms, but with much greater general reflex disturbances, such as hysteria, mild forms of insanity, and troubles stimulating epilepsy, as evidenced by the case that I had the honor to present to this Society some two years ago.

Frontal headaches are produced by over-effort of the ciliary

muscle while in the act of focussing the vision, and depend upon individual efforts of the eyes rather than on associate movements. Such cases present *hyperopia* and *astigmatism* as causative agents. These are so well known to the profession that I will not discuss them here. I will only say, that I hope to present soon to this Society, a case of epilepsy of thirty years' standing, as having been entirely cured by treatment by glasses, producing relaxation of the over-strained ciliary muscle. The glasses were prescribed in May last, and up to two weeks ago, when I last saw her, she had had no return of the attack, though previously averaging about two a week.*

A combination of occipital and frontal pains, or pains beginning at the frontal region and terminating at the occipital, or vice versa, is due to the combination of over-effort of the recti and of the ciliary muscles. This will be evident to those who have followed my argument above with reference to each muscle singly.

I do not mean to convey the impression that all cases of weakness of the recti produce occipital headaches, or that all over-efforts of the ciliary muscle produce frontal headaches, but that wherever headaches are present, we must seek for either one or the other as a cause. It has seemed to me that there must be a neurotic temperament in conjunction with the eye disturbance to produce these symptoms. As a matter of fact either of these affections of the eye may produce reflex symptoms entirely remote, with no evidence of irritation of the vision, such as indigestion, chronic diarrhœa, constipation, insomnia, vertigo, neuralgic pains in various parts of the body, and as I have said, even insanity and epilepsy.

* Since writing the above I have seen her, and she reports but two slight attacks since first putting on the glasses. (It is now January 1, 1893.) These were occasioned by a fright received at the time of a fire in a neighboring house.

FRACTURE OF THE DORSAL VERTEBRÆ, WITH CLINICAL CASE.

BY LAMSON ALLEN, A.M., M.D.

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

Fractures of the vertebræ, with complete section of the spinal cord, are of sufficient rarity, at least in a general practice, to warrant an accurate record and report of each case. They may consist of fractures of the spinous processes, or of the vertebral arches, or of the bodies; one portion at a time, or with combinations of the different parts. A knowledge of the line of action of the force exerted upon the parts, as well as of its momentum, will aid in diagnosing the nature, the seat, and the

amount of injury done. Nearly every case of fractured vertebra is complicated with injury of the spinal cord as well as with dislocation. In the International Encyclopædia of Surgery, we find on page 746: "An inspection of the recorded cases of spinal injury involving the vertebræ and not caused by gunshot missiles, that is, of the recorded cases which occur in civil life, shows that the lesions consist of pure fractures in about one-fifth of the instances, of pure dislocations in another one-fifth, and of dislocations combined with fractures in the remaining three-fifths."

As to what per cent. of fractured vertebræ with dislocations thereof occur at the same time with total severance of the spinal cord, I am unable to state. Perhaps some one of this society can inform us.

Now fracture of the vertebræ may come from one of two forces, either direct or indirect. An indirect force is one where the seat of force is located at some spot other than at the seat of injury; such as a blow or fall upon the nates, or feet, or head, or shoulders, or etc., and the result be a fractured vertebra, one or more. A direct force is one where the seat of force and injury are the same. Such was the case I shall relate to you.

CASE. On Sept. 25th, 1890, I was called to Joseph Hemmingway, a French boy, aged thirteen years and ten months. Soon after breakfast that morning, he had started out on a foraging expedition all alone, with no one nigh to hinder. But his choice of a location for plunder was unfortunate. He climbed a chestnut tree near the railroad track. While in the midst of his plundering, a freight train came near and the hands were shifting the cars. Some one of the brakemen yelled to him to get down from that tree, and threatened him. He did get down, and that altogether too quickly; for, becoming frightened, he slipped, lost his hold, and fell about thirty-three feet, landing on his back on a pile of stones, which had been dumped under the tree. Stunned by the fall, he lay immovable, and was picked up by these same train-men, who caused his fall. They brought him in their arms up on to the street some two hundred yards distant, where they found an open wagon passing and pressed it into ambulance service. He was taken to his house some three-fourths of a mile away, and a French physician called, who immediately put him under opiates. This occurred at about 9.45 A. M. At 7 P. M. I was called to the boy. With the above facts I found the following conditions: No bones in the extremities were broken. There was a large and freely-bleeding scalp wound, situated over the left parietal bone just exterior to and below but dangerously near the parietal foramen. A triangular piece of bone, with all the edges on a level of about 45° was

gouged out of the parietal bone beneath the scalp wound and gone. The dura mater was exposed, but there was no foreign matter to be found on it, so the wound was left to heal by granulation. The left side of the face was more or less lacerated and bleeding, but these injuries were all of minor importance. The serious lesion was found in the region of the eleventh and twelfth dorsal vertebræ. There we found great tumefaction and infiltration, extreme tenderness on pressure, and by vision as well as manipulation a depression over the twelfth dorsal vertebra. Crepitus and displacement were discovered. There was paralysis of the bladder and complete paralysis of motion and sensation of the extremities. Very little pain was there excepting above the twelfth dorsal vertebra.

In view of the fact of immediate and complete paralysis, and of the fact that he had been more or less roughly handled in carrying him from where he fell to the wagon, which took him home, and from the wagon into his house and on to his bed, I felt sure that the spinal cord was irreparably injured and that thorough manipulation and attempts at replacement of the injured and displaced parts were justifiable. So after careful manipulation I was able to discover that both the twelfth ribs were broken, the left one at its neck and the right one about one inch from its articulation with the vertebra; that the twelfth dorsal vertebra was dislocated forward into the abdominal cavity as well as rotated to the right side; that the eleventh dorsal vertebra was dislocated forward also into the abdominal cavity, nearly, if not fully, as much as the twelfth was. Efforts at replacement were undertaken, but were only partially successful at this time.

It was evident, also, that the left rib was impacted at the seat of fracture. The swelling in the dorsal region was so great that I was unable to replace the fractured parts with the patient on his bed. So I had the boy's father, who is a powerful man, raise him carefully and hold him suspended from the arm-pits. This changed somewhat the general aspect of the case and I was enabled to draw out the left rib from its impaction, to replace the right one, but unable to move the vertebra to any great extent. This manipulation relieved the remaining pain. After the lapse of six days, the swelling had so subsided that I had his father suspend him again and succeeded in partially replacing the vertebra.

From the moment of his fall to the day of his death there was paralysis of all the parts below the seat of injury. The lower extremities were absolutely immovable; the fæces passed involuntarily and were diarrhœic; the urine had to be drawn off with a catheter.

His parents being very poor (they were Canadian French) I tried to persuade them to send him to the hospital, either to Worcester, or to Boston, or to New York. But they would hear to nothing of that sort. At this time we could not tell whether the twelfth vertebra was fractured or simply displaced. If there were only displacement and all the symptoms of paralysis were due to pressure on the cord, then, perhaps, an operation might relieve most of the symptoms. Consequently, I obtained the parents' consent to allow me to operate on the boy for his relief, I assured them that that was the only means of saving life, if it were possible to save it at all. They gave consent, and I appointed the day for operation. But when the day arrived, their courage failed them and I was not permitted to do more than to attend him day by day. So the case went on to a slow and sure death.

From the first of his enforced confinement the boy persisted in lying on his back, and soon a bed-sore developed over the sacrum, which grew to immense proportions, so that the periosteum even sloughed and necrosis occurred. Pieces of bone were taken away from it by the boy. Later on, bed-sores appeared over the great trochanter, the tuber ischii, and even over the anterior-superior spinous processes of the ilium of both sides. But all this time there was no pain in them nor anywhere below the seat of injury.

From the day of accident to that of his death, the boy kept in good spirits and persisted in saying that he never would get well but would die soon. Nor could I in verity deny his conviction. He lived till Feb. 12th, 1891, making it four months and eighteen days, or one hundred and forty days of life after the accident. All the time he lived up to within a few days of his death, his appetite was good. After the bed-sores became large, he presented symptoms of septicæmia.

The actual facts of the case were, however, furnished us by the autopsy, which was held about thirty hours after death. Rigor mortis was marked above the seat of injury, but absent below it. Cutting down upon the spine, I found that the two ribs had been fractured just as I had diagnosed them, and repair had taken place. The twelfth dorsal vertebra had been fractured through the body in such a way that a wedge-shaped piece had been formed with the cutting edge of the wedge aimed toward the cord. At the same time the intervertebral articulation between the eleventh and twelfth dorsal vertebræ were severed. So that at the time of the accident, what occurred was this: the main part of the twelfth vertebra was forced forward into the abdominal cavity, probably by the particular stone which struck it, and at the same time it was rotated somewhat to

the right. The whole of the spinal column including and above the eleventh dorsal vertebra was also forced forward to about the extent that the twelfth was, while at the same time, the wedge-shaped piece of the twelfth dorsal vertebra was forced backward against and through the structure of the spinal cord, severing it completely antero-posteriorly, and actually cutting it in twain. For, as a matter of fact, I found the wedge-shaped piece impinging into the spinal canal. Moreover, the spinal cord, below the eleventh dorsal vertebra, had entirely sloughed away, and the spinal canal of the twelfth dorsal vertebra, of the lumbar and sacral portions also, was absolutely empty of nervous tissue and filled with an offensive serous fluid. The approximating portions of the fractured twelfth dorsal vertebra were fastened together by bony union.

Now it may be that some might object to the method I took to obtain replacement of the fractured parts. It was impossible to tell during life the exact amount of injury done to the spinal cord in this case. But everything pointed to destruction; and when we take into account the fact of immediate paralysis at the time of the fall, of the rough handling before any surgeon was called to him; also, the fact that whatever position he was placed on the bed — lateral, prone or dorsal — made no difference in the aspect of the injured parts; also that manipulation in any position was impossible, the only method left was extension, and this seemed to be the best way of doing it. And the result of the autopsy afforded us our vindication.

We must be aided, I think, in diagnosing injuries of this kind, by a careful study of the different times and modes of appearance of spinal paralysis consequent upon such traumata.

“By the displacement of the fragments, which results from certain fractures of the bodies of the vertebræ, the spinal cord may be bruised, compressed or even severed; and in this way, *spinal paralysis, priapism, retention of urine and fæces, bed-sores*, etc., are not unfrequently produced. But spinal paralysis, appearing coincidentally with the accident which causes the fracture, is quite as likely to arrive from concussion of the spinal cord as from compression thereof; for fractures of the bodies of the vertebræ are often attended by concussion of the spinal cord — much oftener, I fancy, — than luxations. When spinal paralysis begins a few hours after the accident, in the lower extremities and creeps gradually upward, it is generally due to extravasation of blood within the theca vertebralis.”

“When spinal paralysis begins at a later period, it is often caused by meningitis or myelitis. But much displacement of the fragments, *without* the occurrence of spinal paralysis, has often been observed in cases where the lower dorsal and the lumbar

vertebræ were fractured. For example, Mr. Shaw reports four cases in which the lower dorsal and the upper lumbar vertebræ were fractured, and the fragments much displaced without causing any spinal paralysis. These patients all recovered more or less completely. It will be remembered that the spinal cord, having progressively diminished in size in the dorsal region, terminates in adults in a rounded point at the first or second lumbar vertebra, after sending off the cauda equina; in children, at birth, it extends to the middle of the third lumbar vertebra, and in the embryo, is prolonged as far as the coccyx. Dr. Bennett relates a case of fracture of the third lumbar vertebra from direct violence, without the spinal cord suffering from encroachment."*

But fractures of the vertebræ below the lower dorsal region, with section of the spinal cord, need not necessarily preclude the possibility of a final recovery. Because many cases are now on record of complete recovery after such lesions. However, the percentage of such recoveries must be small.

* International Encyclopædia of Surgery. Page 762.

THE USE OF ELECTRICITY IN THE REMOVAL OF HAIRS AND OTHER FACIAL BLEMISHES.

BY FRED'K W. ELLIOTT, M.D., BOSTON.

[Read before the Massachusetts Surgical and Gynecological Society.]

Fifteen years ago a woman suffering from hypertrichosis, or the growth of superfluous hair upon the face, was doomed to a deformity for which neither medicine nor surgery held out any promise of cure. Powerful cosmetics heroically applied and destructive caustic pastes afforded only temporary relief at the expense of future aggravation.

Unfortunate women with hirsute disfigurement or marred by hairy moles, returned home after a course of treatment at the hands of the Vienna dermatologists only slightly benefitted, or with faces pitted, a deformity scarcely less to be dreaded than the original defect.

To Dr. W. A. Hardaway, of St. Louis, belongs the credit of the first successful application of electricity for the removal of hairs from the face. This little operation differs from other surgical procedures in that it offers the promise of certain and uniform success, failure in any case being due not to any fault of the operation but to a lack of skill on the part of the operator.

All are familiar with the fact that if a galvanic current be passed through water to which salt has been added, bubbles of oxygen gas will collect around the positive pole and bubbles of hydrogen gas around the negative pole. If a fine needle con-

nected with the negative pole be introduced into the root-sheath of a hair, and the circuit be completed by a sponge disc moistened in a salt solution, connected with the positive pole and applied to the hand or any other convenient point, a caustic effect is produced—the hydrogen combining with the oxygen held in loose combination in the hæmoglobin of the blood, and with the potassium of the tissues, producing potassium hydrate or caustic potash. There is thus furnished an efficient means of applying a caustic of sufficient strength to destroy the papilla and permanently remove the offending hair. The exact amount of destruction of the tissues can be readily and easily regulated by the strength of the current and the length of time of its application.

The ordinary Macintosh Zinc Carbon battery of eighteen cells gives a very satisfactory current, the strength varying, within the limits of five and ten milliampères, as nine or eighteen cells are employed. The Waite and Bartlett needle-holder, having a device upon the side for interrupting the current, has been the most serviceable of the many tried. The best needles are the ordinary steel broaches obtained from any manufacturing jeweller. The epilating forceps have jaws smoothly ground so that in any position the hair may be firmly seized and held.

The patient is seated in a good light, preferably in a Harvard surgical chair, depressed to a greater or less degree, according to the portion of the face or chin from which the blemish is to be removed. The field of operation is thoroughly cleansed by application of soap and hot water, and made aseptic by a wash of bi-chloride of mercury 1-3000, or by what has proven quite as satisfactory, listerine in full strength. Various anæsthetics have been employed in the great majority of cases; none is needed. When necessary, cocaine used hypodermically has given the best satisfaction. A useful preparation suggested by Dr. P. S. Hayes, of Chicago, is

Cocaine muriatis	3j
Menthol.	
Chloral	āā ʒij.
Lanoline	ʒss. m. et fiat ung.

Pressing firmly upon the nerve-trunk supplying the part serves to deaden the pain. The hair to be removed is seized in the forceps which is held in the right hand. The patient grasps firmly the sponge electrode, moistened in saline solution, and connected with the positive pole, the grasp not being relaxed at any time during the seance. The needle connected with the negative pole is gently introduced by the side of the hair, following carefully its direction as it emerges from the skin. A

slight resistance is felt when the needle reaches the constriction of the neck of the hair follicle, which it will be remembered is the narrowest part of the cylindrical invagination of the skin receiving the hair-shaft, and is situated very near the surface of the skin. The current is now closed by pressure on the current-breaker. Immediately the skin is blanched, and white froth caused by the decomposing action of the caustic alkali appears about the root-sheath. The resistance is felt to give way, and the needle is easily carried to the bottom of the root-sheath, where the caustic, applied for a few seconds, affects the destruction of the papilla. Gentle fraction of the forceps removes the hair together with the root-sheath.

Care should be taken to warn the patient that a disagreeable sensation of a burning, stinging character, will be experienced during the time of the passage of the current, a period of from ten to thirty seconds, otherwise the purpose of the operator may be frustrated by the sudden withdrawal of the patient's face from the needle.

As many as two hundred and fifty hairs have been removed by the writer at a single sitting. A fair average is seventy-five, the time of the operation being from one to one and one-half hours. Of the first ninety hairs removed, eighty returned, or about eighty-nine per cent.; of the last sixty, ten returned, or sixteen and two-thirds per cent.

Dr. Geo. H. Fox, of New York, to whom perhaps more than to any other physician is due the especial credit of having advocated the operation and of having kept its practicability before the profession, reports in his most successful cases a return of less than five per cent. As a rule no after treatment is necessary. A slight superficial irritation sometimes occurs which is well controlled by the calendula toilet cream, prepared by O. Clapp & Son. Intervals between the operations have varied from three to thirty days.

Other facial blemishes such as telangiectasis, nævus pigmentosus, fibroma simplex and allied morbid conditions find in electrolysis a simple, elegant and completely successful method of treatment. The technique of the operation in these blemishes is described in the account of cases herewith appended.

CASE I. Mr. J.; merchant; aged, 50; general health good, florid complexion, nose much enlarged, and almost purplish, venous stasis marked, arterioles prominent. A man of austere morals and rigid religious convictions, a strict teetotaler, he was much annoyed by the rubicund and suspicious appearance of his nasal organ, which would have excited the envy of a confirmed gin-drinker. The electrolytic needle introduced at the points where the arterioles emerged from the deeper sub-cuta-

neous tissues quickly produced the familiar blanching effect, which was followed by inflammatory exudation sufficient to strangulate the arterioles as it were, ligating the blood supply and very much improving the appearance of the member.

CASE 2. Miss A. ; saleswoman ; aged, 22 ; complexion very dark, suffers from dysmenorrhœa and constipation. Upon the neck, under the angle of the jaw, a fibroma simplex about the size of a silver ten-cent-piece, much elevated from the surrounding skin, with broad base and darkly pigmented. The growth was transfixed on a level with the skin by six needles connected with the negative pole, and a current of ten milliampères passed for one minute ; the needles were then reinserted at right angles and the treatment repeated. Little or no pain was felt, as the tissues had been treated with a solution of equal parts of ether and carbolic acid. No local dressing was used and no detention from work caused. At the end of one week the growth had shrivelled to one-third of its former size. At the end of two weeks it had fallen off, leaving a vascular reddish discoloration, which, within a month, was no longer to be recognized from the normal surrounding skin except upon closest inspection. This patient was also much annoyed by numerous dark discolorations, *nævi pigmentosi*, located upon the face and neck, especially as they were unduly prominent at the menstrual epoch. Each of these was successfully treated by simply touching with the negative needle, causing a blister, which healing, removed the pigmentary deposit.

CASE 3. Mrs. R. ; aged, 52, housekeeper ; widow, brunette, well-nourished, numerous hairy moles and warts upon the face and neck, appearing since the climaxis five years ago. The bases of these growths were transfixed in the manner already described, and the resulting cicatrices after an interval of nine months are imperceptible. Three hairy moles disappeared after the removal of the numerous stiff hairs, without further operation. The skin of this patient exhibited unusual intolerance of the electric current. The pain was very excessive and the resulting inflammation persisted for fourteen days.

CASE 4. Miss S. ; age, 20 ; German, very dark brunette, dress-maker, splendid general health, a slight hairy growth upon the upper lip, a very noticeable growth of black stiff hairs upon the chin. These hairs had constantly increased in number, size and stiffness, and the skin was in a state of chronic irritation after repeated "home" removals by tweezers. Six hundred hairs have been successfully removed, the time of the different operations embracing a period of six months.

CASE 5. Miss M. ; age, 45 ; school-teacher, tendency to

obesity, extremely nervous. Failing health and nervous exhaustion compelled a relinquishment of school duties. Exhibited a full beard of heavy growth. Had been unsuccessfully operated upon in New York by a noted dermatologist using electrolysis. The heavy growth of hair upon the upper lip and the lower portion of the face and chin had been completely removed by an extremely strong caustic paste of Parisian manufacture the day before she presented herself for treatment. The appearance was that of a person having heavy side whiskers, the lower margin being sharply defined and on a level with the inferior lobe of the ear, and the beard extending well forward upon the face. A single treatment has been given, and the case slightly improved is still under observation.

CASE 6. Mrs. M.; age, 58; widow, milliner, blonde. A moderately heavy growth of hair upon the upper lip and chin, the skin extremely oily. The funnel-shaped depression of the hair follicles well marked, and the hair-root very long and strongly united to the hair-sheath. Upwards of 1000 hairs have been removed, including all the coarse growth. This is the only case in which the "lanugo" hairs seem to increase in number and size and length under the stimulating influence of the current applied for the removal of the coarser hairs in their immediate vicinity.

Concerning the etiology of hypertrichosis it has been noted that the majority of the patients were lovers and great eaters of meat. Most have been brunettes. Many traced the influence of heredity. A large proportion of the patients were either unmarried, or if married, sterile, or were nearing or passing the menopause. Inactivity of the uterus may be regarded as a predisposing cause. Uterine reflexes must certainly be considered in accounting for the depraved condition.

The advantages of electrolysis in removing superfluous hairs may be summarized:

1. It is the only reliable method of cure.
2. It is comparatively painless.
3. The results are certain and uniform.
4. The resulting scars are too unimportant to be considered.

As regards other facial defects these advantages may be mentioned:

1. No hemorrhage.
2. No dressing or sutures.
3. No anæsthesia in a great majority of cases.
4. Permanent removal in every case.
5. An imperceptible cicatrix.
6. No detention from business.

SIGNIFICANT DISCHARGES AT THE CLIMACTERIC IN REFERENCE TO DIAGNOSIS AND TREATMENT.

BY L. F. POTTER, M.D., MALDEN, MASS.

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

“The climacteric in the limited sense of the term, indicates the cessation of the menstrual function, but in the whole process of involution which constitutes a change of life, there are two stages. The first extends from the beginning of involution and the decline of functional activity, and the second, which extends from the time that menstruation ends to the completion of involution and the adaptation of the general system to the new order of things.” (Skene.)

The structural and functional changes of the sexual organs during this period are retrograde. There is atrophy of ovaries, tubes, uterus, and vagina. Contraction of blood-vessels, derangement of nutrition and of the nervous system.

The whole process implies weakness. It may be a question in the present state of civilization, whether the condition during this period is not pathological rather than physiological. The uterus is cancerous three times as often as any other organ. The period of ten years following the menopause is that most prolific of cancer. The decade following this, the most eventful. A consideration, therefore, of those symptoms which may be considered fairly characteristic of disease of the sexual organs at this time, may be of some interest, and among them I propose to study that of vaginal discharge.

As a result of atrophic and pathological changes, one may reasonably look for vaginal discharge of varying degree and character.

1. *Normal discharges.* These may be considered as of blood and leucorrhœa. The blood, as a rule, being simply that of a declining menstruation, gradually growing less and less in amount. The leucorrhœa, as a result of vulvar, vaginal or uterine catarrh, due in some degree to atrophic change of structure, and occurring throughout the whole period.

2. *Pathological discharges.* These are of blood, water and leucorrhœa. Often blended, yet each possesses distinct characteristics.

(a). *Hemorrhage.* “Pathological changes in the mucous membrane and the increase in its extent by the great enlargement of the uterus, cause a marked increase in the vascularity. To this state is due the hemorrhage which is so generally present in cases of fibromata.” (Skene.)

There is development of connective tissue and blood-vessels, (endo-metritis fungosa) or one portion growing faster than

another, compression of the veins occurs, resulting in hemorrhage. This is especially true of the sub-mucous variety, the thinner the wall the greater the growth of connective tissue, but slight hemorrhage comes from the interstitial variety, and none, as a rule, from the sub-peritoneal. In malignant disease, as molecular death of tissue advances, there is increased hemorrhage from excoriation or sloughing of blood-vessels." (Southwick.) Hence the sudden discharges from exercise or coition, in contradistinction to that gradually appearing as seen in the benign variety. "Climacteric hemorrhage due to acute and chronic inflammatory processes in the pelvic organs, apoplexy of the uterus, certain flexions, prolapse, likewise that due to obstruction of the inferior vena cava from diseases of the abdominal or thoracic viscera, are to be taken with consideration, but I believe they are not of common occurrence.

(b). *Watery discharges.* These consist (as seen in benign disease) in the pure serum of the blood arising from secretion of polypi and pathological changes in the uterine mucous membrane. In malignant disease becoming mingled with ulcerative material, they take on the offensive odor and appearance characteristic of that condition, and almost identical with a leucorrhœa.

(c). *Leucorrhœa.* A leucorrhœal discharge as an early symptom of cancerous disease during the stage preceding the discharge of blood is significant, arising at first from chronic uterine and cervical catarrh as a copious mucous discharge, having but little odor, soon through sloughing of tissue taking on those qualities of fetid and peculiar odor and grumous appearance, which constitutes its relation to cancerous disease.

THE SIGNIFICANCE OF VAGINAL DISCHARGES.

A leucorrhœa inodorous or of mild odor persisting during the climacteric, accompanied by increasing hemorrhage, is suspicious, and demands investigation.

A leucorrhœa profuse, of peculiarly fetid odor, grumous, excoriating, appearing early or late during the climacteric, with profuse hemorrhage, is reasonable evidence of cancer of the cervix.

A leucorrhœa moderate in amount, ill smelling, (the peculiarly fetid odor of cancer of the cervix being absent) accompanied by hemorrhage, suggests cancer of the corpus uteri.

A leucorrhœal discharge with hemorrhage containing material like the washings of meat, is said to indicate sarcoma.

A watery discharge, as a rule, occurring during menstruation, odorless or of little odor, persisting, accompanied by profuse hemorrhage, indicates fibroids; with little or no hemorrhage,

polypi. Profuse bloody discharges coming on gradually with declining menstruation, ceasing usually with the menstrual flow, point to fibroids. Persistent profuse discharges of blood occurring spontaneously, arising from sudden exercise or coition, occurring, as a rule, after the menopause, indicate cancer.

A gradually increasing amount of menstrual flow is suspicious and needs investigating. "Post-climacteric hemorrhages in a fibroma of the uterus of long standing, form one of the principal grounds for the suspicion of sarcoma." (Börner.)

The early recognition of malignant disease and the possible prevention of that fatal exhaustion which accompanies it by the administration of drugs, and the application of those methods which in a measure may be supposed to offset the terrific drain on the nervous system, inasmuch as present experience shows that early removal of diseased tissue prolongs life, and the importance of early diagnosis and treatment can hardly be over-estimated.

*THE PHYSIOLOGICAL ACTION AND CLINICAL RESULTS
OBTAINED WITH MALT AND COD-LIVER OIL
COMPOUND.*

BY JAMES R. COCKE, M.D., BOSTON, MASS.

The following case of alcoholic gastritis is related for the purpose of illustrating the experience I have had with Malt and Cod-Liver Oil Compound under somewhat unusual circumstances.

The patient in question presented the following history: He had been for some months in New York, and said that he was under the influence of liquor practically all the time. His family, living in Boston, ceased hearing from him about nine weeks before he came under my observation, and on investigation, they found him ill in a New York hospital, with what the records of that institution called a low form of typhoid fever. He recovered fairly well in five or six weeks and was discharged, with a prescription calling for whiskey and quinine, the physician being unaware of his alcoholic tendencies. Upon his taking the first dose of the medicine, the desire for liquor became very strong, and he said that he used very large quantities.

When I saw the patient in Boston, he was retching and vomiting, and presented that peculiar restlessness so characteristic of alcoholic excess. A few drops of water on the tongue would produce violent vomiting, so that medication of any kind by the mouth was utterly impossible. Enemas of peptonized milk were given and were promptly rejected by the rectum. I then tried one ounce of the tasteless compound of cod-liver oil and malt in three ounces of starch-water as an enema; it was

retained and apparently absorbed. The vomiting having ceased, small doses of peptonized milk were tried by the mouth; the vomiting promptly returned. I then thought I would try the cod-liver oil and malt compound, as an experiment by the mouth. To my amazement, the patient retained it. Subsequent to the gastritis, a neuritis developed in the patient, and the cod-liver oil mixture was continued during the whole time. I changed once from the cod-liver oil and malt mixture of Messrs. Otis Clapp and Son to a simple emulsion of cod-liver oil. Two hours after taking this emulsion the patient vomited it, and the vomit smelled strongly of fatty acids, and I did not again try the experiment of substituting another preparation for the tasteless.

Having obtained such marked results with the tasteless compound of cod-liver oil and malt, I determined to give it an extensive trial and observe very carefully its results. I am well aware that it is exceedingly difficult to establish the exact clinical value of a preparation which stands preëminently as a food and not a medicinal agent. Believing that our greatest triumphs in combating disease will, in the future, be obtained by our ability to improve the nutrition, and thus increase the resisting power of the system against the many noxious agents which threaten the well-being of our patients, I have for a number of years, observed as best I could, the effect upon patients of the various artificial foods which abound in our market, and as I have directed the treatment of a number of nervous invalids by the well-known rest, forced feeding and massage treatment, my opportunities have been somewhat large.

The second case in which I used the preparation of cod-liver oil and malt, was one of severe chronic catarrhal gastritis. The patient was a male, fifty-eight years of age, a cornetist by profession, and came under observation in January, 1892, requesting massage and faradism of the stomach. This was tried for some months and the patient grew steadily worse. He presented the following complexus of symptoms: Anemia, severe cardialgia, pyrosis, profound depression, amounting almost to melancholia, with great nervous irritability and severe constipation, the stools being hard, dark, small, and passed with great difficulty, and rectal tenesmus.

The patient was placed in the Boothby Surgical Hospital late in June of the same year. Auscultatory percussion and palpation revealed an enormously dilated stomach. On passing a flexible tube, I found that the stomach would easily contain four quarts of water. Chemical investigation made by a student of Boston University School of Medicine, of the contents of a test meal removed from the stomach two hours after eating, showed the absence of hydrochloric acid; and the filtrate of the

stomach contents would not digest albumen, thus showing that the gastric juice possessed no peptogenic properties. Tests with salol and iodide of potassium showed the motor power and the absorptive power of the stomach to be greatly retarded, and, while the constipation improved under treatment, much difficulty was experienced in selecting a diet which would not distress the patient. Various peptonized preparations of milk and beef were resorted to, with but indifferent results. The preparation of cod-liver oil and malt was then tried and no difficulty was experienced from it. The dose was rapidly increased until the patient took three ounces, three times a day. Lavage was then tried one hour after the dose was administered and none of the medicine was found in the stomach, proving conclusively that it was readily absorbed by the mucous membrane of the stomach. The most striking feature attending the use of this preparation, was the fact that while without it the patient was troubled with much flatulence, especially when he partook of farinaceous foods, he could with impunity partake of quite large quantities of the starchy foods when he used the malt and cod-liver oil compound. He made a good recovery, and at present continues the use of the tasteless malt and cod-liver oil compound. Several attempts were made by me, as an experiment, to substitute a simple mixture of cod-liver oil and malt for the one I had used, with the result of upsetting the digestion of my patient each time.

This preparation I have also used in three cases of asthma, accompanied by digestive disturbances, nervous debility and anemia, with the result in each case of improving nutrition. If I may be pardoned a digression, I would state that I believe asthma to be a vaso-motor neurosis, primarily caused, at least in a large number of cases, by some abnormality in the respiratory tract. Prof. Woodvine made in these three cases I mention, laryngoscopic and rhinoscopic examinations, and found in one a deflected nasal septum, and hypertrophic rhinitis in the other two, and remedies directed to remove the causes seemed to give much relief. While I am a firm believer in the doctrine to that many disturbances, especially in neurotic cases, are of reflex origin, it is also my belief that some of the failures to cure this same class of affections, when the apparent cause of the reflex is remarked, is due to the fact that suitable medication and diet are not employed at the same time to correct the habit which has been formed by the nervous system. Professor Mills emphasizes in his work on physiology, the fact, that when protoplasm has formed certain habits, it continues to follow them long after the cause which gave rise to them has been removed. But to return to our subject. This preparation of cod-liver oil and malt was used by me in a case of aggravated

sick-headache in a neurotic man, with the result of apparently improving nutrition, while medication and suitable glasses cured the headache. Flatulence, which was a marked feature in this case, also seemed to be much benefited by the preparation.

The preparation I have also tried in four cases of phthisis, three of them incipient and one advanced case. Any preparation of cod-liver oil was well borne by the incipient cases and seemed to be of benefit, but in the advanced case diarrhoea was present, and the ordinary preparations of cod-liver oil aggravated the difficulty; but the cod-liver oil and malt compound was perfectly assimilated and the patient gained in strength.

This preparation has been carefully studied by me in thirteen cases in all, the affections being of the classes mentioned, and and I am strongly convinced of the fact that it is especially indicated in conditions where the digestive and absorptive powers are enfeebled, and especially where the amylolytic power of the saliva and pancreatic secretions are deficient or wholly in abeyance. In order to satisfy myself of the diastasic power and diffusibility of the preparation, I determined to try its effect upon starch, and test its diffusibility by means of a dialyser. Tests were made for me by a medical student, which determined very conclusively that the preparation possessed diastasic power in a very marked degree. Starch was very readily and rapidly acted upon by it, and experiments with a dialyser proved the fact that this mixture would diffuse through an animal membrane with much greater rapidity than a simple mixture of malt and cod-liver oil. Microscopic examination revealed no free fat in the mixture; the oil being in a soluble form. Owing to predigestion, the oil is readily absorbed by the mucous membrane of the stomach and does not require the action of the biliary and pancreatic secretions.

From the foregoing I can but feel that I am justified in my belief that the "Malt and Cod-Liver Oil Compound" is one of the most valuable artificial foods which we possess; and its pleasant taste renders it easy of administration to persons of a delicate stomach and to young children. I found the mixture valuable, last summer, in four cases of cholera infantum accompanied by marasmus.

IN JUSTICE TO DARTMOUTH: AN OPEN LETTER.

BY GEO. N. GAGE, M.D., EAST WASHINGTON, N. H.

In the *GAZETTE* for January, in an article entitled "The Specialist in Medicine," the writer made some statements in regard to the medical department of Dartmouth College, which are so unjust and misleading, that a correction of the statements

in the same journal in which they appeared is due that institution.

On page 29, the writer makes the following statements :

“A man may graduate at Dartmouth with only two terms of lectures of about fourteen weeks each.”

“He is not required to dissect the human body at all.”

“He has no hospital advantages whatever.”

“One of their students, I am told, in his final examination said to the professor : ‘I don’t quite understand what you mean by the word post-mortem in this question.’ And yet he was about to be let loose upon society.”

If all the above statements were true, the medical department of Dartmouth is fit only to take rank with schools of the lowest grade.

But let us see what the facts are. In the *ninety-sixth* annual announcement, for 1893, we find the following :

“Prof. C. L. Dana, M.D., will give the opening lecture of the Ninety-Sixth Annual Course, at the College, on Thursday, the 13th day of July, 1893, at 4 P. M.

Full courses of lectures in all departments of Medical Science will be given during the session of *twenty weeks*. At this season of the year, we are able to secure the services of some of the best teachers and specialists in several large city schools.

The *Mary Hitchcock Memorial Hospital* will be occupied during this session, and will give greatly increased facilities for clinical instruction.”

Further on we read :

“Every candidate for the degree of Doctor of Medicine, must be twenty-one years of age and must give satisfactory evidence of good moral character. He shall have attended *three* full courses of lectures on all the branches of medical science, at some regular medical school, one of which shall have been at this Institution. He shall give satisfactory evidence that he has devoted *four full years* to his professional studies, under the direction of some regular practitioner — the time spent at lectures being included.

He shall present evidence that *he has dissected all parts of the cadaver*, and shall pass a satisfactory written examination in Anatomy, Physiology, Surgery, Obstetrics, Therapeutics, Chemistry, Gynecology and Practice. . . . Possession of the degree of A.B., B.S., B.L., will be accepted in place of one year of professional study. Three full years spent in medical study in this school, will be accepted in place of four full years with a practitioner elsewhere. Certificates of examination passed at other colleges are not accepted in place of our examination for a degree.”

Now let us compare these statements with the statements made by the correspondent in the GAZETTE.

The writer said that attendance upon two courses of about fourteen weeks each, enables a student to graduate, while the announcement of the college says that three courses of twenty weeks each are required — *more than* twice the time.

The writer said that no dissection of the human body is required. The announcement of the college says that dissection of every part of the cadaver is a requisite for graduation.

The writer said that the student of Dartmouth has no hospital advantages whatever. It has to be acknowledged, that until recently, Dartmouth has not had great hospital advantages, although it has not been wholly without the means for clinical study. But in a few weeks, the "Mary Hitchcock Memorial Hospital" will be opened, and then the school can claim one of the finest hospitals in this country, of its kind. The hospital is a gift from Mr. Hitchcock of the Fifth Avenue Hotel, New York, and including land, will cost about \$150,000.

In regard to the man who was so illiterate, that he did not know the meaning of "post-mortem," we can say nothing. He certainly must have been dull, to have attended to all the instruction prescribed in the announcement, and yet in all that time never to have learned the meaning of "post-mortem." We cannot think he would be a representative of the average student.

As regards the spirit which prompted the statements published in the GAZETTE, we cannot doubt that they were made under the impression that they were correct. But it seems to the writer that they do so much injustice to an institution which is a pride to all who know it, that a correction is called for. For nearly a century the school has stood abreast of the best schools in the land, and numbers among its graduates some of our most eminent physicians.

SOCIETIES.

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RHODE ISLAND HOMŒOPATHIC MEDICAL SOCIETY.

The forty-third annual meeting of the Rhode Island Homœopathic Society, was held in the parlors of the Narragansett Hotel, Providence, January 13, 1893, at 5 P.M.

J. H. Bennett, M.D., of Pawtucket, and Gertrude Gooding, M.D., of Bristol, were elected members. H. M. Sanger, M.D., and Lisbeth Miller, M.D., of Providence, and Charles Bailey, M.D., of Niantic, were proposed for membership. F. C. Richardson, M.D., of Boston, gave an excellent paper entitled, "Does Sex Influence the Higher Intellectual Development?" George H. Earl, M.D., gave his new Treatment of Club-foot with Splints:

with an illustrative case. Resolutions recommending the amended Gorton bill were adopted.

The annual election resulted as follows: President, H. A. Whitmarsh, M.D., Providence; Vice-president, R. G. Reed, M.D., Woonsocket; Secretary, L. D. Lippitt, M. D., 24 Dyer avenue, Olneyville; Treasurer, T. H. Shipman, M.D., Providence; Censors, Charles Hayes, M. D., Providence; Charles A. Barnard, M.D., Centerdale; Mary D. Mathews, M. D., Providence.

After the supper, pleasing addresses were made by Hon. A. B. Capron and Hon. W. A. Mowry.

L. D. LIPPITT, *Secretary.*

GLEANINGS AND TRANSLATIONS.

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SURGERY OF THE BRAIN. — In a memoir on Surgical Intervention in Lesions of the Brain, Dr. Laurent believes he can claim: (1) That success follows operation in a certain number of brain lesions. (2) Hydrocephalus can, however, be regarded as incurable in the great majority of cases. (3) Cerebral abscess is frequently cured by operation. (4) Traumatic epilepsy in general justifies trepanning. This is shown to be less effective in Jacksonian epilepsy. (5) As regards tumor, operation is scarcely indicated, excepting for those which are small, well defined, and superficially situated. (6) Excision is the treatment by choice for the encephalocele of medium volume. As a general conclusion the author says surgical intervention applied to brain lesions can not ameliorate in a marked way, or cause to disappear, with rare exceptions, any but those which are superficial and limited. — *Le Scalpel.*

THE NEUROSES OF DEVELOPMENT. — Dr. T. S. Clouston's admirable lectures upon this subject that have appeared in various issues of the *Edinburgh Medical Journal* during the year, end in the August number with a few considerations in regard to prevention of the neuroses of development. Heredity is a question of degree and intensity in each case. Fortunately, in most instances, it needs an exciting cause to develop the diseases which are its outcome. There are one or two general principles safe to follow as making for prevention. Build up bone and fat and muscle, especially fat, by every known means during periods of growth and development. Make fresh air the breath of life to the young. Develop lower centres rather than higher ones when there is poor heredity. Avoid, if possible, alcohol and nervine stimulants. Do not cultivate, rather restrain, the imaginative and artistic faculties and ready sensitive-

ness and idealisms generally in cases where such tend to appear too early and too keenly. They will be rooted on a better brain and body basis if they come later. Cultivate and insist upon method and order in all things. The weakly neurotics are always disorderly, unbusinesslike, and unsystematic. Fat, self-control, and order are the three most important conditions for them to aim at and develop. — *N. Y. Medical Journal.*

REVIEWS AND NOTICES OF BOOKS.

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A TEXT-BOOK OF OPHTHALMOLOGY. By Dr. Ernest Fuchs. New York: D. Appleton & Co. 788 pp.

We take very great pleasure in commending this admirable book as being among the best, in its chosen field, it has ever been our good fortune to meet. Apart from the fact that the treatment recommended is that of the old school, it is a work which not only the specialist but the general practitioner of any school can study with profit. One of its distinctive features is a clear, detailed and exquisitely accurate description of the anatomy of every section of the eye dealt with, — the lids, the cornea, the retina, the optic nerve, the lens, the vitreous, etc.— which in every case precedes the essay on the pathological conditions of the part under consideration. A thorough foundation is thus laid for exhaustive and intelligent study. The uses of glasses and operations on the eye are considered in separate sections. There is an appendix which describes, with illustrative cuts, all the instruments and appurtenances, old and new, which can be of use to the ophthalmologist. The translator, Dr. Duane, has excellently preserved the concise and pleasant style of the original, and has added notes of especial interest to the American practitioner.

A DOMESTIC HANDBOOK OF THE DISEASES OF WOMEN, AND MIDWIFERY. By G. R. Southwick, M.D. Boston: Hygiene Publishing Co. 350 pp.

The average "family doctor's book" of the past, and especially that variety which dealt especially with the conditions and diseases incident to femininity, was wont to be a compound of bad science with worse morals. It is satisfactory to note that the science of the present handbook is accurate, and its moral tone clean. Its aim is to acquaint women with the hygienic conduct of their lives, and to recommend such simple remedial measures for the diseases peculiar to their sex, as may be safely used where the services of a physician are, for any reason, unavailable. The remedies suggested are homœopathic ones, and the few local applications comparatively harmless in

character. The work has many illustrative plates, the greater part of which, it may be frankly said, could be spared with profit to the usefulness of the work. Contemplation of vividly-colored pictures of the sexual organs in a state of incurable disease — uterine cancer, for instance — can be of no imaginable service to any laywoman, and can hardly fail to work mischief, both by ministering to the prurient curiosity that is far too common in consultants of works of this character, and in arousing and feeding morbid apprehensions in the neurasthenic. The work is offered in excellent form. The patterns, included in the form of a folding chart, for hygienic garments for infant wear, are more suggestive than pages of description.

DISEASES OF THE KIDNEYS AND BLADDER. By W. F. McNutt, M.D., M.R.C.S., L.R.C.P. 242 pp.

This book is made up, with additions, of the lectures delivered by its author, in the medical department of the University of California. They cover, concisely and clearly, the various sections of their chosen field; the anatomy and physiology of the kidneys, their possible pathological conditions, accepted medical procedures of the old school in those conditions, surgical operations, methods of urinary examination, and the like. A commendable effort has been made to simplify the nomenclature of kidney diseases, so far as can be done without sacrifice of accuracy. The manual is to be commended for placing facts in more quickly accessible form than is done in the average treatise on its subject.

HYGIENIC MEASURES IN RELATION TO INFECTIOUS DISEASES.

By Geo. H. F. Nuttall, M.D., Ph.D. New York: G. P. Putnam's Sons. 1893. 112 pp.

This little manual treats in a clear, systematic and thorough manner the subject from which it takes its name. The first section deals with disinfection and disinfectants in general, a clear distinction being made between — what are often confused in the popular mind — disinfectants, antiseptics and deodorants. In this section minute directions are given for efficiently disinfecting a room, a ship, an ambulance, etc., for disinfecting clothing, for conveying a person ill with infectious diseases from one place to another, for preparing a room for the person thus ill, and the like. The second section takes up separately, the conditions of infection and the necessary precautions in many infective diseases, as cholera, tuberculosis, diphtheria, leprosy, typhus, and the like. As may be guessed, the book is very definite, concise and practical, and offers information with which layman as well as physician should be familiar.

DISEASES OF CHILDREN. By James Carmichael, M.D., F.R.C.P.
New York : D. Appleton & Co. 301 pp.

The author in his modest preface states that his object in preparing this manual has been to treat the diseases common to childhood from a clinical rather than a theoretical standpoint, with especial effort to "show how the anatomical and physiological characteristics of the periods of infancy and childhood tend to modify in many ways the features and clinical relations of disease in children." As may be inferred, the book is tersely written, modern and practical. Certain of its chapters—notably those on "Prevention of Diseases in Children," and "School Hygiene and Pathology,"—may be read with interest and profit by physicians of all schools of practice. In the latter chapter may be found many useful hints; for instance, the latest accepted ideas as to the limit of quarantine for various infectious diseases; diphtheria, twelve days; small-pox, eighteen days; mumps, twenty-four days; and the like. Preventive medicine receives much and intelligent attention, as also does general hygiene, in the case of all diseases dealt with. The therapeutic treatment is conservatively that of the old school. The volume is issued in uncommonly convenient size and shape; and its press-work is unimpeachable.

TRANSACTIONS OF THE TWENTY-EIGHTH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.
1892.

This substantial volume contains, in addition to full reports of all the business transacted at the last session of this exceedingly wide-awake society, the reports of nine bureaus, presenting from six to ten papers each, surely an excellent sum of energetic work. The bureau of materia medica presents an unusual number of significant essays. We note with regret that in Dr. Mohr's paper on "Provings and Their Relations to Cholera," practically nothing was said of the marvellous homœopathicity of colchicum to the symptoms of the much-dreaded scourge. In Dr. Cranch's "Study of Certain Drugs Causing Cyanosis," this point was, however, more satisfactorily brought out. The reports, as a whole, are rich in practical narrations of interesting clinical cases. The volume appears in notably finished and handsome shape.

THE STUDENTS' QUIZ SERIES. Edited by Bern B. Gallaudet, M.D. DISEASES OF THE EYE, EAR, THROAT AND NOSE. By Drs. F. E. Miller, J. P. McEvoy and J. E. Weeks. PHYSIOLOGY. By F. A. Manning, M.D. DISEASES OF CHILDREN. By C. A. Rhodes, M.D. Phila : Lea Bros. & Co.

These useful little volumes will admirably serve to maintain

the reputation of the excellent series to which they belong. Their questions are suggestive, their answers practical and up to date, and embody the teachings of the best-known authorities in the fields covered. The manual on "Diseases of the Eye" draws more directly than do the others from original sources, giving, as it does, a digest of a course of lectures delivered by Dr. Weeks, one of its authors, at the Bellevue Hospital Medical College, New York. The manuals are amply and helpfully illustrated.

The February POPULAR SCIENCE MONTHLY contains an especially readable article on "Ghost Worship and Tree Worship," by Grant Allen, in which is shown the probability that the latter practice grew out of the former. The number of tree myths in classic literature gives this subject a literary as well as a scientific interest. Among other noteworthy papers are "The Æsthetic Sense and Religious Sentiment in Animals," and "A Marine Biological Observatory." New York: D. Appleton & Co.

LIPPINCOTT'S MAGAZINE for February, has, as its complete novel, "The First Flight," by Julien Gordon. It deals satirically with the ambitions of a daughter of wealthy parents, not quite "to the manner born" socially. In the Athletic Series, Herman F. Wolff gives an account of "Wrestling," of which he is one of the most eminent professors. It is illustrated. Karl Blind, a well-known authority on the politics of the Old World, discusses "The Russian Approach to India." M. Crofton, in "Men of the Day," describes Ruskin, Earl Roseberry, Archbishop Ireland and Justice Lamar. The poetry of the number is by Ella Wheeler Wilcox, Charlotte Fiske Bates and others. Phila.: J. B. Lippincott Co.

MISCELLANY.

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OSSIFYING MYOSITIS. — Macdonald (*British Medical Journal*, August 29, 1891) reports the case of a girl, four years old, in whom at two years of age hard nodules developed in numerous muscles of the head, neck, upper extremities, and trunk, occasioning rigidity, and interfering with the movements of the affected parts. No hereditary factors could be elicited. Treatment was of no avail. Portions of the indurated parts removed were constituted of bone, having fibrous attachments of origin and insertion. — *Med. News.*

ACONITE FOR SCORPION STING — Formerly, about one-half of the children in Durango, Mexico, died from the sting of the scorpion, but now nearly all the lives are saved, if taken in time, by the use of the strong tincture of aconite, of which five or six drops are put in a tumbler half full of water, and a teaspoonful given at frequent intervals. — *Hom. News.*

SPURIOUS HYDROPHOBIA. — A case of what was apparently spurious hydrophobia occurred recently in Jersey City, since the dog by whom the patient was bitten, five weeks previous to the attack, was ascertained not to be suffering from rabies. The man, who was twenty-eight years of age, was taken to the Jersey City Hospital suffering from all the usual symptoms of hydrophobia, and died in great agony on Dec. 20th. — *Boston Med. and Surg. Journal.*

REPORTED DEATH AT ONE HUNDRED AND TWENTY-FOUR YEARS. — A Polish woman, a native of Wilna, Russia, died Dec. 26th, said to be one hundred and twenty-four years of age. Two years ago, at the age of one hundred and twenty-two years, she emigrated to this country with other members of her family. Her grandson, who is almost forty years old, states that the birth record in Wilna will show that she was born in May, 1768. She says that she was married twice, and that her first husband died "nearly a hundred years ago." — *Boston Med. and Surg. Journal.*

IVORY PEGS FOR THE DIRECT UNION OF FRACTURED BONES. — Dr. J. Gaudard has made some experiments which demonstrate that pegs of ivory may be successfully transplanted to fill up defects in bone. To show that foreign bodies are well borne he cites a case of amputation of the thigh, where, after curetting the medulla, a large tampon was left in the cavity for a year without exciting any disturbance. Birchner has treated twenty-eight cases of recent compound fractures by insertion of ivory pegs into the medullary canals of the fragments, and obtained twenty-four cures. In some instances it was necessary to extract the foreign body, but this never prevented consolidation. — *Centralbl. f. Chirurg.*

THE PRESERVATION OF VISION. — Dr. Webster Fox has formulated the following proposition as an aid to the preservation of vision (*The Sanitarian*): 1. Do not allow light to fall upon the face of a sleeping infant. 2. Do not allow babies to gaze at a bright light. 3. Do not send children to school before the age of ten. 4. Do not allow children to keep their eyes too long on a near object, at any one time. 5. Do not allow them to study much by artificial light. 6. Do not allow them to use books with small type. 7. Do not allow them to read in a railway carriage. 8. Do not allow boys to smoke tobacco, especially cigarettes. 9. Do not necessarily ascribe headaches to indigestion, the eyes may be the exciting cause. 10. Do not allow the itinerant spectacle-vender to prescribe glasses. — *Med. Record.*

GOOD BEDSIDE MANNERS. — The day has not altogether disappeared when a good bedside manner was the great requisite for success. If the doctor was gentle to the women and attractive to the children, his success was assured. This is so to a certain extent to-day, but it is disappearing at the approach of the dazzling light of modern research. The coming physician is the one who will demonstrate his ability to combat disease. The man who can prove by actual demonstration that he understands the *antitoxines*, is the one who is coming to the front. An American surgeon of to-day who has astonished a world by his statistics, astonishes alike all those who see how easily he operates without display and with scarcely a handful of instruments. But his patients recover. We would not under-rate the value of a good bedside manner, but the scholar is coming to the front. Brains are at a premium. — *National Review.*

THE ENGLISH AS MEDICINE-TAKERS. — Statisticians have proved beyond dispute that the average of human life in this country at the present time is longer than it has ever been. Whether this be due to the quality of patent medicines which the inhabitants of Great Britain now swallow, as compared with their ancestors, is a question to which qualified medical practitioners would have no hesitation in giving a decided answer; but the fact remains that at this moment Englishmen are taking these government-stamped nostrums in a manner to make the rest of the world wonder. During the past year the revenue derived from the three half-penny stamp placed upon patent medicines amounted to £240,062, an increase of £14,361 over the sum paid in the previous twelve months. The quantity of pills, lotions, powders and ointments represented by these figures must be something enormous. Licenses for the sale of these compounds have also increased by 1,340 in England and 111 in Scotland, from which the revenue benefits to the extent of £7,188. The total income derived by state from the patent medicines is thus £247,250. — *London Telegraph.*

PERSONAL AND NEWS ITEMS.

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DR. A. KILMER has removed from Tennessee, to Ludlow, Vermont.

DR. HANNAH H. CROWELL has removed from Westfield, Mass., to Ashmont, Mass.

DR. ELLA G. SMITH has removed from South Boston, to 8 Greenville street, Roxbury.

DR. E. E. HALE has removed his office from 13 No. Main street, Attleboro, to 141 Pleasant street.

DR. H. D. BOYD, class of '92, B. U. S. M., has located at Tremont street, corner of Pembroke.

DR. VIRGINIA F. BRYANT has removed from Pond street, Jamaica Plain, to 78 St. James ave., Boston.

DR. MAUDE E. STOWELL, class of '92, B. U. S. M., has located at 14 East 16th street, New York City.

DR. HARRIET A. LORING has removed from Monadnock street, Dorchester, to 106 Main street, Brockton, Mass.

DR. WILLIAM L. JACKSON went to New York on February 1st, for further work in his specialty. He will be away from practice until Saturday, April 1st.

DR. H. D. WHEELER has removed his office from 6 Hotel Eaton, South Boston, to 536 Broadway, South Boston. Office hours, until 9 A.M., 2 to 3 and 6 to 8 P. M.

\$3,000 PRACTICE. For sale in a New England village of 2,000 inhabitants. Also residence, two horses, carriages, &c., together or separately. Address X., care of OTIS CLAPP & SON, 10 Park Square, Boston.

FOR SALE. — At a low figure: A set of "Hering's Guiding Symptoms," cloth, ten volumes, in perfect order and as good as new. Apply to "A. B. C.," care OTIS CLAPP & SON, 10 Park Square, Boston

DR. O. W. ROBERTS, of Springfield, Mass., has removed his office to rooms 16 and 17, in the new Court Square Theatre Building. Office hours, from 8.30 to 9 A.M., 2 to 4 and 7 to 8 P.M.

DR. MARY E. WEBB has returned from studying abroad, and has located at 264 Boylston street, Boston, in the Woman's Educational and Industrial Building, Hours, from 10 to 12 A.M., 3 to 5 P.M.

THE third annual *post-graduate clinical course* of lectures at the Chicago Homœopathic Medical College, will begin on Monday, March 27, 1893, and continue two weeks. This course will be opened to all graduates in medicine and surgery of whatever school.

OBITUARY.

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SAMUEL A. NASH, M.D., a prominent physician of North Berwick, Me., and a highly esteemed citizen of that town, died Thursday, the 5th ult., of pneumonia, made fatal, undoubtedly, by heart disease of long standing. Dr. Nash was born in Raymond, Maine, June 26, 1840, consequently was in the fifty-third year of his age. He graduated at Bowdoin, Brunswick, June, 1869, at which time he received his medical diploma. He immediately entered practice in Scarborough, but in two years removed to North Berwick, where he established and maintained a large practice until his decease, a term of more than twenty years. Though a graduate of the allopathic school, he was favorable to the homœopathic remedies, and used them extensively in his practice, to which cause his success in the treatment of children is, in some measures, doubtless due.

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EDITORIAL.

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THE GROWTH OF PSYCHOLOGICAL MEDICINE.

It is a curious fact how often charlatans, “cranks” and mystics have, as it were, set up guide-posts on a road which science has later travelled to a goal of usefulness and success. The alchemist did some such service for chemistry; the astrologer for astronomy. The old “herb-doctors” stored up hints on the properties of drugs and simples by which the modern pharmacist and practitioner may and do profit. It is a paradox, but a true one, that the classes referred to, act, to science, not only as guide-posts but as stumbling-blocks. The wild claims and fantastic theories which they mix with and, indeed, exalt above the truths which they chance upon in their reckless and indiscriminate experiments, which truths alone give to those experiments any value or success, so exasperate sane thinkers as to repel them from serious consideration of the experiments in question, or from any attitude toward the results attained but that of contemptuously discrediting them or ignoring them. Truth, however alloyed, sooner or later, however, asserts its claim to a hearing, and science, sooner or later, grants that hearing.

An instance of this is the recent remarkable growth of psychological medicine. When, a few years ago, the Faith-healing fad and the Christian Science cult rose like a tidal wave, exactly the sequence of events to which we have alluded began. The cult and fad were promoted—or so calm-eyed science saw

them — by charlatans, eager to seize this new and easy hold on the public's purse-strings, and by honest but utterly impracticable and unscientific enthusiasts, eager to assert the claims of the mystical and supernatural over those of experience, reason and experiment. The results achieved in the cure of chronic illnesses were ignored or ridiculed by educated physicians, because of the source to which they were attributed, and the methods by which they were brought about. Gradually a few of those results so commended themselves to the thoughtful, that they began to study into the causes which brought them about, with the result that psychological medicine is taking ever deeper hold upon the thought of practitioners, and exercising an ever-widening influence upon the treatment of patients. One branch of psychological medicine — hypnotism — has made marvellous strides in the very few years since science snatched it from the hands of charlatanry. Formerly, the hypnotic condition was a thing of sport, used as a catch-grin and catch-penny show, by unscrupulous entertainers of ignorant audiences. To-day it is a powerful force in the treatment of highly serious, physical, mental and moral evils; studied by the most thoughtful scientists; with, apparently, a boundless and most honorable future as a therapeutic agent. There is little doubt, however, that with longer experiment, hypnotism will be distinctly classed with what may sometime be known as psychological palliatives. The dominance of a diseased will by a sane will is closely akin to the dominance of diseased nerves by a sedative. The usefulness of both is in its very nature transitory, and the use of both is attended with grave and obvious dangers. The curative measure in both instances is emancipation from the diseased condition, not forcible dominance of it. To educate his patient's will, and only in extreme instances of temporary emergency to control it, will be the conscious effort of the practitioner of the psychological medicine of the future. Meanwhile, the practitioner of the present is but half equipped for his work, who does not know and use the therapeutics of the mind, side by side with those of the body. He will not treat alcoholism with physical hygiene alone, but with every stimulation and correction he can bring to bear on the weak and self-

indulgent will which is at the root of the malady. He will trace many diseases, for example, the myriad forms of neurasthenia which take direct origin from indolence, selfishness or morbid excitements — directly to their moral source, and will labor to purify that as eagerly and intelligently and patiently as he is laboring to correct by physical means the physical evils flowing from that source. Not by sermonizing or by Pharisaical condemnations — with these the physician has nothing to do, — but by plain setting before his patients, in terms tactfully suited to the individual case, and in an entirely matter-of-fact way, the connection between erring evil and suffering body, and the necessity of the reformation of the one to the permanent health of the other. The wise physician will have at command, a wide knowledge of what books, what pictures, what music, what current dramatic attractions will likeliest supplement, in the sphere of mental therapeutics, the drug he is bringing to bear on the physical aspects of the case in hand. The more such a physician studies into the inevitable and amazingly intimate influence of mind on body and will on mind, the less he will rest content until he has grasped and can apply the possibilities of psychological medicine.

In the vast sphere of prevention, the possibilities of psychological treatment are almost omnipotent. To enlist, intelligently, from infancy, the mind and will of those known to be victims of any unhappy heredity, on the side of sanity and righteousness, is a root-blow at the Upas of inherited disease and evil. Psychological hygiene will one day stand the gloriously helpful sister of psychological medicine, even as is the case to-day in correlative physical spheres.

There is one aspect of the subject that cannot be overlooked. The physician who would succeed in the realm of psychological therapeutics can only be the physician who first has “healed himself.”

EDITORIAL NOTES AND COMMENTS.

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A NOVEL AND APT ADDITION TO OUR MEDICAL VOCABULARY is the phrase, “Stammering Heart,” recently employed by Dr. Dudgeon, in a paper read before the British Homœopathic

Medical Society. The condition referred to is one quite familiar to the every-day practitioner, yet one concerning which, or even a name for which, medicine is comparatively silent. So fit, terse and suggestive a name is therefore welcome. It is thus introduced by Dr. Dudgeon :

“The cardiac affections I am going to bring under your notice, are not very interesting because not dangerous. I have lumped them together under the name of “Stammering Heart,” for I think that title best indicates their character and importance. Though as a rule they are not dangerous, they are extremely disagreeable, and often cause a great deal of anxiety and alarm to the patient and the doctor.

“What constitutes a stammering heart is irregular action, without ascertainable organic disease, valvular or muscular. I am not aware that the name ‘stammering’ has been applied to these affections, but they have been described under other appellations. Thus Dr. Latham: ‘What can be said of palpitations of the heart, and intermissions and irregularities of its beats which come and go during a man’s whole existence, neither originating in any known disease, nor terminating in any, nor abridging in any measure the duration of life? They must mean something, but we know not what. We may call them sympathetic, but it must be in a very lax sense.’ (Latham’s *Works*, Syd. Soc., ii., 519.)

“Probably modern pathology would not be content with such an inconclusive statement. In place of talking vaguely about sympathy, the up-to-date pathologist would have to speak about the sympathetic and the vagus nerves as factors of the phenomenon, or say something pleasant about the increase or diminution of the inhibitory power of the cardiac ganglia, or vaso-motor nerves. But after all, when we come to consider the matter curiously, we shall have to confess that the modern pathological explanation is hardly more satisfactory than Dr. Latham’s no-explanation, and does not afford the slightest hint that could be of use for therapeutical purposes.

“Irregularity of the heart’s action is not always without a perceptible pathological cause. Pneumonia is frequently attended by a very palpable irregularity; a fit of asthma almost invariably

shows it ; an accumulation of flatulence in the stomach is a frequent cause of it ; various valvular diseases are known to be accompanied by it ; and some kidney diseases are seldom without it ; but the stammering heart differs from all these.

“As the analogous affections of the voice muscles are divided by pathologists into two classes, *stammering* and *stuttering*, so the irregularity of the heart’s action I am speaking of may be said to be of two kinds, *stammering* and *stuttering*. Intermittence, regular or irregular, may be termed stammering ; other irregularities in which, so far from their being fewer beats per minute, there are often many more beats than in the normal state, I would call stuttering. However, not to refine too much, I will call all the irregularities of the heart’s action, without demonstrable pathological cause, ‘stammering heart.’”

A FANTASTIC NOSTRUM, . . . so many thousands of which parade, disreputable camp-followers, with the armies of “regular” medicine, . . . has lately come into the market, bearing the banner of homœopathy. The nostrum in question is advertised as a “Homœopathic High-Potency Maternity Powder,” and we are informed that by its use childbirth is reduced to an almost painless operation, and its duration to less than two hours. Its price is five dollars. It does not lack convincing “testimonials” ;— what form of treatment for the sick does lack such testimonials, O advocates of the “clinical test” as the final court of appeal !— whereof, in the interests of humor, we append one or two.

“Mrs. C., Arizona : ‘The Powder you sent me proved indeed a blessing. *I do not know what I would have had to go through but for it.* The dear little girl weighed twelve pounds when she was born.’”

“Mrs. D., Santa Rosa, Cal. : No labor-pain. Water broke. Two days later began flooding, still no pain. Doctor tried to excite pains ; resulted in delivering the head. She suffered terribly. When the doctor and nurse left the room her sister gave her the Powder, which had not been given before as there had been no pains. Immediately after taking the Powder she settled down and became as quiet and placid as one could wish.

The pains soon came on, and in half an hour the child was born, weighing nine and one-half pounds. Mother and child doing well.

“NOTE.—*Had she taken the Powder when the water broke she would have been sooner delivered.*”

Needless to say the italics are ours, the joke in the sentences italicized being richly worthy of them. We forbear to inquire — though we think the point an interesting one — with what motive “the doctor and nurse left the room” when the head of the child had been delivered, and not its body, and the “patient was suffering terribly.” Also, in what condition the child appeared, whose head was born half an hour before its body. Also — on general principles — what constitutes the homœopathicity of this remarkable remedy, unless — as, perhaps, is the case in connection with the other miracles — a proving of the “maternity powder” in its “high potency” can be shown to produce, in the “healthy organism,” a case of lingering and painful childbirth?

This is all very light-minded and trivial. Not so think those who out of such circulars as the one quoted from, make weapons for attacks against homœopathy as a science. Not so think those who see in this circular but the one step beyond the position zealously occupied, respectfully admitted, by speakers and audience at many and many a meeting of certain societies, which claim not only the right, but the sole right, to stand as representative of homœopathy.

THE RECENT REVIVAL OF THE OPERATION KNOWN AS SYM-
PHISIOTOMY is an interesting sign of the surgical times. Properly performed, i.e., in carefully selected cases, and with due precautions, aseptic and antiseptic, the mortality following the operation is shown statistically to be remarkably small. Such distinguished obstetricians as Dr. Lusk are giving the operation their outspoken advocacy. The *modus operandi* is thus described in an interesting article on the subject, in the *Homœopathic Journal of Obstetrics*:

“A pelvic diameter of $2\frac{3}{4}$ inches is the safer minimum limit for the operation, more so than Morisani’s of $2\frac{3}{8}$. The safe

average separation of the seat of operation is $2\frac{1}{2}$ inches. The method of performing the operation, after the part has been shaved and everything made aseptic: a catheter is introduced, by which the urethra is depressed and carried to the right. Then a vertical incision is made about $2\frac{1}{2}$ to 3 inches through the skin and fat, going to the left in order to avoid clitoris, detaching the muscles for a short space; introduce the finger and separate the tissues behind the bone, and locate the finger (left hand) on the inferior margin of the articulation. Then, introducing the knife (Galbaiti's), cut from within outward and upward. Care must be observed during the passage of the child to keep the parts covered and free from contamination. Aseptic dressing and confinement to bed until union takes place complete the operation."

THE SUCCESSFUL TREATMENT OF SNAKE-BITES WITH TINCTURE OF IODINE is the subject of an interesting article in a recent issue of the *Homœopathic Record*. The writer rather *naïvely* mixes a "triumph" for a homœopathic practitioner—which the quick and permanent cure of so terrifying a mishap as a snake-bite certainly is for the practitioner lucky enough to effect it—with a "triumph for homœopathy," which treating snake-bite with iodine certainly is not, there being nothing homœopathic about it. But the clinical fact is in itself of much interest. The cases are reported frankly and in detail, and would seem to lay sounder claim than that of coincidence to experiment with so simple a treatment for an accident so serious. We append quotations:

"My mind was first called to the treatment of snake-bites soon after my graduation and location in Hastings, Mich. A lad about fifteen years old was bitten by a rattlesnake, and treated by a 'regular.' I know nothing of the treatment beyond heroic doses of something, and the wrapping of the bitten limb in pond-muck. The lad was confined to his room for several months, but finally recovered, and the doctor got great praise for saving the life of his patient.

"This circumstance impressed me profoundly, and I made a careful study of the subject; however, with but little satisfaction, as I saw nothing very encouraging in any treatment laid

down or recommended. About this time I happened to pick up a scrap of newspaper lying by the roadside, not much larger than my hand, and on it I found a short paragraph to the effect that a certain doctor in a foreign country had made the discovery that the tincture of *iodine* was a certain cure for the poison of the rattlesnake, but without a hint, as I remember now, how to use it. You may be sure I made a note of it, as rattlesnakes were quite numerous throughout that section.

“Not very long after, a little girl about four years old, who had been bitten by a rattlesnake a couple of hours before, was brought to my office by her parents. The bite was near the ankle, as it usually is, with the limb swollen and very painful. This was my first case. The parents, as might be expected, were very anxious over the matter; so was I. I went to a druggist, and ordered an ounce of decolorized tincture of *iodine*, and putting a little in water, bathed the bitten parts; then, filling a small bottle with water, I added one drop of the *iodine* to each teaspoonful of water the bottle contained, and ordered a teaspoonful to be given the child every fifteen minutes for the first hour; then to lengthen out gradually to one hour and report to me next morning. The father reported next morning that the child was all right; swelling nearly gone, and the child quite able to play about. I confess I was greatly astonished and gratified. . . . ‘Some time after I was sent for to go in haste to see a lad about eight years old, who had just been bitten on the left foot by a rattler. My treatment was exactly the same as in the first case, with the same happy results. The one visit sufficed to make a perfect cure.

“My third case was one that thoroughly tested the *iodine* treatment. A lady living about six miles from town, was bitten on her ankle very early in the morning, by a large rattler. At once cauterization was applied to the part bitten, and the lady kept drunk on whiskey. Twelve hours were consumed this way before I was called to the case. I found her in rigors, body spotted, throat swollen, deglutition difficult, and signs of collapse imminent. External applications were useless, so I gave her *iodine* in one-drop doses every five minutes for one hour; then increased them to every fifteen minutes, and finally to

sixty minutes until morning. In one hour's time she was easy, and the next morning, only twenty-four hours from the time she was bitten, she was able to get the breakfast for her family and the doctors who had watched the case through the night. I treated a number of cases in Michigan, and every one with the same happy result. *In no case have I made a second visit, or given any other medicine.*"

AN EXTREME OF PROFESSIONAL DISAGREEMENT was lately reported from Paris. M. Dejerine, of the Paris Faculty, took issue with a colleague on the question of the "part played by the lesions of the posterior roots in the medullary sclerosis of ataxics." Both became so wrought up over this seemingly very impersonal subject, that a challenge to a duel was given and accepted, and only the earnest intervention of friends prevented pistols and coffee — and possibly coffins — from being forthwith resorted to by these excitable sons of science. All of which — amusingly noted in a recent issue of the *Boston Medical and Surgical Journal*, — strikingly recalls a professional disagreement chronicled, some years ago, by that delightful rhymester, "Truthful James." Our French friends, might, with profit, translate, mark and inwardly digest the moral evolved by the chronicler in the case aforesaid, which runs :

" Now I can not think it proper for a scientific gent
 To call another one an ass — at least to all intent ;
 Nor should the individual who happened to be meant,
 Retort by heaving rocks at him — to any great extent " ;
 nor — similarly — by hacking at him with the sword of honor.

COMMUNICATIONS.

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AN ADDRESS DELIVERED BEFORE THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY, FEB. 2, 1893.

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

The formality of an address from the Chair might well be dispensed with on this occasion, both because in former years it has been no part of our proceedings, and because a number of papers on subjects of great practical interest await our consideration. But since we are meeting now under new, and out-

wardly, at least, most encouraging circumstances, it seems not out of place to offer some reflections concerning the nature of our work and the motives by which we must be actuated, if we hope to make the meetings of the year before us as profitable as your executive committee desire.

The fact of our meeting here is in itself suggestive. As we look back over the past twenty or more years of the society's history and recall in how many places we have met, how inconvenient, unattractive and inappropriate they have been, how small and lukewarm too often the attendance, how fruitless, or often how contentious the discussions, I cannot resist a sense of the most sanguine hopefulness, as I contemplate our present membership, and note that we find ourselves in this spacious and well-constructed hall, where, let us trust, the society has, at last, found a fitting and permanent abiding place.

It appears to me especially well-planned that we should have chosen these walls as a shelter for our work, with the school, the laboratories, the hospital and the dispensary buildings, all so close at hand that we cannot fail to be inspired by their stateliness, their growth and strength, or to derive great advantages from their appointments. The history of homœopathy in Boston — or, better, greater Boston — has become from year to year more and more intimately bound up with that of these institutions, until now, we, as a society, are drawn irresistibly into a still closer relationship with them. They have, in fact, assumed such proportions and such preponderance in all our professional activity, that whether or not we are or have been in any way connected with them, we yield cheerfully — while preserving our entire independence — to their far-reaching educational influence, and take a just local pride in their progress.

But these institutions, built up in the name of homœopathy, suggest more than this. Indeed, their existence and our intimate connection with them make demands upon us which we are bound by every consideration of professional loyalty to acknowledge. Their character and varied purposes now represent, in the fullest degree and in the clearest manner, the principles for which, during all the phases of history, through all the storms of contention and calms of indifference and dangerous lifelessness, this society has held together. As the hospital and dispensary are forced by the manifold nature of disease to provide for cases of every description the various methods of treatment founded upon the diversified principles from which therapeutics in the widest sense are derived; as the school has of necessity endeavored to offer a body of knowledge resting upon all the sciences constituting medicine, so, and driven by the

same compulsion, has this society from its beginning, tended more and more to free itself from the dangers of self-deception, dogmatism and sectarian narrowness by declaring in unmistakable terms that homœopathists though we are, we strive to keep abreast with every genuine advance achieved by the best labors and the best experience of the *entire* profession.

Upon this broad foundation, proclaimed, I repeat, by the character and functions of the institutions we have so laboriously built up, we trust that this society will continue to rest. But I do not hesitate to confess that in the breadth of this principle lies to-day, as it has lain from the beginning of homœopathy, a source of the gravest danger not alone to our work, but to our existence. It is so easily assailed by the ready arguments both of those who see in homœopathy a universal and infallible system of medicine, and of those who deride it as a delusion or condemn it as the exclusive dogma of a narrow and one-sided sect, that misconceptions too easily prevail both among ourselves and those who refuse to entertain a candid view of our attitude towards science and the profession at large.

But variable and undefined as the interpretation of this principle must necessarily be while medicine lacks the character of an exact science, it yet rests safely upon that substratum of strong common sense which, though tardily, in the end brings order out of confusion, and is, in fact, the *vis medicatrix*, which enables organizations like our own to pass through the most acute crises and to recover even from grave chronic disorders, if they do but possess within their constitutions a fund of vital truth strong enough to hold their elements together and to make them thrive and grow as we have done. Principle might be differently formulated if we were a recognized and accepted part of the profession, with a separate organization solely for the pursuit of pharmacodynamics. But this, as we all know too well, is far from being the case. We are still forced, by all the circumstances surrounding the origin and evolution of our separate existence, to uphold and extend homœopathy, while we endeavor to remain loyal to the best traditions of the profession of which the great body refuses to acknowledge our just claims. We have reached the point, through much storm and stress, at which the old misapprehension concerning the two-fold nature of our scientific obligations is rapidly disappearing. For us the conflict between the two, in so far as it is made to involve a question of ethics, is wholly an artificial and captious one, since we see that it springs originally from the two distinct methods of scientific inquiry, the rational and the empirical; the first seeking the causes of phenomena, immediate and remote, the other studying the phenomena themselves irrespective of the

causes which produce them. Between these two there is no quarrel. Indeed, if calmly considered, the idea of a quarrel between two essentially different scientific principles or methods is an absurdity in itself. Each pursues its own course in its own appointed direction and has both advantages and disadvantages peculiar to itself.

It would be rash, however, to assert that this antagonism no longer sways our conventions or obstructs our progress. We are conscious that it lies at the bottom of all the opposition arrayed against us, as well as of all the differences of opinion among ourselves, and must continue to do so while the extreme difficulty remains of determining in practice where the claims of one principle shall be allowed and those of the other refused, or where both may be made to work harmoniously together. Out of this unspeakable difficulty grows that confusion of thought which sends forth two opposing parties, each of which holds its own to be the only true and exclusive principle. We have, however, so far listened to the rulings of that practical wisdom which commands that, in the presence of this uncertainty, the utmost liberality shall prevail, since it is here that the weightiest problems of all therapeutics present themselves, those problems which neither the clinging to hard and fast dogmas, the injurious speculation, nor the authoritative dicta of the profession will enable us to solve. We deplore this uncertainty and the apparent indefiniteness which attaches to the liberal principle upon which we rest; but we refuse to subscribe to a more definite creed of which the bounds are dogmatically fixed, and we hold fast to that freedom of action, thought and inquiry which alone can command the respect of those physicians who see that the usefulness and strength of their profession lies in the activity of the present rather than in the opinions of the past.

But neither common sense, unaided, nor the liberality it commands can be trusted to answer ever recurring questions presented by the exigencies of practice and the diverging advances of science. They can do no more than to help us in establishing a *modus vivendi* under which we may proceed harmoniously to seek the light of which we stand in need. We must candidly admit that the grave dangers of our position, between the conflicting claims of the rational and empirical methods in therapeutics remain as manifest to-day as in the years behind us, and no amount of material success, no sense of satisfaction at the number of our hospitals, schools and periodicals, gratifying and encouraging as these are, must be allowed to lull us into the inactivity which comes from the mistaken conviction that the hardest part of our work is done. While the old problems remain unsolved there can be no peace and no rest. Without

some special aid such as our laboratories and clinical facilities now afford, without some well-directed plan of work and without the constant striving to make clear to ourselves the varying limits of our duties in the two directions in which our minds are forever driven by the vexed questions at the bedside, we shall necessarily see the liberty of thought and of practice, which is our right, too easily lapse into the license to think and act unrestrained either by the dictates of the professional conscience or by the memory of the successful labors of the founders of homœopathy. Standing where we do we shall be met from year to year in a more menacing manner by the alternation of seeing our well-established principles and our store of invaluable experience obscured and finally subverted in a fruitless party strife, or of pursuing with renewed zeal and with all the aids of exact inquiry our special task of fortifying and unfolding still farther that which homœopathy alone has given to science and to humanity.

There can be no doubt here in which direction our will and our best motives shall lead us. All who have joined this society have made their deliberate choice, and neither in all the advances of science at large, in all the progress in the specialties of which medicine to-day consists, nor in any failure on the part of our method to hold its own in the struggle for existence, is there a single reason that can divert us from our purpose. There is, on the contrary, increasing reason from year to year, why we should continue to hold to our principles and take new courage, not only from the fact that so many of our remedies are accepted by our opponents on indications determined wholly by our reasoning and our experience, but by the further fact that we are living to see pathological views which had found for decades a refuge only among ourselves, brought to honor again by those who had spurned them. Let me instance only the theory of repercussion, which though never wholly abandoned by the French, had shrivelled to almost nothing under the rude blows of modern pathologists with the Vienna dermatologist at their head, and is now seriously brought forward once more by men like Hennoch, of Berlin, who warns against the suppression of eruptions and prolonged discharges as attended with grave dangers. Let me instance, too, that other well supported theory, which in all these years of pathological histology and bacteriology, we alone have been able to see in its true bearings, the theory of the predisposing causes of disease. It has required less courage and less firmness of conviction on the part of Pettenkoffer, to swallow a round billion of cholera bacilli in the assurance that they would prove harmless while he had no predisposition to the disease, than it had required on the part of staunch homœopathists to hold steadfastly

to this theory in opposition to the pathological failures of the day. I do not maintain these matters in the belief that these are essential parts of homœopathy, or that all our theories are sound, and demand our adherence through thick and thin. We must have working theories as in every other applied science, to satisfy the demands of plain reason, and to give useful direction to practice, and what is more, we must show an enlightened conservatism which refuses to abandon them until they can be proven untenable. But our principles and our methods find their greatest strength and enduring value in this, that they are now, as they always have been, absolutely independent of *theories*, pathological or other. This is our vantage ground, to which we must stand through good repute and evil repute, since this is the *empirical principle* from which follows the purely inductive method which approaches the whole organism experimentally as a vital and sentient thing, of complex and fine reactions which cannot be explained by *a priori* reasoning, but must be studied in all their minute details, and to their most remote connections under the rules of exact research, uninfluenced by theory or hypothetical assumptions. Whatever of clashing among us, whatever of error attaches to our views and aims, has come solely from the disregard of this principle, and whatever of shortcomings and misconceptions have crept into our methods, have found an open door in our departure from the rules it postulates. To it we must constantly turn for light and guidance, and by the results thus gained we must measure the validity of all theories and the success of all practice. In its application to the discovery of the pathogenetic effects of medicinal agents and of the indications thereby gained for their clinical uses, lies our chosen field, our speciality; but by cultivating it in all directions with every available safeguard against error, we shall extend its limits far beyond the range of pharmaco-dynamics alone, and throw much more light on both physiology and pathology. We shall do more. We shall aid materially in the only possible way open to physicians in filling that wide gap in practice which rationalism seeks in vain to span, and shall refute that senseless aspersion which charges us with having done nothing for science. The only possibility of establishing a scientific and lasting foundation for homœopathy lies here, and what in the end is the same, the only hope of a reconciliation between it and the dominant school, lies in a full and free recognition on the part of our opponents, of the scientific equality of our principle with that of rationalism, and of the results which flow from it in our hands.

That we have taken the first step towards this reconciliation, not only our hospitals, our school and their laboratories sufficiently attest, but the various sections among which our work

here is subdivided declare in unmistakable terms that we frankly and effectively acknowledge the claims of the rationalistic principle. But we are still forced to make this acknowledgment with a distinct reservation and by no means a mental one. Results of the application of the last named principle to clinical medicine, surgery, gynæcology, obstetrics and all the specialties, we hope to have presented to us by their respective bureaux, and here we admit that the measures deduced from the pathological data disclosed by the methods of physical exploration must rest upon the shortest and most direct reasoning from the nature and relation of the pathological condition to the available means of its removal. This is rational therapeutics, and here lie the incontestably great triumphs of the dominant school. If we have a removable tumor endangering life or usefulness, it must be removed; if we determine the existence of a threatening accumulation of pus or effusion it must be evacuated; if we trace a complexity of pelvic symptoms to the wearing of tight corsets, gastric disorders to the use of unwholesome food, headaches and other neuroses to defects of accommodation and refraction, and so forth, we remove the offending cause and look with confidence for prompt relief. These are purely surgical, mechanical or physical conditions, in which plain, inductive reasoning alone can lead to results, and no principle of homœopathy can be violated in the freest admission of its paramount claim to govern all immediate action in these cases. In other words, there can be no homœopathic pathology, surgery, obstetrics or dietetics as distinguished from any other. Physical, mechanical and chemical procedures remain the same, whoever may apply them. This is self-evident and needs no discussion here. But irrespective of the fact that these cases, numerous as they are, form only a fraction of all those which daily present themselves to the general practitioner, the fact remains that in a large proportion of them the origin of the disturbances of the physical laws in question must be primarily sought in — what as yet can have no other name — perturbations of vital forces and processes, against which physical, mechanical and chemical measures are but partially available. Beyond this class of cases which, for the most part, we willingly concede to the specialist, there still lies that wide and debatable borderland between functional and structural disorders, or better, between medical and surgical diseases. And beyond this, again, the field of purely medical diseases far into which it is the boast of rationalism to be able to carry its conquests. Here it soon becomes irrational and loses itself in futile theories or abandons itself to reckless experimentation, and, still worse, to that vicious empiricism uncontrolled by reason or by method, which in all ages has been

the opprobrium of therapeutics. This is the practice which in medicine has brought into disrepute the term "empirical," while in all other departments of science it has no offensive meaning.

On this wide field, of what, for want of a better term, we still call medical diseases, of which the bounds are far from being fixed, and where neither physical, mechanical nor chemical reasoning can guide us, and even the most ingenious means and methods of exploration fail, we must meet rationalism in our way and endeavor to counteract its aberrations and supplement its deficiencies. Into it we too may project our own theories, but we must follow them only by the light of strict experimentation and trained observation, or what is the same of experience purged of the sources of the most flagrant errors. That this is not an easy task we all feel too deeply. We need to be very zealous and very solicitous concerning the correctness of our principles and the character of our practice, for if we keep in touch with all the scientific and practical progress of the entire profession, we run the serious risk of neglecting our own special field. Life is still too short, art too long and judgment far too difficult to enable us to meet with ease the requirements laid upon us by our obligations to medical science in general, and a conscientious observance of our duty towards homœopathy.

The latter only we can fulfil if we keep constantly before our eyes the reasons why we are homœopathists. As such we occupy a position, since the principles, in obedience to which we stand the cold shades of opposition, are no invention of ours, but as old as medicine and as extensive as science. Our history as well as our present attitude prove that we look upon ourselves as an integral part of the profession while we refuse to submit to its compelling authority. We refuse to concede that all its practice is the best brought forth by the centuries, that all its thought is wisdom and all its aims scientific. We oppose, for example, that general activity of the rational school, which is flowering to-day in the aimless and wanton vivisection in the laboratories and in the lavish exhibition at the bedside of anti-febrilia and analgesics of which the secondary effects are wholly unknown and the primary one most uncertain. We must oppose the old idea that medicines can act curatively only according to their crude physiological effects, or are to be classified only as cathartics, diuretics, tonics, etc.; that stimulants are the chief source of strength, and that pain and sleeplessness are so much more dangerous than the diseases which cause them, that they must be alleviated at all the risks which attend the suspension of consciousness by powerful drugs. The universal acceptance of those plausible but unscientific indications, which are no longer the guarded possession of the profession, demands that

our opposition to them should be conducted not only with great zeal and the courage of our convictions, but with an extreme reluctance on our part to fall in with the general current the force of which is redoubled by the authority of the profession and the impatience, the misery, the fears and the unwisdom of the people.

Against all these we must bring to bear a patient and systematic inquiry into the curative action of drugs, the availability of which, in all cases not to be reached directly by rational procedures, we must strive more and more to demonstrate; a course, which with all its failures and imperfections is yet incomparably more rational and scientific than that which assumes the existence of undemonstrated pathological conditions and proceeds against them with untried measures.

As yet we are practically alone in the work of investigating the finer and more prolonged reactions of the human tissues to individual substances, and wholly alone in turning to practical account the knowledge thus gained, notwithstanding the numerous and increasing signs that our drug provings and our clinical results have begun to affect both the pharmacological laboratory and the clinical uses of drugs. The average medical mind still scoffs at the idea of producing a retrogressive change or a restitution to health in tissues pathologically altered and organs warped or weakened by long disorders of their functions. And yet, daily experience and the most unbiased observation hourly prove the average medical mind to be grievously in error. The purely physical idea of the organism coupled with the mechanical ingenuity which has brought surgery, ophthalmology, obstetrics, electro-therapeutics, bacteriology and all the specialties to so high a state of effectiveness, as compared with fifty or even twenty years ago, are yet wholly insufficient to explain that which we as physicians most need to know, or to give into our hands the means of meeting even in an approximately adequate degree the primary or secondary causes of disease. These agencies must be investigated according to the methods of scientific research; but the means of meeting their destructive effects must, as yet, be sought mainly by the empirical methods of inquiry, which are, I repeat, no less scientific and far more fruitful of practical clinical results.

This is the work that we have begun and this is the direction in which we must continue. We can do this efficiently only by adopting that medical philosophy which looks upon the physical, mechanical and chemical forces and processes of life as secondary to the vital ones. Whether or not these latter may prove, in the end, to be reducible to purely material agencies, they are, as yet, unknown and virtually unknowable. This gives

us a wholly practical view of physiology and pathology which enables us to proceed with entire independence of the varying and vanishing theories of the day and to estimate these at their true value.

With these principles and these convictions we are bidden by our separate existence as a scientific body and a distinct school or party in medicine to contemplate the work before us. They exclude no light, and no practical knowledge opposes us from any quarter; but they will hold us to the course in which alone we can hope to add in any degree to the progress of scientific and practical knowledge and usefulness.

We hope to have the customary series of surgical, gynæcological, electro-therapeutic and other meetings, and to hear in these the subjects assigned to them discussed with all the confidence of the most zealous specialists, who can ask the fullest freedom to bring forward their knowledge and their results. They know that they command our most unreserved interest and submission to their opinions. But let them and let us all—I say it with the full consciousness of my dependence upon their skill and judgment—let us ask ourselves whether in the cases reported and the measures recommended there has been an undue departure from the course pointed out by homœopathic research and experience. Let us faithfully consider that surgery in its widest sense is not all or even the best of medicine; that while it has pushed and is pushing its triumphs into regions where medicine can offer neither hope nor relief, we must remember that potent and beneficent as the knife, the curette, the cautery are, when wielded beyond their most conservative bounds they are no longer the agencies of science.

It is useless to repeat that if we study the same conservatism in regard to homœopathy, showing in our practice, which the work and the spirit of this society must reflect, a candid readiness to set aside its claims where in reason its power ceases, we shall still remain true to our allegiance. Surgeons and the surgical spirit must continue to predominate among us so long as our supineness as physicians contrasts so unfavorably with their energy and the convincing persuasiveness of their methods. It is this supineness which sinks us into an inactivity which leaves to time and good fortune the accumulation of that body of evidence by means of which alone the merits of our system can be proved. It is useless further to assert the number and completeness of our cures. We must adduce the evidence of our success which will bear a rigid scrutiny. That such evidence is attainable we know. But until it is forthcoming in a convincing form, we must remain in the position of unsupported assertion occupied both by those who seize eagerly, and without the

least scientific criticism, upon every new medicine and every new measure, and by the adherents of those "cures" which know but one remedy and command belief mainly for the reason that they defy all criticism and all investigation. That of which the world stands most in need to-day is a concerted plan for a rational method, by means of which it will be possible to distinguish a cure from a recovery. All private practice can be judged only by its more apparent fruits; but here we must be judged by other standards than those which serve to establish individual popularity.

I have urged on a former occasion, and I repeat it here, that in order to demonstrate the justice of our claims we must unite in a long and determined effort to bring the treatment in our hospitals and dispensaries under a strict system of clinical, especially of therapeutic records, which all connected with these institutions must be bound to obey. Difficult and almost hopeless as it will be to establish a system by means of which the comparative results of homœopathic treatment shall be demonstrated, I see no escape from the obligation. It is in this direction that we must seek to influence our institutions which have the reason of their existence in our belief. But our work is to be mainly of what is called a practical character. Your executive committee has matured a general plan of work with its divisions into the bureaux having in charge the different branches of pathology and therapeutics, but in order to neutralize the narrowing tendencies of bureau-work, opportunity is given for every member who may have individual work, at least to be heard at any meeting, as provision is also made for the exhibit of specimens, new instruments and appliances more particularly from members of the society.

What I would especially urge in the work of the year before us, is the methodical and exhaustive study of subjects on the part of the bureaux. While we have had many papers and discussions in the past, from which we have all derived advantage, and still hope for many more of the same character, it has been practically impossible to present more than the results of individual experience in private practice, or to deal with subjects which have been already investigated and expounded by others. With the inestimable advantages now at our command of the dispensaries, hospital, and, above all, the laboratories, together with the library and the museum, it will be within our power to begin some serious research which will be of permanent value. There is so much waiting to be done, and we have now a membership so numerous and well-qualified for combined and methodical investigation, that it is not too much to hope for the beginning of work of a character that will impress itself upon the profession.

In saying this, I feel that I am addressing chiefly the younger members. Let me suggest and urge that the bureaux look upon themselves as permanent bodies to be continued from year to year, ready to begin work which shall not be cramped for time. If, for instance, any form of disease be considered, could not the bureau undertaking its study avail itself of the numerous cases offering themselves at the dispensary, and appoint one member to devote himself to the pathology, another to study the literature, a third to therapeutics, etc., and in this way present the matter in an exhaustive and many-sided form with lasting practical results. To do this is no easy task and will require both scientific zeal and patience. Your executive committee may be oversanguine in hoping for labors of this character, but if even faint and partial attempts are made during the coming year they may prove to be the starting-point of better things in the future. Let us not expect too much, but, above all, let there be no stagnation, for stagnation means no less than death. We ask that each member shall at least give his or her best thought to the work, and by the manifestation of interest and the offer of suggestions and aid, help directly and indirectly to advance our purposes and to keep alive that spirit which alone can sustain us in the difficulties of our work. We know that for the most part in these societies the labor is practically performed by the few who take the obligation upon themselves. This is an evil which we hope to counteract by uniting many in the labor on special subjects. There should be a free interchange of experiences and of views, and if our work is done in the proper spirit and with a clear view constantly before us of the needs and the original intent of the society, there should be no failure in our attempts to make our meetings fruitful.

I cannot allow this opportunity to pass without saying one word in conclusion on the subject of the spirit which should prevail in our discussions. What remains to be expressed concerning this, follows directly from what I have said when speaking of the general principles and purposes for the advancement of which this society exists. It is not by the declaration of a creed, the framing of codes of ethics, the acknowledgement of a binding law or the passing of resolutions, that our knowledge will be advanced or our practice regulated. It is the scientific spirit alone which will impel us to work and which constitutes the professional conscience. In whatever papers may be presented, in whatever discussions these may elicit, in all our thoughts and endeavors relating to these meetings, let us not forget that we can hope to make them successful only if we acknowledge a liberality so broad, and a harmony so enduring, that the friction and clashing of opinions and their expression

in the freest manner shall produce no disruption of that fellowship which it must be our pride and our pleasure to foster and cherish. I take this occasion to offer my sincere regrets for terms used by me in a heated discussion on a subject which I trust will be brought up here again and again, and to express at the same time, my grateful satisfaction that the members who justly felt hurt by the bluntness and awkwardness of my words, which were intended to convey no offensive meaning, have gained my increased regard and proud attachment by showing no personal resentment. I am prompted to mention this here by my deep conviction that we must shrink from the discussion of no matters which can aid in the elucidation of our principles. These principles *must* be discussed, and the practice based upon them must not withdraw itself from the freest criticism or shrink from meeting the most strenuous opposition. We are physicians and we are homœopathists, and nothing alien to medicine in general or to homœopathy must be excluded from our most earnest consideration.

In dealing with matters pertaining especially to homœopathy, we must do so on the broad principles underlying all medical science, and on the other hand, in dealing with subjects with which homœopathy is not directly concerned, we must never for a moment, lose sight of the fact that we are homœopathists.

I beg you to give these matters of principle your earnest thought and not to dismiss them as idle rhetoric or impractical theorizing. In all scientific matters, that which is of the first importance is to establish principles and to define their limitations; and those workers will always prove to be the most practical, who see the bearings of their principles the most clearly and follow their dictates most faithfully.

To elaborate the knowledge of our law and to extend its application, is as we all know, a most difficult task. But the successes of those before us and with us, who have practised most faithfully and intelligently in accordance with our principles, as well as the failures of those who have filled the world with the clamor of their superiority, shall steady and encourage us. If we define our position well and hold firmly to our professions, we shall measurably lessen the death rate and relieve suffering, although we shall but rarely achieve such striking and decisive results as those of surgery, or the even more startling ones of those systems which originate outside of the professions, and refuse to be controlled by its rules and experience. We may hope, too, to exert a distinct reformatory influence upon the schools, the hospital and the dispensary, and to aid through these institutions in raising up generations of physicians whose

more rapid progress in the directions in which we have set out, shall soon enable them to overcome the difficulties against which we have had to contend.

FOREIGN BODIES IN THE BRONCHI. THREE CASES.

BY H. E. SPALDING, M.D., BOSTON.

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

It having been my fortune to attend three cases of foreign bodies in the air passages of the chest, during my twenty-five years of practice, I think professional obligations demand that I do not let this occasion pass without reporting them, more especially as one is quite unique in character, and involves some questions of pathology. The cases must, however, be reported in a general way because I have no minute records taken on the spot.

CASE I. While little Ella H. was eating cherries and going from one room to another, her playmate sprang, with a shout, from a hiding-place at her side. Thus suddenly started, in catching her breath, she inhaled one of the cherry stones into her trachea. For a few moments she had the appearance of being suffocated. Probably spasm of the glottis was set up by the passage of the stone. This was followed by a short superficial cough, recurring almost momentarily. The next day I was called. There was no difficulty in locating the offending stone in the left lung, obstructing one of the branches of the bronchus.

The dangers attending the accident I at once communicated to the parents, and outlined a course of treatment. Having administered chloroform, I suspended the child head downwards and concussed the thorax with my hand. I tried placing her upon her right side on an inclined plane with concussion, but to no avail. The next day I repeated these efforts, but meeting with no success, with the assistance of a student, I at once performed tracheotomy, and again tried suspension and concussion, with results as before. Then came the question of how to keep the tracheal wound open. I could find no instrument for that purpose. Of course the common tracheotomy tube was just what we did not want. Should it become dislodged we wanted to give the stone a free passage of escape either through the wound or through the larynx. If through the latter the open wound must provide for respiration should spasms of the glottis set in. For this purpose I used an ordinary eye speculum, holding it more securely in place by means of tapes tied around the neck. I, moreover, covered the front of the throat, including the wound, with a lace pouch. This

chiefly to prevent losing the stone if it should escape from the wound during sleep, and, incidentally, to keep flies from the wound. She was made to sleep upon her right side and with the foot of the bed elevated. During the next week I almost daily administered chloroform and tried to dislodge the stone. I tried passing loops of silver wire into the bronchus hoping that I might, by chance, start it from its lodging place. I examined such stocks of surgical instruments as Boston afforded, but could find nothing to aid me. Some ten days passed, and the cherry stone still held its place in the bronchus. The wound was suppurating, the family and neighbors were agitated, I was "at my wits' end."

I now resolved to suture the integument to the edges of the wounded trachea, thus making a permanent opening as a protection against strangulation should the stone ever seek to escape through the larynx. When I went fully prepared to do this, I found the child quietly sleeping. As was my custom I put my ear to her chest without waking her. The breathing had changed. In that portion of the lung for days shut off from the air, the respiratory murmur could now be heard. Carefully cutting the tape that held the lace pouch in position, I uncovered the wound and there, poised on its very edge lay the offending stone. The scissors' point immediately placed it outside the power to harm.

In the days it had lain in the bronchus the outer covering of the stone had become so macerated as to be very glairy and slimy. This doubtless greatly aided its escape when once it got started from its lodging place. Miss H. bears me no malice on account of the scar upon her throat.

CASE 2. A child, some three years old, while standing on a stool and eating peanuts fell and inhaled a piece of nut. A harassing cough followed, for which I was called upon to prescribe. While sure that the piece of nut was the cause of the trouble, I thought to palliate the cough was the judicious thing to do, with the hope that if the piece of nut was small it might be coughed up and expectorated with phlegm, and, if large, it might in time become so softened as to admit of the same result. The family soon moved to another State, but I afterwards learned that the child never recovered from the cough, and a few weeks or months afterwards died of "some lung trouble."

CASE 3. The case of Frank H., a lad of twelve years, was to me unique and full of interest. I found him suffering from dyspnœa with some, not much, cough. These attacks annoyed him most at night, and were daily increasing both in severity and frequency. He had no fever, was about the house, and seemed not very sick. I assumed, without a very thorough

examination, that the attacks of dyspnoea were of the nature of spasmodic asthma, and prescribed accordingly. Two days later, I found him no better, and changed the remedies. During the next two or three days the paroxysms were described as growing worse, and, although he was still about the house, he began to show the effects of the continued trouble, and there was now a somewhat labored breathing all of the time. The attacks, as described, I had not seen him in, and the respiratory sounds were what I had too often seen in membranous croup and croupous diphtheria. Yet he had had at no time a croupy cough, neither had there been the least sore throat or catarrhal trouble, such as might have attended diphtheritic deposits in the nasal passages. There had been no diphtheria or sore throat in the family or neighborhood. At no time was there any fever. The heart sounds were normal. All I could say was that there appeared to be a deposit of membrane in the bronchi and lower portion of the trachea. At the end of a week the case was giving me much anxiety, although I did not consider it desperate.

I left him one morning going about the house, in no way apparently worse than the day before. Within an hour a messenger overtook me in my rounds, saying that the lad was dying. I found him laboring heavily for breath, every symptom showing impending asphyxia. If there were a deposit of croupous membrane in the bronchi, as I believed, a portion must have become detached and was obstructing respiration. It was too low in the air passages to have tracheotomy avail anything, and as a *dernier ressort* I procured, with the utmost speed, my steam atomizer, a good supply of alcohol and lactic acid, and commenced throwing the vapor as strong as he could bear into his face. During these preparations he had grown steadily worse. He could no longer sit up and paid little attention to what took place around him; answering questions, if he answered at all, with the greatest difficulty. The extremities were cold, great drops of perspiration stood on the face and forehead. During the next two hours the condition only grew worse. A cold, clammy sweat covered the entire body. The feet and legs were mottled from cyanosis; the finger-nails black; the face leaden; complete coma; the pupils scarcely responding to light. The respiration grew less and less frequent. There seemed no hope whatever. But a few minutes more, a few more faint struggles for breath and death must close the scene. For some minutes the breathing remained unaltered. Then I thought that a few respirations were a little deeper, but still no hope. He lay perhaps an hour in this condition. Alive, but only alive. Then I thought that the color under the nails was perhaps not quite as

dark. Pressure upon them made the color come and go more quickly, showing a little more vitality. In another hour the respiration had become somewhat easier and deeper, and consciousness had so far returned as to enable him to open his eyes, and still later to speak. He had come back, but the danger remained. In his struggles for breath he had slid far down in the bed. This position I did not allow changed in any degree lest the loosened membrane might again close the passage. The inhalant was continued. I would add that when deglutition became impossible, I added to the lactic acid and alcohol some bichromate of potash. For the next two or three days he was constantly watched whether asleep or awake, lest he change his position.

As he coughed the thick stringy mucus was wiped from his mouth. In this I recognized shreds of disintegrated membrane like what I had seen in cases of croup and diphtheria under this treatment. Everything raised was saved for my inspection. Occasionally small pieces of firm membranous tissue would be raised. On the third day, during a severe fit of coughing, he raised a large flat mass, about an inch and a half long. The edges were irregular and softened to a phlegm-like consistency, the centre was firm, hard membrane. With scissors I cut through the mass. In its centre was a dark, hard substance, which, on closer examination, appeared like bark from a tree.

In reply to my questionings, he then told me that eight weeks before, while burning brush in the field he drew something into his throat that caused a severe fit of coughing. He now thought that ever since then he had occasionally been troubled for breath and had coughed. His father related that five or six weeks before, while walking together, the lad suddenly stopped and leaned against the fence, saying that he could not breathe. He recovered, however, in two or three minutes and nothing more was thought of it. Before this he had not been subject to cough or other chest trouble. He fully recovered, and has had nothing of the kind since. I believe that the piece of bark inhaled was the primal cause of all this trouble; the nucleus, around which gathered mucus, and, finally, organized fibrinous matter.

The questions for the pathologist to consider are: May any foreign substance in the bronchi produce local inflammatory action resulting in a membranous deposit?

Could there have been anything in this piece of bark that produced this unusual result?

Is it probable that at first there was a simple inflammation and a secretion of benign matter around the foreign substance, and that, from some source unknown, croupous or diphtheritic

germs were inhaled which, finding favorably prepared ground, began their development in the bronchi rather than in their usually elected fields?

TUBERCULAR LARYNGITIS UNDER THE LARYNGOSCOPE.

BY D. G. WOODVINE, M.D., BOSTON.

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

Reports of treatment of simple cases which we have learned by careful observation yield to carefully selected remedies are not as desirable to the older practitioner as a report of that class of cases which have so many times baffled the skill of our best and most painstaking physicians. It is a pleasure to treat acute disease, and watch the effect of the carefully selected remedy, and see it accomplish its normal work, and we rejoice over success in this department of medicine; but this is only a part of the work which we have in hand. The treatment of chronic diseases frequently requires more skill than that of the acute; they certainly require more thought and careful study. In this department, too, homœopathy has won many laurels, and her practitioners have achieved much success by the skilful use of the proper medicine. The treatment, however, of tuberculosis in the air passages with which we have had many a struggle, and have many times thought from a modification of the symptoms we were going to cure, has again and again deceived us, and we have suffered a humiliating defeat.

The treatment of tuberculosis under any system of medicine has thus far to our knowledge been without positive success. The homœopathic treatment of this disease, as well as other systems, has been many times attended with flattering improvements, but the tubercle has won finally. This manifestation is not without some encouragement to the man who, if he cannot cure, does something toward making his otherwise suffering patient more comfortable, and gently leads him down to the river Styx to embark to that mysterious land from whence no traveller returns.

The old methods of treating this disease, if not abandoned, are, at least, being very much modified. The treatment of tubercular laryngitis under the guidance of the laryngoscope, opens up to the mind and thought of the close observer a possibility of being able to do more for the patient with internal remedies than by the old process of taking all the general symptoms without an ocular examination of the diseased parts. It is desirable that the physician should always, when it is feasible, make an ocular examination of all abraded surfaces. The look of the ulcer, wound or sore, to a certain extent, has its

influence in determining the remedy to be used. Without the use of the laryngoscope or rhinoscope there cannot be as careful examination of the parts made as with their use, consequently we argue that there is an opportunity to make a better selection of a constitutional remedy by their use. We hope that the time is not far distant when many of our remedies which produce decided effects in the air passages will be reprovén, and careful examination of the nose, larynx and lungs made during the process. This would make the conclusions at which we arrive more definite and perhaps the results more encouraging. This suggests a fruitful field for the improvement of our *materia medica* in the application of remedies to malignant diseases of the air passages.

We desire now to call attention to the consideration of tubercular laryngitis as viewed under the laryngoscope. The symptoms which usually call attention to trouble in the larynx are a husky voice, or aphonia, frequently preceded by some form of serious catarrh, pharyngitis, or pulmonary complication of a tubercular character. The condition of the larynx and epiglottis will vary in appearance according to the degree of development of the tuberculosis. A voice which is rough and slightly unpleasant to the ear would indicate congestion and slight inflammation of the larynx, the length of time this has existed will help determine whether it is acute or chronic in character. If there be permanent aphonia of long standing we may conclude that there is a thickening of the ventricular bands, cartilages of Santorini and Wrisberg, which interferes with the vibrations of the vocal chords; if with the foregoing symptoms there is dysphagia and strangling in attempting deglutition, these symptoms indicate that ulceration of the parts has already progressed to the extent that there is imperfect closure of the glottis. These symptoms will be corroborated generally by a careful examination of the parts with the laryngoscope. Before the laryngoscope became of practical use to the profession in the examination of the parts, we could not make this positive statement. We rejoice over the fact that a more perfect diagnosis can be made in many diseases of the larynx by means of a proper use of the laryngoscope. The question naturally follows, can we, as a result of this, treat our patients any more successfully? To this we answer that we can certainly treat them more intelligently at least, and somewhat more successfully; but we hope that soon very much better work will be done in this department.

How these improvements may be made is a question which will be likely to excite some discussion, and about which there will be a difference of opinion. We are aware that abrasions in

other parts of the body in their treatment, beside receiving carefully chosen internal remedies, are frequently treated with local remedial agents, and no one will say that they are not without excellent effect. The question is, should we take advantage of the use of the laryngoscope not only to choose our internal remedies more carefully, but to possibly apply to the parts as they seem to demand, appropriate local applications? From observation we know the local application of glycerine and water, by means of the laryngeal brush, to the larynx, in simple acute laryngitis has repeatedly restored the voice almost instantly. If this is the effect in simple cases, why should not some appropriate application be used in chronic cases with some beneficial result? Tubercular laryngitis, as observed under the use of the laryngoscope, at the ulcerative stage, sometimes makes very rapid progress, notwithstanding the internal use of such remedies as calc. carb., phos., merc. prot., and silicea. The fact of using such remedies as these, and making frequent examinations of the parts by means of the laryngoscope during their use, and seeing the disease steadily gaining upon one, is not very encouraging to the conscientious practitioner who is desirous of, if possible, saving the patient's life.

In the past few years we have had a good opportunity, by means of the laryngoscope, to witness the progress of tubercular laryngitis while the patient was under homœopathic treatment. When the tissues begin to soften and break down, it is really astonishing how rapidly the destruction advances. We have felt that something should be done to retard this destructive process by means of topical applications. The remedies which have been thus far used are carbolic acid diluted with glycerine and distilled water, lactic acid and glycerine and water, and plain cosmoline. The manner in which these agents should be applied is a subject worthy of our consideration. The spray by means of the steam atomizer is quite a popular method of introducing treatment into the air passages, the remedies being placed in the water, which is thrown in the form of a spray into the mouth of the patient to be inhaled. Some practitioners recommend this method above all others for local treatment, believing that the direct application of the remedy to the larynx by means of the laryngeal brush is likely to produce irritation to such an extent as to be injurious unless applied by very skillful hands. We have found it important in the treatment of atrophic nasal catarrh, in order to get the best results from the local application of remedies to the mucous surfaces, to thoroughly cleanse the parts by means of the douche, by nature's process, or by swabbing the parts with absorbent cotton, before applying the local remedial agent. We believe in the treat-

ment of local abrasions of the larynx and trachea that it is very important before applying the topical application, to in some way remove the mucus, or mucopurulent discharge from the mucous surface, in order to gain anything by the local application of any remedial agent. We recommend the use of the best and softest velvet sponge of appropriate size, moistened, to be used in the laryngeal sponge-holder to swab out the larynx, before the remedial agent be applied to the mucous surface. This may require the application of more than one before the mucous surface will be in proper condition to receive the local remedy. We are also of the opinion that the inhalation of such remedies as iodine, bromine and carbolic acid into the lungs would be more likely to interfere with the general treatment internally. We need only refer to the treatment of abraded surfaces in other localities of the body where the parts can be easily reached, to realize how it harmonizes with common sense and custom.

In the treatment of cases of tubercular laryngitis far advanced, when they fall into our hands, we realize that there is no hope of cure, the only thing to be done is by the proper administration of remedies internally and locally to make the patient as comfortable as possible, together with the best possible methods of feeding. Such a case as the foregoing presents to the experienced observer a deplorable condition. The patient is emaciated to the utmost, with the possibility of dragging himself about. He is suffering from hunger, but cannot eat without the greatest of suffering from food getting into the larynx which produces strangling. The imperative duty of the physician is to do all he can to at least make the patient as comfortable as possible. The patient's strength should be supported as soon as possible; for this purpose we recommend Wolfenden's method of feeding, with modifications by the writer, which consists of placing the patient on his stomach with his feet and legs elevated, and head down and turned to one side or the other; liquid food having been previously placed in a vessel on the floor, with a rubber tube of appropriate size and length sunk to the bottom of the vessel, the other end is placed in the patient's mouth and he draws the food through the tube into the mouth, the head being turned to one side the food naturally flows along the line of the lower jaw around the epiglottis to the œsophageal opening, the pressure of the atmosphere being avoided by the position of the patient. The ease with which food can be taken by this method is wonderful. We have never known it to fail in giving relief in dysphagia occasioned by tubercular laryngitis. It must be understood, of course, that the food must be taken in liquid form. This

method of feeding to a certain extent ensures the keeping up of the patient's strength, provided the appetite holds out.

At this stage of the disease we may expect to find the epiglottis partially destroyed by ulceration. The posterior portion is likely to become involved first, as it is the thinnest, or the side may be eaten away. This is not, however, invariably the process of development, for we have seen at least one case where the ulceration began in the median line in the centre of the epiglottis. We have for several years in these advanced cases been in the practice of using a five per cent. solution of carbolic acid in an ounce of equal parts of water and glycerine, applied locally to the ulcerated part, after the mucopurulent discharge had been removed by means of the moist soft sponge, or the dry absorbent cotton. The indications for its use we considered were a bad state of ulceration accompanied with a very offensive breath and sputum. The effect was to make the throat feel better, to clear up the offensive odor, to improve the capacity to talk, and mitigate the cough. The day following the application the parts looked more healthy. The action of the local application seemed to be of only temporary good. The answer of the patient to the question, "How were you affected by the swabbing of the throat?" was "I feel that it did me good." Invariably, the patients rally for a time, but, invariably, the disease is making more or less progress until the patient finally succumbs.

The application of diluted lactic acid to the ulcerated parts seemed in some cases to have a more beneficial effect than the carbolic acid, the good effects continuing longer.

The use of plain cosmoline to the abraded or ulcerated surface, after the mucopurulent débris has been carefully removed, has proved very beneficial in relieving the pain and cough by protecting the mucous surfaces from atmospheric influences.

Menthol and eucalyptus diluted with oleum petrolatum in the same manner have been used with much satisfaction, from the fact they seemed to be palliative, at least.

In Arndt's system of medicine, J. S. Mitchell highly recommends as a local application, by means of the spray, a weak preparation of Fowler's solution of arsenic, tannin and argent. nit.

The sum total of our experience thus far in the treatment of tubercular laryngitis under the use of the laryngoscope is more satisfactory than by the old method, for we have been an eye witness to the beneficial effects of local applications, and have been able to select remedies better adapted to the case; but we are far from being satisfied with our attainments in the treatment of this disease. While we have seen favorable symptoms

of temporary improvement, we have felt too often chagrined at the fact that the disease destroyed life. The remedies which have served us best in the treatment have been calc. carb., lachesis, merc. prot., phos., silicea and selenium.

Too much cannot be said about the importance of methodical feeding in this disease. It hardly comes within the scope of this paper to say much on this question, but it is of the utmost importance, at whatever stage of the disease the case may fall into our hands, to see that the patient has proper surroundings and the best of food.

AN INQUIRY.

BY LUCY C. HILL, M.D., FALL RIVER, MASS.

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

In June, 1890, Mrs. B. presented herself to me, complaining of profuse leucorrhœa, accompanied by vertigo and general weakness. For eight years she had been troubled with excessive leucorrhœa, notwithstanding medical including local treatment.

Upon examination there gushed two ounces of odorless, catarrhal fluid, whilst fully another ounce was wiped from the vagina; a vagina entirely lacking in sensibility, with relaxed, pale, flabby walls, capable of great distention, thus admitting freest exploration. The uterus partook of the same flabby character, making it impossible for me to determine by touch the certain presence of that organ. The anterior wall of the vagina differed in color by being decidedly purple.

I learned from observation that regularly once a month, this characteristic gushing occurred, to subside after two or three days, but even the least daily secretion would amount to several ounces, requiring from eight to ten napkins to protect the clothing.

Her previous history was of moderate leucorrhœa and profuse menses until the age of thirty-eight, when indications of the menopause showed themselves by a cessation of menses, followed by from four to six weeks of violent hemorrhage, so violent as to weaken the patient to the point of delirium. After several repetitions of this experience occupying about six years, the climacteric was completed, her health was restored, and for a few years she considered herself unusually strong and well.

So gradually did her health break down, that for some time she attributed the exhaustion to which she was subject to over-exertion or over-excitement, but finally a general malaise, accented by frequent blind headaches with increasing weakness, compelled her to consider herself an invalid. Having been very

strong and robust all through her young life and through the childbearing period (she is the mother of three children), she reluctantly placed herself under a physician's care.

For two or three years she was "doctored" before the uterine trouble was discovered. She was told that ulcers were the cause, but where the ulcers were located she was not told, and I do not know. At that time there was no abnormal uterine secretion, but local treatment brought on the profuse leucorrhœa already referred to. Her headaches nearly vanished, her general health greatly improved for a few years, although her strength was easily exhausted.

A twelve month before I saw her the nervous system began weakening, the heart's irregular action alarmed her, and when placing herself under my care she asked only to be made to feel better. She did not expect nor even wish to have the leucorrhœa checked, since she had been told that that would cause a return of the headaches as well as encourage a cancerous growth.

My first prescription was cinchona ix, with gratifying results. Kali bichro. I credit with removing the catarrhal secretion.

What will check the secretion of the odorless, watery fluid which is still great?

Various douches and application have toned the vagina and uterus, till there is no resemblance between "before" and "after." A contracted and sensitive vagina, a firm uterus, only the anterior wall of the vagina, which is now bluish, departing apparently from the normal.

When the vagina began contracting there appeared a slight discharge of blood, although, at the present time the amount is somewhat less than heretofore, yet it is not absent. The amount as compared with the water secreted is not more than 1:1000.

What causes this slight hemorrhage?

What will correct it?

Mrs. B.'s health is now fairly good; she no longer fears, but ardently wishes a cessation of the secretion.

"GENTLEMEN, you do not use your faculties of observation," said an old professor, addressing his class (*Brit. and Col. Drug*). Here he pushed forward a gallipot containing a chemical of exceedingly offensive smell. "When I was a student," he continued, "I used my sense of taste," and with that he dipped his finger in the gallipot and then put his finger in his mouth. "Taste it, gentlemen, taste it," said the professor, "and exercise your perceptive faculties." The gallipot was pushed toward the reluctant class one by one. The students resolutely dipped their fingers into the concoction, and with many a wry face sucked the abomination from their fingers. "Gentlemen, gentlemen, I must repeat that you do not use your faculties of observation, for had you looked more closely at what I was doing you would have seen that the finger which I put in my mouth was not the finger I dipped into the gallipot." — *Col. and Clin. Record.*

NOTES ON HYPERICUM.

BY E. P. COLBY, M.D., BOSTON.

[Read before the Hughes Medical Club.]

Hypericum has for several generations enjoyed the reputation of being an excellent vulnerary, and this reputation has not diminished in recent times. Its particular sphere of action would seem to be upon the peripheral nerves. The knowledge which we have of its symptomatology is derived more from its clinical use than from well-authenticated provings, probably because the provings were not made with large enough doses, nor sufficiently long continued. For a drug to affect the peripheral nerves we may assume that it must be used so persistently as to induce a sort of cachexy. Hughes mentions its value as employed by Franklin in injuries to the nerves during the late War of the Rebellion. In my hands it has been beneficial in neuritis caused by exposure to cold, by traumatism, and in the allied varieties of neuritis. It has also been useful in neuralgia confined to a single nerve-trunk and its distribution, more particularly that most agonizing form affecting the great sciatic. In this malady its only competitor is tartar emetic. It was of great benefit in a case of moniliform neuroma with consequent neuritis, rendering the whole hand useless and very painful. Hypericum was the only internal remedy administered, and after three weeks' use, the tumors upon the nerve-trunk could hardly be found. The neuritis had also perceptibly diminished. The patient was examined again since the above was written, and is so far improved that he is able to use a shovel in gardening for several hours.

Hypericum is extensively used by some of our surgeons after each serious operation, and it is difficult to explain its action in such cases, save by its effect upon the peripheral nerves, as in extended operations a multitude of nerve-twigs are divided and involved in the process of cicatrization. It is to be thought of wherever in the course of a nerve or in the area of its distribution, there is burning, tingling pain, with numbness and a glossy red skin, particularly if there be an area of smooth mottled skin and occasional vesiculæ or bullæ. I do not know that it has ever been used in zona, but its action upon the peripheral nerves should entitle it to a trial.

PROFESSOR — What's the formula for nitric acid? Freshman — (Who has been experimenting without knowledge of the acid's properties.) — There's nothing formal about it, sir. It just goes on without ceremony.

A SERIOUS AFFLICTION — "Well, I see old Mithomer has died at last." "Yes; it was a sad loss to me." "I didn't know you were a friend of his." "No; I was his physician" — *Life*.

*ANOTHER WORD ABOUT DARTMOUTH: AN OPEN LETTER.**Editor Medical Gazette:*

Kindly allow me space to thank Dr. Gage, of New Hampshire, for correcting the errors made by me regarding the Dartmouth Medical College. I obtained my information from a former student of that institution, and supposed it was correct.

I am glad, however, to know that Dartmouth is keeping pace with advanced medical education, though I am informed by the Dean that dissection was not required there until November 21, 1884; that the lecture term was not extended to twenty weeks until September 2, 1885, and that only students who entered the institution after July 1, 1891, are required to take the three years' course, so that, as a matter of fact, another full term of lectures must be given before she can graduate a single student under the new régime. The hospital advantages to which the Doctor referred, I am glad to know are so soon to be realized.

Regretting my unintentional error, and thanking the Doctor again for his most courteous reply,

I am, sincerely, J. P. RAND, Worcester, Mass.

*TO THE PRESIDENT OF THE AMERICAN INSTITUTE OF
HOMŒOPATHY: AN OPEN LETTER.*

DR. J. H. McCLELLAND:

Dear Sir:—I received a copy of the *Pittsburg Gazette* of Feb. 15th, containing a communication showing that the efforts of your committee on medical legislation in behalf of the bill providing three *separate* examining and licensing boards, will probably prove successful.

This is the wisest plan, the best system, and the soundest policy that can be adopted. It is the system that the homœopathic medical profession of this State unitedly advocated, and finally secured by very nearly a unanimous vote of the Legislature.

Before the enactment of our three-board bill, old-school physicians were fierce opponents thereof, claiming in most positive terms that the purposes intended, viz., the *unification* and *permanent elevation of the standards of medical learning* would not be secured thereby; but now, after a satisfactory trial of nearly three years, there are no stronger advocates or more zealous defenders of the law than our old-school associates, as is indicated by their strenuous efforts now being put forth for preventing a repeal or even any amendments thereof.

I notice that the form you have prepared fails to make adequate provision for proper supervision of the examinations under independent, non-partisan and non-medical authority.

This is a very important point, one that can be easily established, it would seem, under the auspices and control of the State Department of Education.

The statement of reasons for establishing the three-board system, issued in the form of a circular by your committee, is a very suitable campaign argument, one that will prove convincing and effective. I can only wish that as effective means were being used in Illinois and Connecticut, where efforts are now being made to establish *single* examining boards.

In this connection let me state with most emphatic earnestness, that efforts put forth by leading members of our school, such, for example, as Dr. Fisher's editorial in the February number of the *Medical Century*, should be promptly replied to, the unsoundness of their arguments revealed, the harmfulness of their advice should be pointed out, and better plans and a more satisfactory system should be strongly advocated.

I hope that, as President of the American Institute, you will exert your influence as potently as possible, not only in behalf of establishing the State *license* instead of the *diploma* as the standard of medical attainment, but, also, the establishment of *separate* examining and licensing boards in each State for the representatives of the three recognized schools of medicine.

I will be glad to furnish your committee or any others with copies of circulars such as were used by our committee in its canvass in this State three years ago. These circulars contain concise statements of reasons, and sound and convincing arguments specially applicable to existing exigencies in other States.

Yours, H. M. PAINE,

Feb. 20, 1893.

Albany, N. Y.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, Feb. 2nd, 1893, at 8 o'clock. The president, Walter Wesselhoeft, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were elected to membership: H. C. Hallowell, M.D., of Quincy; N. Emmons Paine, M.D., of West Newton; and Fred S. Canedy, M.D., of Winchester.

The following names were proposed for membership: Samuel H. Spalding, M.D., of Hingham, Albert W. Horr, M.D., E. F. Norcross, M.D., John H. Urich, M.D., and James R. Cocke, M.D., all of Boston.

The resignations of the following members were received: Charles Leeds, M.D., of Chelsea; Adelaide Hall, M.D., of Watertown; Annie S. Stewart, M.D., of Cambridge.

The Recording Secretary then presented the recommendations of the Executive Committee.

The Executive Committee recommend:—

1st, That each section organize by choosing to serve till the third Thursday of January next following, a chairman, secretary and treasurer, who shall, aside from the usual duties pertaining to their respective offices, be an executive committee to arrange for meetings and the work of the section, appoint committees or transact other duties delegated to them.

2nd, That each section shall determine its method and scope of work, and hold such meetings as it may deem proper, and as often as once a year shall meet with the Society and report thereto its work and transactions.

3rd, That when any twelve members of the Society desire to form a section for the consideration of any special subject, they may by vote of the Society be so authorized.

Voted to adopt the above recommendations.

It was voted to call a special meeting of the various sections on Thursday evening, Feb. 16, 1893, for the purpose of organization and to arrange for the work of the various sections, also that the secretaries be instructed to notify the members of the same.

By vote of the Society, the hour of the meeting was changed from 8 to 7.45 o'clock.

SCIENTIFIC SESSION.

The first on the programme was an address by the president, Walter Wesselhoeft, M.D., which appears in this number of the *GAZETTE*.

It was listened to with great interest by the Society, and formed the theme of the following

DISCUSSION.

DR. I. T. TALBOT. — When I promised to make some remarks to follow the President's address, I did not think that this address was to take so broad a scope, the discussion of which must lie in the earnest, continuous work to be done by this Society in its coming years, rather than in any words which may be spoken here to-night. Upon us rests the great responsibility of showing by our professional life and its results the practical value of our school. There are physicians who have desired us to pull down the homœopathic flag and to blot out altogether the name homœopathy. It seems to me that there never was a time when it was so necessary to stand by our principles as it is

at present. We are now rapidly completing a century of time since the principles on which our school is founded were first proclaimed to the world by Hahnemann. I need not rehearse to you what it has accomplished in that time, not only in the results of those who have practised according to its principles, but upon those who have most bitterly opposed it, and have been obliged to relinquish, one after another, many absurdities of practice claimed to be established by experience, and instead of carefully examining and adopting homœopathic methods and practices, which time has proved reliable, they have gone from exploded notions to practices no less absurd. There never was a time when the contrast was greater between the shifting, unstable and often ridiculous prescriptions of the so-called "old school" and the unchanging application of homœopathic drugs. Take, for example, aconite, belladonna, bryonia, hepar, ipecac, nux, pulsatilla, sulphur, veratrum and a score of other substances, which are given to-day by our school for precisely the same conditions and with the same results that they were seventy-five years ago. On the other hand, thousands of physicians rush across the continent to learn something, if possible, of the secret, though as proved, death-dealing discovery of Koch. How at this moment medical societies and medical journals are flooded with the wonders of the not less dangerous and equally unknown drugs, such as antifebrin, antipyrin, antikamnia and a hundred other ephemeral drugs which make but devastating tracks in human lives before they pass into oblivion. An article in the *Evening Transcript* of February 1, 1893, entitled "Shall the Work Go On?" illustrates the awakening of the laity regarding the indiscriminate use of antipyrin and its attendant drugs in so forcible a manner that I herewith quote it :

"SHALL THE WORK GO ON?"

To the Editor of the *Transcript*: It seems to me that it is high time to designate a spade as a spade, and to call the attention of the public to what is certainly a singular coincidence, if it has not yet been proved to be an established fact. In the account published of the death of the much-lamented Bishop Brooks, were these words, 'The doctors were just preparing to inject a heart stimulant, *when the great heart suddenly ceased to beat.*'

Suddenly ceased to beat: It would be well to consider this sentence, for it is one that is now daily meeting our eyes. Ever since antipyrine and its attendant drugs were launched upon the medical world, and doctors began to prescribe them in their different forms with startling freedom for every illness, from a headache to a fever, heart failure (or the heart ceasing to beat!)

has been nearly as common as death itself. It is so prevalent that it is almost bad form to die of anything else! And still the work goes on. If doctors do not hesitate to run such risks with humanity, would it not be well that a list of medicines used should be required with every death certificate, and that some record should be kept to show in how many instances the above named drugs were prescribed, and in how many cases heart failure followed? One doctor assisting a small number of persons quietly out of the world does not particularly startle the community, but if the aggregate were published, I think both the doctors and the people would stop and consider whether it is worth while to accomplish a temporary relief with such fatal results.

CHARLES BARRETT.

Washington, D. C., Jan. 27, 1893."

In former times the good and well-tryed remedies were calomel, jalap, opium, etc.; they did not quickly kill and most people knew what to expect from them. Now, many virulent drugs are put up in seemingly harmless tablets and sugar-coated pills made to resemble as far as possible homœopathic preparations, and the injurious and even deadly effect of these are too often exhibited. Now if *similia similibus curantur* is indeed the great law of cure, is it not our duty as believers in it to stand by it and to do everything in our power to develop the methods of its application, and to remove all obstructions and uncertainties now attending it?

Let it be our duty, then, as a society, and as individual members of it, to stand firmly by our faith, to clear up all doubts, and to render our knowledge of our remedies more exact.

Dr. Talbot then introduced the following resolution which was unanimously adopted:

Resolved, That while the Boston Homœopathic Medical Society considers that many of the physician's professional duties are in no way controlled or limited by the law of cure, *similia similibus curantur*, and that he should be perfectly free to use every means in his power for the prevention, control and cure of disease, yet in the therapeutic application of drugs to disease the best curative results will be obtained by a strict adherence to this law; that it should be the duty of this Society to ascertain the exact power of drugs and apply them in disease in accordance with this law; and that its members in reporting cases should carefully seek the simillimum and present the results thereof in their treatment.

DR. H. C. CLAPP. — *Mr. President and members of the Society*; — I have been greatly pleased with the recommendations of our President and of Dr. Talbot. I sometimes think that those born into a church, sect or religious society may be less firmly

grounded than those converted from another sect. I likewise sometimes think that those converted to homœopathy may often be better grounded than those born into it, so to speak. The latter may take too much for granted, or as a matter of fact; and may, therefore, not be so well prepared to meet the taunts of their opponents as those who, having found out the weaknesses of the old system by experience, and stimulated by bitter opposition in practice, have been compelled to ground themselves more firmly in the reasons for the faith that is now in them.

We teach these things in our schools, but perhaps not carefully enough. What our schools fail to teach, the society ought to supplement by a course of post-graduate instruction. Desiring to make the society a success, it is necessary that we should be present as far as possible at all the meetings and *on time*. Our decision to attend will carry much weight and encouragement with it, even though we may not be especially interested in the subject under consideration, and a large attendance will certainly stimulate thought and the production of numerous and good papers and reports. We shall also ourselves be helped in all these lines by hearing even those things which may not be our first choice, and thus broadening our views.

DR. J. HEBER SMITH.—Mr. President and Members of the Society: The liberality and scope of our President's address and its fair and kindly tone, have seemed to pervade this meeting with such a spirit, that I am reminded of youthful associations with the Methodists, (which I am glad to have enjoyed) and can say, like these brethren of other days: "This is a blessed hour, and it is good to be here."

Under the organization of this Society suggested by our President and arranged for by a competent committee, we seem to stand like a disciplined force upon the borders of the limitless territory of medical science, and the marching orders are to "go up and possess the land." Through the organizing of these respective sections, we may become, with faithful work, as well-drilled cohorts under proper line and company officers, every one active and vigilant, and attentive to duty, down to the youngest file-leader. We have the accumulations of the scientific world to draw upon, and there should be nothing to prevent the presentation by sections, from month to month, of original studies, and of the essentials of medical and surgical progress.

In reference to the resolutions presented by Dr. I. T. Talbot, I pledge my heart and hand in their support and execution. There seems a peculiar fitness in their being offered at this hour by such an esteemed leader in the development of American Homœopathy. His words thrill with the spirit that carried him so successfully to the front in the years of medical conflict,

when many of you were too young to know the perils passed, and the strategic advantages so gallantly won. Many of you are reaping, and will continue to harvest the rewards of his efforts so ably seconded by colleagues, many of them here this evening. The spirit of quite other days glows like a hidden fire in the bosom, ready to burn up fiercely again at any exhibition of persecution or unfairness from our friends the enemy, and at which the old battle cries would once more be heard

It is well for you younger members to know that these resolutions in favor of the practice of pure homœopathy, and the avoidance of the indiscriminate drugging of the people, come from a veteran, stronger in his faith with the lapse of years, through whose efforts as General Secretary, the American Institute of Homœopathy was preserved from death, from 1860, during the dark years of national conflict, until 1865, at which time he first proposed the organization of Bureaus, and aroused a national interest in an association then virtually dead. He served as General Secretary from 1866 to 1870, bending his energies successfully to make the American Institute a working organization, whereby its membership was increased from about 250 to nearly 1,000; its annual income from less than \$200 to more than \$3,000; and its annual publication from a pamphlet of seventy to eighty pages to a volume of 800 pages; continuing to grow in size, influence and good works until it has now reached a membership of about 1,300.

It is fitting that we who are present as seniors in homœopathic practice, should speak with entire freedom our disapprobation, not only through these resolutions, but in our general intercourse with the public, our entire and absolute disapprobation of the present dangerous use of antipyrin, phenacetine, paraldehyde, and the whole deadly brood of these so-called "coal-tar derivatives" that are paralyzing the heart, and deadening the nervous centres beyond power of estimation. Indeed their use is probably a greater evil than the employment of arsenic in the industrial arts, and the present indiscriminate prescribing of them should be forbidden by legislative enactment.

In passing, I cannot forbear reference to the current therapeutic absurdities of the so-called regular school of practice. We can scarcely forbear a quiet, ironical smile, when reading in their representative journals, even those from the literary centres of the medical world, allusions to the hypodermic use of macerated thyroid gland, "tuberculine" kidney and what-not, not to refer too fully to their "vitaline," a graft from Brown Sequard's seminal "elixir of life," or to their recent pell-mell fall into the practice of rectal inflation with carbonic acid gas in phthisis. Who would wish to be posted specifically in such

hazardous and unwarranted experiments? — hazardous through the risk of blood poisoning, and not warranted by any demonstrable success. Let our course, as a society, bend rather in the direction of greater and greater simplicity, until we reach the finest and purest methods possible in therapeutics, handing down a materia medica clarified — and, though sifted, full — to coming generations, that they might know the exact utility of remedies, as does the skilled musician the banks of his organ, from the diapason to its highest notes.

It is a significant fact that the older the practitioner of homœopathy, the stronger his belief and the more enthusiastic his pledged devotion to our peculiar law of healing. To you younger members of this society, who will be called in the course of the years to uphold the standard of homœopathy, let me address this last word in closing: *Let us keep our lines.*

Dr. Horace Packard had prepared six interesting pathological specimens, the result of recent operations, to which Dr. F. P. Batchelder added microscopical sections of several of the same.

The demonstration of these was deferred, on account of lack of time, until another meeting.

SECTION OF NERVOUS AND MENTAL DISEASES.

An interesting paper was read by Geo. S. Adams, M.D., Superintendent of the Westborough Insane Asylum, subject, "Two Cases of Mania."

E. P. Colby, M.D., of Wakefield, presented an excellent paper on "Oxaluric Neuroses."

"Neurasthenia" was the subject of a carefully prepared paper by E. B. Cahill, M.D., of Boston.

An interesting case of "Neuromimesis" was presented by F. C. Richardson, M.D., of East Boston: Mr. A., age, 20 years; occupation, carriage trimmer; family history, neurotic. Up to last March, ('92) was well, when, while crossing a yard, was taken with severe pain in left ankle. *Character of pain*, knife-like, starting from the toes and passing upward to the head. Complete unconsciousness followed the pain. He was removed to the City Hospital, where the foot and leg were bandaged. For a long time following, each attempt to put the foot to the ground resulted in loss of consciousness, preceded by the characteristic pain previously mentioned.

He was taken to the Carney Hospital, and treated there four weeks for stone bruise, and, later, a tenotomy was performed on the left foot for congenital contracture of the toes, which is also present in his father. Result, negative. Every time he placed that foot to the ground, he became unconscious, re-

maining in this condition from three hours to five days. During one of these severe attacks he was taken to the Massachusetts Homœopathic Hospital, where he remained unconscious for four days. At this time he first came under my observation, and thorough examination of family and personal history and character of attacks having convinced me of the real nature of the condition, I advised his discharge from the hospital and immediately thereafter commenced treating him at my clinic in the Homœopathic Dispensary.

Galvanism was applied to the painful ankle by the anode, ten to fifteen milliampères being used and applications made twice a week. In three weeks he was able to bear weight on the foot, in two more, discarded his crutches, and now, although he carries a cane, makes but little, if any, use of it.

Character of attacks. They commence, as before mentioned, with pain in toes, etc., and this frequently occurs while lying, or sitting quietly reading. It is followed by screams, the patient falls or rolls about on the floor. There is marked tremor, especially of the affected leg. Duration of attack, three hours to five days, in which the urine has to be drawn; bowels inactive. During the attacks, takes very little nourishment.

Physical Examination. Patellar reflexes exaggerated. Ankle, clonus present both sides, but variable. Electrical reflexes perfect. Some sensitive spots on the spine. No areas of anæsthesia. No atrophy.

Diagnosis. Neuro-mimesis. A purely functional disorder, dependent upon no organic lesion, illustrating how functional disorders will simulate grave pathological conditions.

Internal Medication. Cimicifuga, ignatia, lachesis.

E. A. Bruce, M.D., of Roxbury, presented report of interesting "Cases of Hysteria."

Clara E. Gary, M.D., of Boston, presented a report of "Two Cases of Epilepsy, Treated Homœopathically."

DISCUSSION.

Dr. I. T. Talbot cited an interesting case of Hysteria, which occurred in the Massachusetts Homœopathic Hospital many years ago, cured by prospective matrimony.

The meeting then adjourned.

J. EMMONS BRIGGS, M.D., *Recording Secretary.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at the Y. M. C. A. rooms, Feb. 8th. In the absence of the secretary, Dr. E. D. Fitch was chosen secretary *pro tem*; President E. A. Fisher presided. Dr.

Geo. R. Spooner was elected to membership. Dr. J. J. Russell, of Putnam, Ct., and Dr. G. W. Butterfield, of Ashland, were proposed. After attending to various other business duties, the meeting was given in charge of the Bureau of Materia Medica and Therapeutics, Dr. F. W. Patch, of South Framingham, chairman.

Dr. G. F. Forbes read an interesting paper on "Opium vs. Apoplexy," in which he first compared the symptomatology of the drug with the symptoms of the disease and then cited the clinical record of a case of apoplexy.

Dr. F. W. Patch's paper on "The Treatment of Diarrhœa by Homœopathic Means," was exceedingly instructive and contained much encouragement for those of us who pin their faith on the ethereal pinnacle of the "C. Ms." The doctor is an ideal Hahnemannian, having used the single remedy in a high dilution and used no adjuvants of any kind in the successful treatment of the thirteen consecutive cases cited in his paper.

Dr. J. P. Rand, of this city, read an original paper contributed by himself to the *Medical Record*, on "The Diagnostic Value of Vocal Fremitus in Pneumonia."

The doctor first reviewed the literature of the subject by quoting eminent authorities, all of whom claim that a solidified lung as found in pneumonia *increases* vocal fremitus. He then gave a *resumé* of the production of sound or vibratory motion, quoting from Dr. Leaming, who says, "The violin, that most perfect of human instruments, is formed on the model of the human chest. The vibrations of the vocal chords or the strings of the violin are reproduced and multiplied indefinitely in the sound-chamber of the human chest or violin. Place a non-vibrating body upon the violin, or pour sand, shot or water into it, and its power of reproducing vibrations will be notably diminished, and the same is true of the human chest." Carrying the illustration of Dr. Leaming a little farther, he showed that the presence of inflammatory products in the meshes of lung-tissue would act in precisely the same way as sand or water in the violin in diminishing vibratory motions or fremitus. We quote his words. "Take, for illustration, again the violin. Draw the bow and notice the fremitus produced by the touch. Fill now that instrument with a moist sponge, which is a close analogue to healthy lung-tissue, and repeat the experiment. The thrill is still there but less distinct. Now saturate that sponge with mucilage which will cause it to lose its residual air and perhaps adhere to the walls of the instrument. Make it equal in density, if you can, to the solidified lung of pneumonia; draw the bow and tell me, do you think the vocal fremitus would be diminished or increased?"

He then pointed out the absurd position of medical writers who teach that unlike conditions, as cavities and pneumonic tissue, both cause increased vocal fremitus; and showed that the extra gravity and resistance of a hepatized lung must of necessity diminish its susceptibility to vocal vibration.

And, lastly, he testified from actual observation, the fact which first called his attention to the subject, that in many cases of pneumonia vocal fremitus was almost totally absent.

An animated discussion followed, in closing which the doctor said he did not expect all the physicians present to agree with him, but he wished them all to think of what he had said, and the first case they had to examine, to see if it were not true.

The authorities may be all wrong. It is a good thing for a man to leave his medical primer once in a while and think for himself.

Dr. D. B. Whittier presented the clinical record of a case of "Chronic Muco-Enteritis, or Membranous Enteritis with Reflex Epileptiform Seizures." His patient is a girl eleven years old, who at the age of one and one-half years, had intestinal trouble accompanied by a trance-like condition called spasms. These attacks occurred at regular intervals of from one a day to one in several weeks for four or five years. Accompanying the fæcal discharges were membranous exudates resembling partially decomposed tænia and half-digested round worms. The spasms occurring at the time when the bowels are relieved of these accumulations, were preceded by a condition simulating an aura, beginning at the umbilicus. Santonin 2x, is the remedy which has helped the case most, although zizia aurea 2x, in alternation with nux 6x, has best controlled the spasms. The case is still under treatment and doing well.

After discussing the above paper, the meeting adjourned.

CARL CRISAND, *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

THE TWELVE TISSUE REMEDIES OF SCHÜSSLER. By Wm. Boericke, M.D. and W. A. Dewey, M.D. Third Edition. Boericke & Tafel. 1893. 384 pp.

In their preface to this third, revised and greatly enlarged edition of a work which has proved of distinct moment to the profession since its appearance five years ago, the authors state their belief that while the tissue-remedies are of great therapeutic value, they should be used by homœopathists only when demonstrably homœopathic. In other words that the tissue-remedies should be proved, exactly as by consistent homœopa-

thists all other drugs are proved, and, afterward, administered solely on the indications thus obtained. This is sound sense; and, in proportion as it is preached and practised, the Schüssler remedies, so-called, will, if at all, enter our materia medica by the only legitimate door. The present edition contains much record of "clinical experience," presented not always very convincingly.

DISEASES OF THE RECTUM, ANUS AND SIGMOID FLEXURE. By Joseph M. Mathews, M.D. New York: D. Appleton & Co. 537 pp.

Under the above heading Dr. Mathews, of Louisville, Ky., has given us quite a pretentious volume of about 500 pages, written for the purpose, as the author says, "of recording his cases and experience in this department, emphasizing points which he considers of great importance, and contradicting theories which he deems fallacious." It would be difficult in the main to add much that is new concerning the pathology or treatment of the most important rectal disorders, or to cover the ground more fully than has been done already by both Drs. Allingham and Kelsey. Dr. Mathews adds two chapters quite new to works of this kind, namely, "The Hysterical Rectum," and "The Anatomy of the Rectum and the Reflexes." New in the sense of not finding a place in the standard authors on this subject, but not entirely new to those of the homœopathic school, familiar with the writings of a well-known Western enthusiast. The point at variance with the two authors, is, that according to the one, the causes leading up to these reflexes are due to "pockets and papillæ," and to the other, to ulcerated points and spots with spasm of the sphincter. In a work compiled by so positive a man as Dr. Mathews, it would be strange if there were not a few points open to disagreement. Note his method of operation for the external thrombic pile. Note his advice concerning the unnecessary time and trouble wasted, searching for the internal opening in fistula, and how he operates without regard to it primarily; advice so doubtful that one can hardly believe the author to speak from a specialist's knowledge on the subject. The author's method of controlling hemorrhage in the rectum is good, and strikes us as more practical than the usual procedure advocated by Allingham. The chapter on "Diseases Located in the Sigmoid Flexure" is pertinent, and the work as a whole is clearly written and well gotten up.

F. W. H.

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A.M., M.D. Phila.: W. B. Saunders. 1893. 509 pp.

The author mentions that his object in the preparation of

this manual was to minister to the needs of those who, in the phrase of Pope, must, haste-compelled, "snatch, not take" their knowledge. The book, therefore, lays little claim to originality, but is a compilation, intelligently and discreetly made, from the works of standard authorities. In the care of all "the ills that flesh is heir to," a few lines are given to definition, etiology, pathology, period of incubation, symptoms, complications, diagnosis, prognosis and treatment. The latter is, of course, conducted on old-school principles, and the importance of diet is throughout recognized.

A HANDBOOK OF INSANITY. By Dr. Theodore Kirchhoff. New York: Wm. Wood & Co. 362 pp.

Dr. Kirchhoff's manual is condensed, graphic and practical. Beginning with chapters on the anatomical basis and location of mental diseases, he discusses his subject in brief chapters, with many subdivisions, from a wide variety of standpoints. He treats of the causes of insanity, their classification and mode of action, their origin in mind and in body; of the symptoms and diagnosis of mental diseases; of their course and treatment. A brief history of psychiatry, its progress from gross cruelty and blind superstition to scientific and humane dealing with the mentally diseased, add much to the interest of the work. Dr. Kirchhoff's standpoint is at once enlightened and conservative. He has great faith in psychical therapeutics, and also in the influence of beautiful and elevating surroundings. Sunshine, fine scenery, games, interesting occupations he counts upon as more valuable aids than are to be found in the world of drugs. A very suggestive chapter is that on the "Border Line of Insanity," in which the writer shows that the distinction between sanity and insanity is often not one of character of impulse or even strength of impulse, but of power and inclination to control impulse. Much value is added to the work by eleven photographic plates, taken from life, illustrating the characteristic facial expression of many forms of dementia.

DISEASES OF THE SKIN. By John B. Shoemaker, A.M., M.D. Second edition. New York: D. Appleton & Co. 878 pp.

In the four years since it originally appeared, this work has taken its place as a classic on its chosen theme. The new edition cannot fail to enhance its popularity. The advances in bacteriology have made possible many additions to the chapters on etiology; a section has been added on the changes and degenerations of the nails in local and general diseases: a few new therapeutic formulæ are observable. The subject of skin diseases is treated, as before, exhaustively, clearly, and with the

authority born of much original clinical experience. The sections on treatment — written, needless to say, from a conservative old-school standpoint — are exceedingly full: covering both local and general therapeutic measures, with directions as to diet and hygiene. The work is most handsomely and solidly gotten up; and many carefully-prepared colored plates help vividly to the realization of the descriptions given in the text.

ALCOHOLISM AND ITS TREATMENT. By J. E. Usher, M. D.,
New York: G. P. Putnam's Sons. 151 pp.

“Alcoholism” — says the author in his interesting preface — “has at last attained the dignity of being styled a disease.” It is from this standpoint alcoholism is treated in his little book, and as a diseased condition, only very partly possible of control by the will of its victim. Alcoholism is shown in its relation to insanity, to cerebral automatism, and to that state of irresponsible trance in which crimes are conceived and committed, which leave no trace on the waking memory. The relations of drunkards to the law are discussed, and the latter part of the work is given up to the treatment of the disease, from both the physical and mental standpoint. The most interesting single chapter is that on alcoholic trance, in which many strange cases *causes célèbres* of both English and American courts are narrated in detail, affording most significant studies in a little understood branch of psychology.

The MARCH CENTURY contains the “Reminiscences of Napoleon at Elba.” The serials have interesting instalments, and there is the usual pleasant variety of essays and verse. New York: The Century Co.

LIPPINCOTT'S MAGAZINE for March, contains as its complete novel, “Waring's Peril,” by Captain Charles King. No living author is more sure of an eager audience; and he makes the barracks, the march, the battle-field, as near to us as if we had been there. The Journalist Series is carried on by Elizabeth G. Jordan, who tells “The Newspaper Woman's Story.” Charles Robinson furnishes an interesting account of “Some Queer Trades” carried on in New York, Philadelphia, London and Paris. M. Crofton, in “Men of the Day,” talks of Thomas Hardy, Alma Tadema, Chief-Justice Fuller and Russell Sage. The poetry of the number is by Edith M. Thomas, Florence Earle Coates and Herbert Ditchett. Phila: J. B. Lippincott & Co.

The POPULAR SCIENCE MONTHLY for March, contains among other interesting articles, papers on “White Slaves and Bond Servants in the Plantations,” by Colonel A. B. Ellis. “The Decrease of Rural Population,” by John C. Rose. “Ghost

Worship and Tree Worship," by Grant Allen. "The Story of a Colony for Epileptics," by Edith Sellers, and "Notes on Palæopathology," by R. W. Shufeldt, M.D.

MISCELLANY.

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THE Topsy of an "Uncle Tom's Cabin" troupe died recently and bequeathed her body to the doctors. Autopsy! — *Texas Siftings*.

TEACHER.— In the sentence, "The sick boy loves his medicine," what part of speech is "loves?" Johnny. — It's a lie, mum.

REMOVAL OF ENORMOUS OVARIAN CYST AT THE LONDON HOMŒOPATHIC HOSPITAL. — A fortnight ago there was performed, at the London Homœopathic Hospital, by Dr. Burford, an abdominal section quite phenomenal in its magnitude and difficulty. The case was one of those happily rare instances of mammoth ovarian tumors, whose dimensions were almost incredible. Before operation the patient measured nearly two yards in abdominal girth, and the other measurements were corresponding. The tumor contained nearly seven pints of fluid (much of which had been removed by a previous aspiration), and even after this had been evacuated, the solid part of the mass still was huge enough to weigh nearly ten pounds. It was necessary to remove the uterus also; but in spite of these forbidding complications, we are informed the patient is making a splendid recovery. — *Monthly Hom. Review*.

PERSONAL AND NEWS ITEMS.

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DR. J. M. COBURN, '74, B.U.S.M., has removed from Brooklyn, Conn., to South Norwalk, Conn.

THE Indiana Institute of Homœopathy will hold its twenty-seventh annual session in Indianapolis, May 3rd and 4th.

FOR SALE. — A fine homœopathic practice in a central New York village of 5,000. No opposition. Good reasons for sale. Address this Journal.

DR. FREDERICK WILLIAM PAYNE has removed his office from Hotel Pelham to Stone Building, Exeter and Boylston streets. Hours, 11 A. M. to 1 P. M., and 2 to 4 P. M.

FOR SALE. — An eighteen-cell Vetter galvanic battery, perfect, but little used. Cost with electrodes, \$28.00. Price now, \$15.00. Apply to "X. Y. Z.," care of OTIS CLAPP & SON, 10 Park Square, Boston.

\$3,000 PRACTICE. — For sale, in a New England village of 2,000 inhabitants. Also residence, two horses, carriages, &c., together or separately. Address "X.," care of OTIS CLAPP & SON, 10 Park Square, Boston.

OLDTOWN, ME., an enterprising place of 4,000 inhabitants, twelve miles from Bangor, would be an excellent place for a wide-awake homœopathic physician, especially one well versed in surgery. Address Rev. S. D. TOWNE, Oldtown, Me., or Dr. W. F. SHEPARD, Bangor, Me.

DR. H. W. HOYT, '91 B.U.S.M., has received an appointment on the medical staff of the Homœopathic Hospital of Rochester, N. Y. The hospital will move to new and commodious quarters so soon as buildings can be erected on the beautiful site lately purchased.

WINTHROP TISDALE TALBOT, M.D., may be found in the Pathological Laboratory of B. U. School of Medicine, East Concord Street, Boston, from 9 to 11 A. M. Dr. Talbot will make a specialty of microscopical and post-mortem examinations and urinalyses.

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EDITORIAL.

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COMPULSORY SANITATION.

Sanitary science, long a petitioner at the door of legislation, is rapidly becoming a dictator in legislative halls. Time was, and that not remotely, when interference, to sanitary ends, with the every-day habits of nations or individuals was looked upon as the dream of a faddist, and a faddist, moreover, of an exceedingly tyrannical turn of mind. To-day compulsory sanitation, in many forms, is decreed by the laws and, for the most part, good-humoredly acquiesced in by the people. To this rule there are, of course, exceptions. For instance compulsory vaccination has many and virulent opponents: and periodically there is an outbreak of rebellion against it, resulting in a fine, here and there, and a crop of protesting "Letters to the Editor" of some local journal.

Quarantine regulations, too, sometimes are cried out against as unreasonable by those on whom they, for the time being, bear tyrannously: but on the whole public good sense accepts willingly the counsels of the sanitary scientist, and shapes them into laws for the public weal. This is strikingly shown in the recent quarantine law, passed by Congress and approved by the President. The text of this law, making quarantine a national precaution is doubtless already familiar to our readers: but several of its provisions are worth quoting, as illustrating the growing conviction that the safety of the many is to be

trusted only to the best wisdom of the nation's wisest, and not to the opinions or the prejudices of any local few :

“SECT. 2. Any vessel at any foreign port clearing for any port or place in the United States shall be required to obtain from the consul, vice-consul or other consular officer of the United States at the port of departure, or from the medical officer where such officer has been detailed by the President for that purpose, a bill of health in duplicate, in the form prescribed by the Secretary of the Treasury, setting forth the sanitary history and condition of said vessel, and that it has in all respects complied with the rules and regulations in such cases prescribed for securing the best sanitary condition of the said vessel, its cargo, passengers and crew ; and said consular or medical officer is required, before granting such duplicate bill of health, to be satisfied that the matters and things therein stated are true ;

At such ports and places within the United States as have no quarantine regulations under State or municipal authority, where such regulations are, in the opinion of the Secretary of the Treasury, necessary to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and at such ports and places within the United States where quarantine regulations exist under the authority of the State or municipality which, in the opinion of the Secretary of the Treasury, are not sufficient to prevent the introduction of such diseases into the United States or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, the Secretary of the Treasury shall, if in his judgment it is necessary and proper, make such additional rules and regulations as are necessary to prevent the introduction of such diseases into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and when said rules and regulations have been made they shall be promulgated by the Secretary of the Treasury and

enforced by the sanitary authorities of the States and municipalities, where the State or municipal health authorities will undertake to execute and enforce them; but if the State or municipal authorities shall fail or refuse to enforce said rules and regulations the President shall execute and enforce the same and adopt such measures as in his judgment shall be necessary to prevent the introduction or spread of such diseases, and may detail or appoint officers for that purpose."

Sanitary legislation has gone far; but there are paths along which it can travel further with profit to public weal. Thus patients with many recognized infectious diseases, are now, by law, isolated, in deference to public safety: but in the near future we may anticipate that it will be practically recognized how inimical to public safety it is to permit patients suffering from tuberculosis to frequent public places, where the sputum expectorated by them may be the means of communicating their malady to others. House-to-house inspection is practised in the poorer quarters of the city, at intervals, by health inspectors, and any flagrantly unsanitary conditions are set right at the expense of the owner of the tenements examined. In more advanced legislation, similar inspection will be practised not only in the tenements of the poor, but throughout a city, periodically and systematically. Unsanitary conditions of very threatening sort often exist in well-to-do houses, long before an outbreak of illness brings them to the attention of the health authorities. The conditions may be and often are guessed by both landlord and tenant; but no action is taken; through parsimony on the part of the former, through inertia, or fear of irritating the house-owner, with its inevitable consequent discomforts on the part of the latter. These conditions the inspectors' visits would speedily bring to light; and illness effecting perhaps a whole neighborhood, be averted. Something analogous may be said about inspection of streets; which should, under ideal sanitary laws, be done as regularly if not, perhaps, as frequently, in the better streets of a city as in the squalid ones. Disease-breeding conditions often obtain, to a surprising extent, in fashionable neighborhoods; in the passage-ways, for instance, in the rear of great hotels, from whose

kitchen window refuse, vegetable and animal is often recklessly flung; again, in the yards of fine houses, from which, in the summer absence of the family, garbage is removed only at rare intervals, although the servants and care-takers occupying the houses may fill the receptacles to overflowing.

Much remains to be done, in the way of providing better water-supply for our large cities; and in utilization of garbage of all kinds, instead of its waste, with all the dangers of its polluting influences. It is hardly too much to hope, too, that local governments will sometime see the vast benefit to be derived from erecting, at public expense, side by side with our free libraries, finely appointed baths, like those of ancient Rome, for the use of all citizens, and thoroughly equipped gymnasia. But possibly when sanitary authorities shall command these things, we shall date our letters from Utopia.

EDITORIAL NOTES AND COMMENTS.

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A NEW DEPARTURE in the line of progress along which the Massachusetts Homœopathic Hospital has so successfully travelled, is the establishment in connection with the Hospital of a Directory for Nurses. Of such a convenience the homœopathic physicians of Massachusetts will not be slow to gratefully avail themselves. The prospectus and rules of the new enterprise are as follows:

PROSPECTUS.

The register will include any graduate from a recognized Training School; also, such nurses as are recommended by physicians of good standing.

The directory will be open for applications for nurses at all hours of the day and night.

Registered nurses are required to keep the directory informed of all engagements as soon as made.

The fee for registration is three dollars.

The applicant for a nurse to pay a fee of one dollar if in day time, and two dollars if between 8 p. m. and 7 o'clock in the morning.

RULES.

1st. All engagements must be reported in writing, and on the same day they are made. Verbal reports will not be received. To avoid possible errors and misunderstandings, reports should be mailed personally, and should state the date when engagements will begin, and, if possible, when they will end.

2nd. The first failure to report an engagement will bring a warning from the superintendent; the second will cause the removal of the name from the register. This can only be restored by special vote of the committee.

3rd. Change of residence, sickness, or any cause that would prevent the acceptance of a place, should be immediately reported in writing.

4th. Nurses will be expected to promptly accept any case offered, provided the proper fee is tendered, and that it is a case for which the nurse is registered.

5th. After reporting for duty, nurses are not expected to leave their place of residence for any length of time, without first notifying the superintendent.

6th. The price at which a nurse registers, must be accepted in all cases.

7th. Nurses must not leave when on duty, except by permission of the family or physician in charge.

8th. Nurses will be required to pay expense of notification of engagements.

Any physician desiring to recommend a qualified nurse for service under this *régime*, is requested to send her name and address to the superintendent, Miss Griswold, at the Massachusetts Hospital, East Concord Street, Boston.

A TRIUMPH FOR BELGIAN HOMŒOPATHY is very interestingly chronicled in a little pamphlet by Dr. Lambrechts the younger, which tells the story of how homœopathy fought for and won representation in the public dispensary of the Belgian town of Anvers. The council of the town, two years ago, voted by an overwhelming majority that several homœopathic

physicians be appointed on the medical board of the public charitable dispensary, and that all poor patients preferring homœopathic treatment should thus receive it, at municipal expense. Great was the storm thus raised. The allopathic physicians of the town wildly protested against the measure; the town council remained unmoved. The allopathic physicians connected with the dispensary gave formal and majestic notice of their intention to resign from the staff in a body, if the measure were not rescinded. The town council placidly retorted that they were at liberty to do so. The allopaths then, after a somewhat discomfited pause, sent a delegation to say that they would waive their objection to association with homœopaths, and leave unquestioned the latter's privilege to practice according to their therapeutic opinions, provided they would accept appointment to the board as "physicians," dropping the obnoxious homœopathic prefix. The council replied that as homœopaths certain physicians had applied, and as homœopaths had been recognized and appointed. Followed a general resignation of the allopathic staff, with highly abusive language. Followed the prompt filling of their places with other allopathic physicians of the same town. The resigning physicians publicly pilloried their apostate successors by a great many unpleasant names. Their successors promptly brought suit for libel, and secured heavy damages. And to-day the homœopathic lamb lies on the dispensary board with the liberal-minded allopathic lion. It is an interesting story, and it has a moral. And the moral is, that the day is past when homœopaths need fear to press their claims to just public representation; and friends of homœopathy need take in meekness no abusive accusation from intemperate-tongued adversaries. Public opinion speaks every year with firmer voice, as every year homœopathy grows in public favor. Justice may every year be more easily had for the courteous asking.

A USEFUL HINT ON THE OBVIATION OF STERTOROUS BREATHING is furnished by our esteemed colleague and occasional—but too infrequent—contributor, Dr. N. W. Rand, in a recent issue of the *Medical Record*. Stertorous breathing, as every

physician knows, is often the cause of infinite distress to the family of a patient, and especially of one hopelessly ill : adding far more than its intrinsic significance warrants, to the miseries of a sick-room. Dr. Rand's suggestion, here quoted in full, offers an escape from this difficulty which commends itself as eminently simple, sane and helpful: "On Friday, Feb. 10th, I called upon an old man dying of apoplexy. As soon as I entered the house I noticed his harsh, heavy breathing, although the room that he occupied was beyond that adjoining the hall. The nurse stated that this had been the character of his respiration for seven hours, despite all efforts to relieve him by frequent changes of position. The mouth was open, and, of course, dry, the tongue drawn far back, and the lips fallen in. However unconscious of suffering the patient may have been, his breathing was certainly very distressing to friends and attendants. As I watched him, the thought of opening the glottis by placing the fingers behind the angles of the lower jaw and bringing it forward, as we do when respiration becomes embarrassed in surgical anæsthesia, occurred to me. I did this and relief was instantaneous. He breathed as noiselessly as a child. By a bit of experimenting I found that pressure upward and forward under the chin produced the same result. So, protecting the flesh with a handkerchief, a cardboard prop from the chest was improvised. With a little care on the part of the nurse this was kept in position, and from that time throughout the twelve hours which the patient survived, the respiration continued quiet and natural.

This remedy may not be new to your readers, but if some have tried it they will pardon my brief mention for the sake of those who have not. I am sure that occasionally cases are seen in which, as in the one just cited, it will afford more real relief, both to patient and attendant, than everything else that can be done by the physician."

GOOD NEWS FOR SMOKERS, those unhappy gentlemen at whom hygienists and moralists aim so many of their keenest arrows, is found in this item from a well-known journal, which

tells how a very high authority finds prophylaxis for a dreaded disease, in the use of that

“ . . . noxious weed,
Which stains the teeth
And fouls the breath,
O! very bad indeed ” —

in the phrase of the

well-known nursery rhyme.

“TOBACCO AS A PROTECTIVE FROM CHOLERA.

The Hygienic Institute of the University of Berlin, has published the following conclusions, after repeated experiments made with relation to the spread of the cholera germ through cigars and tobacco.

The comma bacilli of cholera Asiatica die through drying up on dried tobacco leaves even quicker than through drying up on glass, and in this condition they die in an hour on the average. On moist tobacco leaves the comma bacilli do not increase, and are killed after a short time. The comma bacilli were not proved to exist in the examples of cigars manufactured in Hamburg during the prevalence of the epidemic. Through the fermenting and drying processes which cigars must undergo before they are ready for shipment, the cholera bacilli are killed after a short time, even when packed by way of experiment in the linen bands about the cigars. Tobacco smoke checks the development of cholera bacillia and is quickly fatal.”
—*Medical Age.*

“ON TO CHICAGO!” is to-day the aspiration as it will shortly be the cry of homœopathists the United States over. So long and severe has been the winter, and so late does it linger, it is difficult to realize that in a little over a month those intending to attend the World’s Congress must be on their way westward. There can be no doubt the attendance will be very great, and the Congress an event of immense significance and brilliancy. The attractions will be phenomenal. The opportunity to see, in gala dress, one of the most famous and representative cities of the West: the opportunity to glimpse the long-talked of World’s Fair, with its complexity of marvellous interests: the

coming together, in earnest and enthusiastic council of the men who, all over the world have made and are making the history of homœopathy, — surely these are inducements which no one who can compass the journey will willingly let himself miss. Western hospitality is proverbial: Western resources boundless: enjoyment and profit wait in overflowing measure, the lucky pilgrim to our World's Congress. Now is the time to lay plans: to secure lodgings: to smooth the way along which we may shortly hasten to participate in one of the most notable events of the medical century.

COMMUNICATIONS.

THE HIGHER EDUCATION AND MEDICINE.

BY C. L. NICHOLS, M.D., WORCESTER, MASS.

[*An Oration Delivered Before the Massachusetts Homœopathic Medical Society.*]

It was a wise thought which instituted the custom at these society meetings, of setting apart one definite portion of our time for the consideration of some general subject.

In the hurry and bustle of our daily lives, we have too little opportunity for generalizing, and for the consideration of the broad questions which lie at the foundation of our noble profession. In the press of time at these meetings, we jostle against each other with our individual cases, our peculiar theories, crude and untried in the main, or our demands for aid and counsel in our special lines of work.

We are apt to forget that there is something higher and nobler than the cure of the particular patient before us, important as that seems to be and is — both to us and to him. We are apt to forget that this great fabric of our profession, so complete in its proportions to-day, has been built up by the life struggles of the past, and will depend for its perfection of detail upon the faithful labors of the present and of the future.

In the calendar of great men outlined by Comptè, none were admitted but those who had materially aided human progress. Five hundred and fifty-eight, taken from all ages and all nations, make up the list, twenty-five of whom are physicians, but think of the thousands whom we have honored and revered for their active and useful lives, but who, tried by this important test, are found wanting!

It is not because the foundation principles have been too little considered, the great facts of medicine too carelessly interpreted! Truly that thought is worth consideration which was

placed by a great modern poet in the mouth of Paracelsus, when he says: "Know not for the sake of knowing, but to become a star among men forever."

It is living among great men, and being familiar with great thoughts which lead to true progress in knowledge. Standing to-day within these portals of a noble school, whose walls have been so generously extended, and whose principles and teachings invite both sexes and all classes, what more fitting theme is there for our consideration to-day than the higher education as applied to medicine? Every great movement is composite; it is the union of many elements, the product of many minds whose energies have been devoted to that end. So is it with education, and while almost every great thinker from the time of Solon has endeavored to add something to this subject, it is the glory of our nineteenth century that its greatest strides in breadth, universality, and the practical in education have been taken. For many centuries we have followed closely the traditions of the classical and mathematical training of the great universities of the middle ages, which did such noble work both in educating new minds and preserving the labors of earlier times. But for a long time now, mutterings and premonitions of discontent have been heard afar off, but none the less certainly, until to-day, we have fairly entered upon a revival of learning, as sweeping and far-reaching as the flood of enlightenment which the fifteenth century saw.

One hundred years ago, a simple unlearned schoolmaster, wrote "The Story of Bonal," to show what earnest teaching of truth, honesty and humanity in the home-life and in the relation of neighbor and citizen could accomplish against sin, fraud and degredation, and this book is the foundation of the great revolution in the education of to-day.

It was this book and the teaching of Pestalozzi, its author, which a few years later, when Germany was dismembered and trampled upon by Napoleon the First, inspired Fichtè to say: "We must make education of body and mind the chief end of statesmanship — we must become the educational state of the world."

It was this book which made possible within our own day the German Empire, and has made it also an empire of scholars and students, who lead the world in thoughts and in research. It was this book which a few short years ago, gave fresh light and life to France in her hour of catastrophe and humiliation, and from these beginnings, and through the marvellous strides these countries have made, it has given the impetus to almost every nation upon the earth, and started them to follow in the same direction.

The old classical education put out of mind utility, forgot the existence of the body, and extended all its energy upon the intellect and the mental processes. To-day our educators ask: "Of what use can we be to humanity?" and believe also that "he who is true to his body, which is the temple of the highest, cannot be unfaithful to his soul or to his intellectual power," so that the old principle, "*mens sana in sano corpore*," has a new meaning for us, and will bring forth a coming generation, renewed in physical strength and in intellectual freshness, as a reward for these educational strides in the right direction.

Rousseau, Pestalozzi and Froebel are the great landmarks in this revival of true learning, but many are the workers equally faithful who have done important service, although they had not the keenness of vision to recognize the approaching revolution, nor the breadth of intellect to stand on the mountain tops and direct the onward progress of this great movement.

We will not stay to consider the changes in the intermediate education of to-day, with its kindergarten for the child, its sloyd and manual training for the adult, and its studies selected with a special end in view, and better adapted to fit us for the struggles of daily life with trained faculties and stronger bodies.

It is not education of the masses to which our attention need be to-day directed, but rather to that higher education which has for its object, to bring the talents of the few — the best few in every hundred — to the fullest maturity.

This end is accomplished by the seminary and the laboratory. In the former, which is in a measure, a revival of the best tradition of the Greek academic porch, the chosen minds meet together for discussion, and inspiring each other with a mutual desire for learning, make known there first the results of their investigations made in the laboratory.

The seminary is university concentration in distinction from the university extension or education of the masses so valuable in its way, and so popular at the present day. The end of the higher education are research and specialization.

It is research carried on in just these lines of the higher education, which rewarded Pasteur in his studies on fermentation and the marvellous practical results germinating from them, which raised Koch, the poor village doctor, studying pure science for love of it, to the position he now holds and deservedly holds. Listerism and its revolution in surgery, whether cleanliness alone or a deeper principle be at the bottom of it, is the result also of research.

These men attained these results without the advantages of a higher education, but imitating the example of these, and such as these, higher education aims to develop and train the bright-

est minds, and prepare them for such results in the future, since research, in its widest exercise, cultivates the power of *effort*, the highest power of the human mind.

Specialization, the other goal of the higher education, aims to find the special bent or tendency of the individual, and to bring his natural gifts and powers to their most perfect development. Notable examples will occur to each one of us where this has been done in ages past, by accident or the foresight of the parent, but many a great man has been lost to the world by misdirected strength and wasted opportunities, and genius is too rare for the world to neglect any chance to foster and develop it to the utmost.

But, you ask, what relation has this to medicine? and the answer is not far to seek. From the age of Hippocrates to the days of Boerhaave, medical practice was guided and governed by empiricism, authority and theory, and medical education consisted of instruction in mathematics for the development of the the reasoning powers and teaching of the three canons of Hippocrates, Galen and Avicenna, by priests or professors with no clinical experience or practical medical knowledge.

Not until the genius of Boerhaave unlocked the doors of the University of Leyden, in 1714, was clinical instruction permitted, and medical progress to the middle of the eighteenth century was chronicled by this physician — so famous a man, that a chinese official, addressing a letter to him, wrote simply: "To the most illustrious physician in Europe"; — was chronicled by him, in a book found in his library after death, in these words: "The secret of my success in practice lies in obedience to these three rules: 'Keep the head cool, the feet warm, and the bowels open.'"

A most careful examination of the writings of the masters, few and scattered as they have been during these limits, will show the slight changes made in all these centuries in the personal care or in the medicinal treatment of the patient, but will also bring to our notice, an almost innumerable variety of theories and systems, founded for the explanation of life, disease and death.

It is not surprising, then, in view of the theoretical tendency of physicians, even during the eighteenth century, to find the opinion of Napoleon the First, a shrewd student of human nature, expressed in the following words: "I do not approve," said he, "of keeping back the medical degree until the student has taken his scientific degree. Medicine is not a positive and exact science, but only a science of conjecture and observation. I should have more confidence in a physician who had not studied the exact sciences, than in one who had mastered them.

I have preferred Corvisart to Hallè, because Hallè is a member of the Institute, while Corvisart does not even know when two triangles equal each other."

This notable example of the discontent with the medical practice and scientific teaching of the day, was uttered at the time when Pestalozzi was dreaming his dreams of a new world in general education. It was uttered also at the time when Lavoisier was drawing chemistry into the line of exact science; when John Hunter, of England, was pointing out that medicine was one of the natural sciences, and must be studied as they are, by the rigid laws of observation, and when Bichat, of Paris, by his exactness in observing, and his thoroughness in investigation applied to general anatomy and to physiological process, was laying the foundations of modern medicine, and preparing the way for those changes in medical education which are to enlighten the public mind and satisfy better the public demand for reform here as in general education.

But all education, intermediate as well as collegiate, is being made subservient in a measure, at least, to the life-work of the student, and it would be wise for us to consider for a moment, the ends to be obtained in a medical education.

In addition to the filling of the memory with those medical facts and data, which though invaluable as a foundation for future observation and daily use, are really of secondary importance, the main object of all medical education lies in the development of special faculties of the mind, and in training those windows of the soul, so essential to the physician, the senses of sight, hearing and touch.

With the introduction of the microscope and the stethoscope, and the wonderful strides in the development of that educated touch so essential in diagnosis, there is some danger of forgetting those higher mental processes which make the physician a philosopher.

While the laws of evidence and the detection of fallacies are as important to the physician as to the legal profession, the physician is more interested in the correct formation of inference than in the determination of the validity of proofs, which are left to his professional brother who deals in reasoning rather than in the direct judgment.

In a valuable address on the training of the mind for the study of medicine, delivered some years ago, Robert B. Carter, of St. George's Hospital, said, "the powers of mind most useful for the medical student are :

1. The power of careful accurate observation ; the power of searching for and recognizing facts so as to obtain materials for the operation for the judgment.

2. The faculty of imagination by which to link together the known and the unknown, which is the power of disciplined and rational conjecture.

3. The power of forming a judgment with discrimination, or of maintaining a suspended judgment where accuracy is unattainable; of saying to one's self or to others, 'I do not know,' such a confession of ignorance being the first step toward the attainment of true knowledge.

4. Blending with all the others and controlling them, the love of truth without which no deep scientific knowledge can be attained, no abiding confidence in the man will be shown by the public about him."

Let us illustrate this by a familiar case — destined perhaps, to become too familiar in the coming season — which may be presented to us as students and practitioners. A man previously healthy, but living in unfavorable hygienic surroundings, has been sick ten hours, vomiting at first indigested food, then bile, and finally water unaccountable in quantity, purging at first fecal, now watery, frequently coincidentally with the vomiting, urgent thirst, collapse, pinched bluish features, cold skin covered with moisture, cramps in the fingers and toes, muscles of the calves, and even of the abdomen, feeble, fluttering pulse, yet not rapid, and almost soundless voice. This is the picture presented of a man who still eagerly looks into our eyes, appealing for restoration to health or at least the preservation of his life, so essential for those depending upon him.

Each one of these symptoms presented to us in such a general way, must be carefully observed and accurately defined. The color, odor and reaction of the excreta must be determined, remembering the similar alkaline vomiting of waterbrash and of nephritis, recalling the rice-water discharges found in heat apoplexy and in arsenical poisoning. The character of the collapse must be distinguished, for the algid stage of cholera differs from other states of collapse, though in minute characteristics.

The state of the circulation resulting from accumulation of blood corpuscles in the capillaries, leaving almost empty arteries, and a feeble, but not very rapid pulse; the respiration rapid and shallow, but not oppressed or labored; the cramps extending to the hypothenar muscles even, and all those finer characteristics belonging to the individual affected, which we, as a school of medicine, consider still more valuable. Each and all must be painted on the tablets of the mind with accuracy and care. And how difficult this task is we all know too well.

Then must that scientific imagination which is perfectly legitimate, without which no induction, no inference is ever made,

group together these facts thus minutely observed, each one of which, separately, may be present in other disease conditions, though in varying degrees, and placing the picture before the mind, leave to that last process of the mental act, the judgment which controls this faculty of conjecture or imagination, the decision upon the accuracy of which so much depends both in prognosis and in treatment. Or to take a higher question, higher only because it deals with the lives of a community instead of that of an individual. With all the exactness of observation in our power, it not unfrequently results that it is not possible to give a definite judgment in many cases, and we must be able to maintain a suspended judgment for a time, at least, still ready to act with promptness and decision as far as light is given, until further knowledge is furnished by science, as is the case in the disease cited by the new science of bacteriology.

Whatever our shades of medical belief may be, all at the present day must acknowledge the existence, not necessarily, the causal power of the cholera bacillus found rarely in the vomit, never in the blood, saliva, tears, urine or breath of the patient, but without exception in the intestinal wall or intestinal discharges of every cholera infected person. Here then, is a scientific induction, and one giving definite material results within a twelve hour examination, which is absolute proof of the presence or non-existence of the disease, and which furnishes by its results warning or security to an anxious world.

Think of the years of training in exact observation and discriminating judgment, of which this is the crowning reward.

. . . These two cases so imperfectly outlined, will illustrate the mental processes so vital to the success of the physician — accurate observation and discriminating judgment.

No medical education can be successful in its results, which does not take cognizance of these in its curriculum; no medical student can attain to distinction, who does not carefully and persistently make use of them in his daily work. The first is an example of the simplest of our mental processes, so simple, that I see in your faces the question, why it need be mentioned as it seems involuntary, yet so wide in its application to our professional work, so subtle in its power of distinguishing the variations of facts and their application, and so complex in its mechanism when we attempt to analyze the steps of the process, that we all involuntarily do homage to the man whose conversation and daily works show that he thinks, and thinks to some purpose. The second illustrates the result of these same processes when carried on to their highest exercise, and shows how such exercise redounds to the glory of the student to that noble end, the benefit of humanity.

Wherein lies the difference in the men of our profession? It is not in their knowledge of anatomy, physiology, or the history of disease, for we know many men whom we call well posted, but whose lives are not a success. It is not in the possession of that other class of information gained by careful education of the senses, for that too, our every-day experience tells us, is but half the battle. It lies in the educated use of just these mental processes outlined here, in interpreting the phenomena placed before us. And in proportion as we are exacting in compelling ourselves to study on all its sides and in all its phases, each, even simplest function, both in health and in disease, in that proportion will we attain to that accuracy and quickness of judgment, which seems so marvellous to the beginner, when displayed in the physician whose head in gray with years of care and experience. The world is filled with marvels, but in every case the marvellous is the unknown, and when the torch of human thought and investigation has lighted up the subject, accuracy and precision are then possible, and the marvellous becomes commonplace.

Why is it that the most marvellous cases and the most wonderful cures come always to the practitioner who is just established in his new field of practical work? It is because he is entering a region new and untried, because his mind has not yet been trained to grasp in their practical bearings, the truths and deductions pumped into the reservoir of his mental consciousness during the student days. And alas, gentlemen, as our days go by, we are all too apt to forget the necessity for eternal vigilance over ourselves, and find it only too easy to drift along the course of a thoughtless, mechanical beaten track.

There are a few men of our profession in every age and nation, who stand out like giants among their fellows. From the days of Hippocrates to the present time, the leaders—the marked men—have stood preëminent because they excelled in just these qualities of exactness in observing, and accuracy in judging, and even a more superficial examination of the writings and daily life-work will prove the truth of this statement.

It was in consequence of the necessity for independent thought and accurate observation forced upon the physicians in this country, cut off from their natural sources by distance and by the tyranny of the mother country, that we have so many men and families famous for their independent medical labors in America, the Jacksons, the Bigelows and the Warrens, of this city, for example.

Indeed the emancipation of modern medicine from the thralldom of ancient formalism, has been materially influenced by the independence of American physicians, and the new lines of

treatment, both medical and surgical, originated by American medicine are both numerous and brilliant.

Modern preparatory education, as we have seen, strives to give to the many the same high standard which years ago made the exceptional man so noteworthy; and modern medical education has felt the pulse of the times and is following rapidly in the same footsteps. That we are abreast of the times, is manifested in our aims and efforts to-day to elevate the standard of our medical schools, to prolong the course of study, and to equalize the conditions and methods of graduation.

When we have carried out these plans in which I am proud to say, our homœopathic colleges, through the American Institute of Homœopathy, are playing a prominent part, the result will be a higher grade of physicians, and a public so educated up to the knowledge of what constitutes a good physician, that we shall have reached the true solution of the problem now so strenuously sought, and so extensively attempted by boards of registration and examination in so many of the states of this country. But these changes in the methods of medical education will also react in another and a more important direction.

In addition to the direct improvement to the general medical student, by a more thorough course in the training of his mental powers along the lines most useful in our profession, this medical awakening will bring to light a larger number of those men, specially gifted in special directions rare in a new country, who are fit candidates for the higher education in medical science, and whose aim in life is to realize that definition given by Gœthe, that true knowledge is "to know the limits of the knowable," for without this knowledge of the border lines, no real progress in science is possible. In his work on medical education, Dr. Billroth says that the training of doctors is a culture question of national importance, and that the source of all progress in medicine is rooted in pure science. The ends to be attained in this study of pure science are, to learn the truth of all questions; to learn the best methods of demonstrating it, and to gain new principles, which when applied to human life, will ameliorate the condition of mankind. The elder Pliny, in that monumental compilation of all that was strange and wonderful in his age, "The Natural History," said: "We should be constantly losing sight of the power and majesty of nature, if we persisted in studying it in detail without a conception of its unity."

The Ancients, with Aristotle at their head, studied nature in the widest and most comprehensive manner, but failed to obtain the practical. To-day, following the lead of Bichat, we can grasp

these great truths without being overpowered by speculations, founded only on metaphysical considerations.

Applied science covers all the methods and processes of daily life, while pure science consists in investigation of the causes, the reasons for these processes. In medicine, then, the main lines on which the investigations of pure science can be followed, are those of chemistry, physiology and microscopical anatomy. It is in these branches, the foundation of all the medical sciences, that we must look for progress in the future, and it is to these branches in particular that we must apply the methods of the higher education of to-day, specialization and research.

Specialization means not merely the development of special lines of study and practice, but the application of that great modern principle, the conservation of energy.

We have each been endowed with faculties, and with the same faculties, but the doctrine of the equality of man in these faculties, is as much a fallacy as we find it to be in the physical and in the business world, and the special training of those specially gifted faculties, is the end of the special education of the future. But it is by means of research that these specially gifted minds are to determine the lines of progress. Human workers, after all, resemble the classical flock of sheep, and we are constantly following the lead of some greater mind.

Every century has its thinkers and their few great thoughts, which are applied to the sciences and arts of that age. One of these great thoughts of to-day, is the theory of types in chemical notation, introduced by Gerhardt, a German student of the early part of our century.

In the study of pure science, as it has been said, the aim is to explain the cause of processes of nature, or those employed by man. This must be done by means of theories,—guesses at truth we may say—and such a theory is successful in proportion as it arranges facts in a logical order, and at the same time gives occasion for the development of new discoveries.

The science of chemistry, founded by Lavoisier, through his accurate investigation of the processes of combustion and oxidation established by Dalton, in his law of multiple proportions existing in chemical compounds, was made to see a far wider horizon of usefulness by the theory of types.

By this theory chemists became accustomed to looking at chemical compounds as definite bodies composed of definite parts, and the next step was inevitable to question if these parts could not be made interchangeable. This led to the grouping of elements and the discovery of new ones, and hence to the manufacture of such related salts, for example, as the bromides of potash, soda and ammonia. It has led also to the

discovery of innumerable organic compounds, like those obtained from that marvellous storehouse of light, heat, color, and later, drug power, coal tar, and it is now leading us in the direction of synthesis, of putting together the chemical elements in their proper proportions, and producing substances identical with those derived from the vegetable kingdom, or previously unknown, found to possess valuable properties and powers in the arts and in medicine.

Again, in another field of research, the doctrine of evolution is one of the grandest inductions of the human mind which the world has ever seen, and its application has been extended from the domain of physiology and biology into a variety of the applied sciences by analogy. But perhaps the best illustration which can be given of extensive research into the realm of pure science, at any rate, that which is to-day attracting the most earnest attention, is the new science of bacteriology. The crude work of Leeuwenhœk upon the fever coating of the tongue and the tartar on the teeth, laid the foundation of this great study which has since been systematized by the labors of Pasteur, Cohn and Koch, until to-day, scientific committees so frequently sent to investigate diseases or epidemics, are selected with a direct view to their skill and experience in this new and important branch of exact science. This will also illustrate how slow we are to gather fruit from investigation, since the fever which came upon Leeuwenhœk, and suggested his work, dates back to 1708, and the practical results were not made visible until one hundred and fifty years had elapsed. These are single illustrations drawn from many, of the directions in which research is being carried to-day in the sciences mentioned as fundamental in medical education.

These investigations can be carried on only in laboratories especially fitted for the purpose, of which we have few in this country worthy the name — none indeed if the great laboratory of Leipsic with the learned Ludwig be considered as a type — a laboratory regal in its appointments, but which accommodates six or eight students only at a time. Nor could we expect to attain to such in the past, in a young country which refuses to recognize the value of anything but immediate results in the way of usefulness and practical application. Nor have we the men to-day in any numbers, whose birth, training or habits have prepared them for such works. Darwin made so careful and elaborate investigations in a collection of beetles during his school-boy life, that his follow-students at once recognized his peculiar powers, and predicted his future success.

Agassiz, when a boy, use to gather about him the students of his class, and lecture upon and demonstrate the ultimate struct-

ure of the natural objects in the regions about his home, and thus foreshadowed the inborn powers his later years made manifest.

These men were born to their work, had at the same time the important aid which heredity adds to cultivated powers, and kept renewed these powers by constant and well-directed use. Their secret lay in the use of that maxim of instruction advanced by Roger Bacon, that when one has learned the text or principle of any science, he has learned all he is capable of attaining by study, and must then learn to apply it. In the days of Roger Bacon, the greater part of instruction had consisted of argumentation to prove the truth of the principle; not as to-day, to extend to a wider sphere, the application of it. Such notable examples are rare, but we have to-day valued workers in every field, and they will increase as time leads us to the deeper scientific investigation which higher education will certainly demand of medicine, as it is now doing of general culture.

Money also is an essential, both for buildings and their equipment, and for the support of those men whose lives are devoted to such work, to the exclusion of effort in the money-getting branches of our profession; and we can to-night look about us with pride, to see the evidences that this is a money-giving age. Never in the history of the civilized world has so much money been devoted to all good works; never has the practice of giving been so universal; willingly given by those whose education and taste enable them to discern the value of giving, as well as by those whose early lack of training has shown them still more forcibly, the importance of the best education and the need of means to obtain it.

It is a frequent saying to-day, that we have too many small colleges and schools, and that if we could only merge the funds and the energies of the many into one or two colossal institutions, greater good would be accomplished, greater men would be produced. This is not true, for just as we know that the strong point of homœopathy lies in individualizing rather than generalizing its cases, so education succeeds in proportion as each person is developed in his special directions. All schools and colleges, however large, have their own characteristics and their own tendencies so marked that it is often possible to recognize the types among graduates, so readily do minds in their formative years take on them the impress of their teachers.

A single great university or medical school would be a still greater misfortune, as its graduates would tend to fall into the uniformity of mediocrity, and vie with the principles of military life, which is to make, not a regiment of independent thinkers, but a thousand units who act as one man. No! Let us foster

our separate and smaller schools of learning and of medicine. Let us give to each one greater facilities in the study of abstract and pure science, by urging our rich men to make endowments which shall more generously support these special branches at least, which shall require a life of study and investigation. Let us establish more scholarships, not alone for the poor student who is struggling for learning with no means of support, but in especial for those students, unpractical in the main, and with little means or prospect of means, whom we sometimes find in the round of our daily life-work, and who show in little ways, the glimmerings of a genius which may be choked out before it gives to the world the brightness of its powers, or which by the offer of such opportunities, may be made to shine with a radiance that may cast upon ourselves some reflection of its brilliancy.

Then can be realized that noblest thought of the noble pagan Pliny, when he said: "God means man giving succor to his fellow-man. This is the way to glory everlasting, and it has been trod by the chiefs of Rome."

TWO CASES ILLUSTRATIVE OF THE IMPORTANCE OF PELVIC PALPATION: WITH COMMENTS UPON ITS TECHNIQUE.

BY JAMES R. COCKE, M.D., BOSTON, MASS.

CASE I. Mrs. —; aged, 45; consulted me Dec. 2, 1892, stating that her abdomen had been increasing in size for some years. Her general health was excellent; family history, negative. She had had one child, labor normal, menstruation regular and painless. Examination of the abdomen showed it to be enlarged in the hypogastric and inguinal regions; careful palpation revealed the enlargement to be a firm, nodular mass, which was freely movable and could be readily drawn up to the epigastrium or moved laterally. Inserting one finger into the vagina and exercising quick pressure upon the mass, with my hand upon the abdomen, the tumor was felt to descend, giving the impression of foetal ballottement. Position of uterus was normal, and raising the mass with the hand which lay upon the abdomen, did not change the position of the uterus. I laid my hand over the pubic arch crosswise, and pushed the tumor up with the ulnar border of the hand. Kneading the muscles, just above the pubic arch, with my first and second fingers, and with the vaginal finger pressing upward and forward, I could distinctly feel, arising from posterior to the right cornu of the uterus, a cord, which felt about twice the size of a lead-pencil. This cord was connected above with the under surface of the tumor. Palpation of the uterus itself showed it to be much enlarged,

and measurement of the uterine cavity with the sound revealed its depth to be five and one-quarter inches on the left side, and three and three-quarters inches upon the right side. Passing the sound from right to left in the uterine cavity, I could distinctly feel its point slip from a projection on the right side to an open space upon the left, so I concluded there was a growth in the uterine cavity as well, occupying the right side of it. I next investigated the posterior cul-de-sac, and with the vaginal finger it felt boggy. I next seized the mass with my left hand on the superior border, crosswise the abdomen, but found the abdominal muscles so resistant that I could not get my hand behind the tumor. I then massaged the abdomen for fifteen minutes, and found that I had relaxed the muscles sufficiently so that I could readily bring my fingers behind the tumor. Exercising pressure upward with the vaginal finger, and at the same time pressing downward with the hand upon the abdomen, I could distinctly feel a fluctuating lobular mass, behind the tumor first described. It seemed to be somewhat to the right. Thinking it might be the colon distended, I removed my hand from the vagina, and passed two fingers into the rectum. I could then feel that the mass was nodular upon its lower border, that its wall was elastic, that it was somewhat movable and almost round in shape, being somewhat elongated at its upper part; again pressing the hand upon the abdomen, fluctuation could be distinctly felt. Palpating the left side of the pelvis, through the rectum, I could feel a mass, nodular in shape, lying to the left and above the uterus, and a cord extended from it to the left cornu of the uterus. Its size was about three times that of the normal ovary. I again palpated the fluctuating mass on the right side, and at its lower angle could distinctly feel also a cord connecting it with the uterus. I gave it as my opinion, that we had to deal with, first, a large pedunculated movable uterine fibroid; secondly, that there was at least one fibroid within the uterine cavity; thirdly, that the mass posterior, and to the right of the uterus was an ovarian cyst, and, fourthly, that the mass felt to the left and above the uterus was the left ovary undergoing cystic degeneration.

I advised an operation for the following reasons:

First, as the fibroid tumor was movable and pedunculated, I feared torsion of its pedicle, thus depriving it of its nutrition, which would cause it to undergo necrosis and cause the patient to die of sepsis.

Second, I feared the mass described as occupying the right side, posterior to the fibroid, would continue to enlarge and kill the patient from pressure upon the neighboring viscera.

Third, as I believed the left ovary also to be cystic, I feared

that a cyst might develop from this organ and prove a source of danger. The family physician strongly deprecated an operation, advising the trial of medical treatment. (I do not know whether he made a physical examination or not.) I explained the condition of things to the family, and urged that delay might be very dangerous, and consent was given to call Dr. Alonzo Boothby, in consultation. The following is the statement of Dr. Boothby :

“Mrs. ——— was brought to me by Dr. Cocke, in December, he stating the facts as mentioned in this article. I opened the abdomen at his request, and found a large pedunculated uterine fibroid, and on lifting it out of the abdomen found posterior and to the right, an ovarian cyst which had extended upward to the vermiform appendix to which it was adherent. Examination of the uterus showed an interstitial fibroid, occupying its right side. There were other smaller growths through its walls. Examination of the left ovary showed it to be cystic. I informed Dr. Cocke that the operation was a very difficult and hazardous one, but the patient’s husband said to proceed. I removed the fibroid, dissected away the cyst wall from the intestines, performed total extirpation of the uterus and removed the left ovary and tube.’ The patient made an uninterrupted recovery in about eight weeks.”

CASE II. Miss ———; 48 years of age; a school-teacher by profession called me Oct. 25th, '92, hurriedly, complaining of severe hemorrhage from the uterus. I found the patient in collapse, pulse 160, resp. 78, temp. 96. There was a profuse discharge of blood from the vagina. Inquiry elicited the fact that she had been suffering for three years from metrorrhagia, the intervals between the hemorrhages varying from two to three weeks. The uterus had been curetted twice at one of the Boston hospitals, without benefit.

Ice over the hypogastrium, hydrastis internally and tamponade of the vagina were used to control the hemorrhage. Nitro-glycerine and brandy were used hypodermically for the collapse. The patient reacted well and the hemorrhage ceased sufficiently in twenty-four hours to permit of a thorough pelvic examination. Palpation showed the uterus to be much enlarged and retroverted. To the left of the uterus I could distinctly make out the left ovary, which was much enlarged. Upon the right of the uterus I could make out the Fallopian tube thickened, but could not distinctly outline the ovary. Rectal palpation made matters clearer upon the right side, and by this means I could distinctly feel the tube on the right side thickened. The ovary was hard, firm, and smaller than usual. I advised the

patient to be removed to the Boothby Surgical Hospital. As she was very anæmic, I thought she could receive there dietetic and hygienic treatment which would prepare her for an operation, if one were deemed necessary. During her stay prior to the operation, there were several recurrences of the hemorrhage which were promptly controlled by the vaginal tampon and hydrastis. I advised an operation and stated to Dr. Boothby my opinion as to the condition of the ovaries and tubes. His statement follows :

“I made three examinations of Miss G——. I found it difficult to ascertain the exact condition by palpation in the first two, but after the third one, was inclined to coincide with Dr. Cocke in his opinion. I made an abdominal incision, in Nov., '92, and found the left ovary to be much enlarged and the tube thickened. The right tube also was thickened and the right ovary was firm, about half the normal size. The uterus was much enlarged and had apparently undergone fibroid degeneration. I removed both tubes and ovaries, and the patient recovered without accident, and the flowing ceased.”

As will be seen by the results of the operations in these two cases, as stated by Dr. Boothby, my diagnosis was absolutely correct in each case. I do not wish to overrate the importance of palpation, and am well aware that grave mistakes are made by expert diagnosticians ; but it seems to me that much more could be done in this direction, if the same care were given to the training of the touch as is bestowed upon the other senses. We may learn by experience, only when our efforts are directed intelligently. The question might naturally be asked, how is this to be done? I would answer that by a systematic course of practice both upon the cadaver and upon the living body this can be acquired. I have found in my own case that by practice with an æsthesiometer, the points of the instrument can be detected after three or four weeks' practice, at one-third the amount of distance that they can when the practice has been discontinued. And again I have fancied that the sense of touch is much more acute when palpating the abdomen where a minimum amount of muscular effort is used. Holding the arms stiffly while palpating, will produce in the fingers a temporary hyperæmia which will interfere with the tactile sense. There is no doubt but that accurate diagnosis in the first of these cases has been the means of saving the patient's life, as fibroids are usually considered benign growths, and are not operated upon unless they develop symptoms which are markedly dangerous.

DEAFNESS AS A SEQUEL TO MUMPS.

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

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

The frequent occurrence of deafness as a sequel of measles and of scarlet fever has made us all familiar with this complication. In the conduct of these diseases we recognize the earliest symptoms which proclaim that the ear is in peril, and, from the very start, can foresee the whole impending train of evil consequences. If, however, during the treatment of an ordinary case of mumps there should occur a sudden and total deafness of one or both ears, without any pain or other premonitory symptoms, and without any accompaniment, save, perhaps, a slight tinnitus, or, possibly, for a few hours a trifling vertigo, or nausea and vomiting, and, further, if this deafness should persist day after day without any variation or the slightest improvement, I think any physician who has not made a special study of the ear would be taken much by surprise, and would wonder whether it were possible that the simple attack of mumps could really be the cause of the very serious aural disease. That a suppurative disease of the ear, with partial consequent deafness, might be induced by an attack of mumps, would occasion no surprise. The fissures of Santorini present a direct pathway for the extension of the suppurative process from the parotid gland to the external auditory canal, and thence to the deeper and more important parts of the ear, by direct continuity of tissue. It is not of this form of aural disease that I am writing; nor again of the simple catarrhal attacks which may also occur during the course of mumps. But the deafness to which I call your attention is a far more serious matter, sudden in its appearance, hitherto incurable in its nature, seated in the labyrinth with the catarrhal state of the tympanum, (if such state co-exists) altogether secondary and trivial in importance, and due evidently to a metastasis, which occasions interlabyrinthine effusion. Such cases are fortunately rare, but they do occur; a number of them are already upon record, and others are likely at any time to present. One has recently come to me in my own practice, a brief account of which will best illustrate the subject of my paper.

Mr. H. L.; age, 21; consulted me on account of total deafness of the left ear, associated with a buzzing and ticking sound which annoyed him greatly. The right ear was normal in every respect, and in appearance the left ear was in every particular as normal as its fellow. Upon catheterizing, the air entered the tympanum through the eustachian tube with perfect freedom. The sound of the tuning-fork when vibrating upon the vertex was referred to the right ear. Neither the fork nor any other

sound was heard by the left ear in any position. The diagnosis was, of course, labyrinthine deafness from probable effusion. Inquiry into the history of this case developed the points of interest which make its record valuable.

Six weeks before seeing me the patient had a severe attack of mumps upon both sides. Upon the eighth day of the attack, while the swelling was subsiding, a buzzing noise was heard in the left ear, and whenever the rim of the ear was touched a curious noise seemed to be produced like the striking of a sheet of tin. The buzzing was steady and continuous throughout the day, and associated with it was a constant ticking like the ticking of a watch. Some deafness was noticeable that day; there was no pain at any time, no pulsation within the ear or head, no headache, no dizziness, no nausea, no oversensitiveness to noises, no splitting of musical notes nor any strangeness of the musical scale. On the following day the buzzing and ticking and the metallic sound upon touching the ear had all ceased, and no new symptoms of any sort had arisen, but the hearing was gone. Then occurred a metastasis to the testicle upon the left side, which gave trouble for two days more. The recovery afterwards progressed normally. The ear remained silent until three days before his coming to me, (that is, in all, about four weeks of silence) when the same buzzing and associated ticking began again, and from this especially he sought relief.

This patient remained under active treatment and close observation for thirty days, when his visit to Boston terminated and I saw him no more. During the time of treatment I tried the effect of local massage, of electricity, of increased and diminished air-pressure in the external canal, and of injections of iodine and of chloroform vapor into the tympanum. Every one of these measures produced some temporarily noticeable effect upon the subjective noises, sometimes upon the buzzing and sometimes upon the ticking, but in every instance only a slight effect and of short duration. Of our remedies I had only time to try gelsem. and kali phos., and upon dismissing my patient, supplied him with silicea. All measures alike, which I had opportunity to try, failed utterly. Could I see him again I should try in still other ways to overcome the tinnitus, but the hearing I know to be lost beyond all hope.

WHAT'S IN A NAME? — A midwife in Prussia was recently fined \$2.50 for daring to assume the title of *Geburtshelferin* when she was nothing but a *Hebamme*. In commenting on the incident, the *British Medical Journal* is led to remark: "That a mere midwife should attempt to pass herself off as an *accoucheuse* is, as *Dogberry* says, 'most tolerable and not to be endured;' it is an offence against society like that of *Dr. Johnson*, of whom *Boswell's* father spoke in terms of righteous indignation as 'ane that keepit a schule and ca'd it an academy.'"—*Med. Record.*

DISPENSARY PRACTICE COMPARED WITH PRIVATE PRACTICE.

BY ADALINE B. CHURCH, M.D., BOSTON.

[Read before the Massachusetts Homœopathic Medical Society.]

To follow carefully the course of similar diseases with the poor, and the more favored woman, has been to me a source of interest, and in the fourteen years of observation, certain facts have impressed themselves upon my notice.

The season opens with like cases in all classes, prominent among them are subinvolution, chronic metritis, endometritis, lacerated cervix accompanied with displacements, principally retro-versions and flexions. I commence the treatment almost in the same way for all classes, the first aim being to reduce the enlarged indurated uterus, change its consistency, remove the endometritis and displacement.

In the dispensary the patients do not object to frequent applications and placing of tampons to relieve the congestion, improve the circulation, and reduce the displacement, which prove to be a very great benefit to them. We are enabled to follow them closely, seeing them frequently, and can correct any errors in diet and general life, without being accused of mercenary motives.

While among the better class there are many intelligent women who are willing to follow implicitly all instructions, there are also certain patients who feel that the frequent visits mean larger bills, and who ask that these applications may be made less often, thus hampering and annoying the work of science, and, consequently, retarding the progress of the improvement.

The dispensary patient, owing to her vigorous constitution, her busy life preventing her from dwelling upon nervous symptoms, makes a steady improvement; while the patient of leisure does not get sufficient exercise out-doors or in-doors, her life is such as tends to increase the nervous symptoms by having a wealth of time to dwell upon them, and her progress is comparatively slower. Meanwhile, the intelligent woman grasps every means of cure, and, naturally, if blessed with a good constitution, makes the most encouraging strides towards relief and health.

Later, we find that some of the lacerated cervices have so improved by the more healthy condition of the mucous membrane, that the ectropion has disappeared, and the operation which seemed inevitable at first, is not necessary.

Next in frequency come the anomalies of menstruation, amenorrhœa, menorrhagia, metrorrhagia with dysmenorrhœa. The former of these are relieved in about the same time in both classes, but dysmenorrhœa, the *bête noire* of many physicians, is

to my astonishment relieved much quicker in the dispensary patient, whether it be congestive, obstructive, neuralgic or ovarian. This seems a strange fact, but such has been my experience. When a case of membranous dysmenorrhœa presents itself, I have learned not to make rash promises, but as these cases are generally caused by an endometritis, I recommend curetting, having seen better results than from any other surgical means.

In almost all cases of chronic dysmenorrhœa I examine the pelvic organs, and generally find sufficient cause, notably endometritis, stenosis of internal or external os uteri, and flexions. In cases of catarrhal salpingitis, where I have expected dysmenorrhœa, I have not always found it.

Procidencia complicated with rectocele, cystocele and ruptured perineum, is far more common among the working class, probably due to the hard toil, the heavy lifting and the carelessness following labor, as well as lack of skilled attendance during labor.

Pruritis vulvæ and vaginismus are more frequently seen among the better class.

In cases of sterility the result has been about the same in both classes, more successes than failures.

Ovarian diseases, as a rule, require surgical treatment.

I have found more malignant tumors in the dispensary, and more benign tumors, especially fibromata, in private practice. And here let me speak a word in favor of the early operation in malignant disease of the uterus. I recall an interesting case of carcinoma of the cervix, that was operated upon by one of the surgeons in the Homœopathic Hospital. Total extirpation of the uterus through the vagina (or vaginal hysterectomy) was performed. The patient made a good recovery, and enjoyed years of comparative comfort. Had she come earlier, she would have had much better promise for the future, but she had been told that the profuse menstruation was due to the "change of life," and had not sought medical advice.

For fibromata with menorrhagia or metrorrhagia, electricity has done more than any other method of treatment except surgical.

Sprinkled in among these diseases we find vaginitis, simple and specific, and these cases causing much acute suffering, go on about the same in both classes of patients. I have found a larger number of cases of specific vaginitis in the dispensary with abscess of the vulvo-vaginal glands, and more cases of tubal diseases among the office patients, possibly the result of specific infection.

It has been my purpose as far as possible to individualize the cases, and to avoid routine treatment, to employ the milder measures, and to rely upon homœopathic remedies.

WHEN SHALL WE REMOVE THE APPENDIX VERMIFORMIS?

BY J. W. HAYWARD, M.D., TAUNTON, MASS.

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

The anatomist found it and named it the "appendix vermiformis;" the physiologist examined it and said it had no use; the pathologist studied it and said it was a frequent cause of death; and the surgeon said, "Cut it off." Accordingly it was cut off, and the patient did not die from the operation, and, inasmuch as we have heard nothing further from the hero, we presume he recovered and never again had pain or tenderness at the "McBurney point"; but of this, alas, we do not positively know.

From the time of this operation to the present, laparotomy for the removal of the appendix vermiformis has continued to grow in favor until, as Treve has said, it threatened to become "epidemic." Some have even ventured to predict that many of us will live to see the operation made upon every new-born babe.

It is not my purpose to deprecate the operation,—on the contrary, I value it beyond estimate,—but to protest against the indiscriminate, violent interference with nature's efforts to restore an injured or disordered organ to health.

We are told upon good authority that every case of typhlitis and perityphlitis has its origin in inflammation of the appendix, and upon equally good authority that the proper treatment of appendicitis is amputation of the organ,—which being accepted, simply reduces every case of inflammation of the cœcal region to laparotomy. And the growing tendency is to accept this and operate early and late. My own feeling is that it is time to command a halt and examine in a cool and deliberate manner the enemy's position, that we may learn to attack at the proper time.

Accepting the popular theory that all cases of cœcal inflammation have their origin in the appendix, it becomes an undeniable fact that a very large percentage of all cases of appendicitis will recover by simply emptying the alimentary canal and observing a period of perfect rest. This, I believe, can be materially improved by a careful selection of the indicated remedy, and, as the symptoms are so uniform, the simillimum becomes almost an empiricism.

Let us examine for a moment the usual symptoms: 1st, Pain in the right iliac region, generally sudden in its attack, then hard and continuous; 2nd, tenderness, sensitiveness to pressure at the seat of pain; 3rd, bowels confined, or frequent, insufficient liquid or semi-liquid movements, sometimes mucopurulent; 4th, nausea, with empty retching or liquid vomiting and hiccough; 5th, palpation reveals a degree of tumefaction more or less indefinite in its outline and firmness; 6th, the tempera-

ture rises and the pulse increases in frequency, the face is generally flushed.

Now if you transfer this picture to your *materia medica*, you will find it photographed under belladonna. Every symptom I have mentioned you will find there, and if you will give the remedy, I am quite certain you will find satisfactory results. The past three years I have practically given nothing else, and have not had a single fatal or surgical case where they have been seen within twelve hours of the attack.

I do, however, recognize a surgical stage when I should feel that I was as criminally negligent not to interfere as I should now feel that I was meddling, were I to open every abdomen for inflamed appendix. This surgical stage may appear at any time during the progress of the trouble, and is best determined by a careful observation of the temperature and pulse, together with the facial expression of the patient. I can, perhaps, best express my meaning by a hypothetical case. A sharp pain in right iliac fossa, becoming less acute as it continues; this region sensitive to pressure, especially at the "McBurney point"; nausea and vomiting; a tumor which does not fluctuate, and may be felt by palpation or by bi-manual examination per rectum; the temperature has risen to 101° or 102° , and the pulse corresponds. If pain subsides, nausea ceases; tumor does not fluctuate, but appears rather to contract; temperature and pulse decline and keep a uniform relation to each other; facial expression grows more cheerful; you may count surely on a more or less speedy recovery. If, on the other hand, the physical signs increase in intensity, and, especially if the temperature declines and the pulse increases in frequency, while the facial expression becomes more anxious, or if the tumor fluctuates, operation is imperative.

There is a class of cases which are occasionally met, where perforation occurs suddenly or without sufficiently characteristic signs for an accurate diagnosis, and a general suppurative peritonitis is at once set up. This class of cases will die whether or not an operation is made, and the surgeon may be justified in consulting the desires of his patient.

There is still another class of cases where attacks recur, which, I believe, is not an especially dangerous form of the disease, — certainly so far as the dangers from perforation or abscess are concerned, — for it is almost certain that the first attack has so completely occluded the cœcal opening of the appendix as to make the presence of a foreign body impossible. In these cases operation should not be attempted during the progress of an attack, but may, if the patient so desires, be done with safety during the interval.

SUGGESTIONS FOUNDED ON EXPERIENCE IN THE USE OF
SCHÜSSLER REMEDIES.

BY J. M. BARTON, M.D., WORCESTER, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

CALCAREA PHOS.

My use of this remedy is confined mostly to bone diseases, and I have used it also as a tonic in many cases, where I find the mental symptoms. I have used it for peevish and fretful children, for the headaches of school-girls who are nervous, and for vertigo of old people, and for a cold feeling in the head, feeling cold to the touch, with the headache.

Eyes. I have frequently used it for amaurosis of children and young people, especially girls during puberty, and for scrofulous inflammation of the eyes and opacities following the same.

Diarrhœa, with gushing and passing of flatulence.

Back and Extremities. I have often given it in lumbago, after the use of ferric phos. ; and where there are the following symptoms: numb feeling in the back and legs, rheumatism in the joints, house-maid's knees, bow-legs in children and swelling of the epiphyses. It is given as very similar to calc. carb., but with calc. phos. the patient is greatly emaciated, the complexion is a dirty white or brown.

CALCAREA FLUORICA.

I have used this remedy for nasal troubles, that is in a cold in the head, stuffy cold, ozena, especially for a thick, lumpy discharge which is hard to detach, going principally into the posterior nares.

Hard swellings of the face and on the jaw bone have been relieved by it.

In throat troubles, one case especially, I relieved the tickling in the throat caused by the elongation of the uvula. This patient had been troubled several times with that persistent cough which this remedy at once cured. The throat of this patient is always inclined to run into this condition, and this remedy has several times made a quick cure.

Hemorrhoids, especially with swelling and induration, are relieved by this remedy.

Displacement of the uterus indicated by dragging pains in the region of the uterus, I have relieved with this remedy.

Respiratory. When a cough is accompanied with expectoration of lumps of thick mucus with a tickling sensation and irritation in the larynx. Also I have found it useful in the croup, which kali mur. failed to cure.

FERRUM PHOSPHORICUM.

Head and Scalp. For congestive headaches where pressing against the spot seems to relieve the pain, and which are relieved by nose bleed, I have found it very useful.

It is said to be the chief remedy in headaches, made worse by shaking the head, stooping and motion, sick headaches with vomiting of undigested food and in vertigo with rush of blood to the head.

Eyes. Inflammation of the eyes with heat and redness ; where the pain is aggravated by moving the eyes. Dr. Ivins gives prominence to the symptom, eyes inflamed, red and looking as though there were grains of sand under the eyelids.

Ears. Dr. Henry C. Houghton gives ferric phos. in acute otitis externa both in the diffused and circumscribed form. He says it is to be given in the early stages of inflammation or later when the temperature rises and the pulse increases, with a symptom observed clinically, a noticeable pulsation in the ears and every movement of the heart is felt there. Also for chronic suppurative inflammation, belladonna, ferric phos. and gelsemium influence when continually applied, here as well as elsewhere in the economy. In cases where the relief following the discharge is not complete, but there is a continuance of pain which is paroxysmal in character, this remedy is very strongly indicated.

Nose. For the first stages of a cold in the head, also predisposition to catch cold, and the epistaxis of children.

Dr. Morgan gives a symptom of florid complexion with less nerve tension than that of belladonna.

Throat. For red and inflamed tonsils and the first stages of diphtheria I consider it the most prominent medicine. In most cases of diphtheria in the first stage the indicating symptom is the sore throat which is dry and red and inflamed, with pain.

Abdomen. I use it in the first stages of gastric and enteric fevers. I have used it in constipation with heat in the lower bowel. I seldom fail to cure bloody dysentery ; for the mucous or slimy discharge following, kali mur. is apt to be indicated.

Urinary and Sexual Organs. I have found it very useful in the first stages of gonorrhœa. I usually give it after labor, the first two days, thinking it prevents feverish reaction and any tendency to inflammation.

Respiratory Symptoms. I confess I have fallen into the habit of using this remedy in a routine manner in the same way that many physicians use aconite. In case of inflammatory infection of the respiratory tract, my particular indications for it are fever and heat, a painful cough, involuntary emission of urine, and soreness of the lungs.

Back and Extremities. Articular rheumatism, lameness and stiffness from a cold or a crick in the back; it is a common remedy with me for all rheumatic, gastric and typhoid fevers, at the beginning of the diseases, in simple cases of scarlet fever and measles; for mechanical injuries, (inflammatory symptoms), also sprains.

The characteristic points of this remedy are aggravation by motion, and relieved by cold.

Homoœpathic Data. Ferric phos. was proved by Dr. J. C. Morgan in 1876. The symptomatology is to be found in Allen's Encyclopædia, Vol. 10.

The extensive use of this drug is entirely owing to its introduction by Schüssler.

KALI MURIATICUM.

Kali muriaticum answers to croupous or diphtheritic exudations, and, hence, is useful in such diseases as croup, lymphatic enlargement and cutaneous eruption. The characteristic symptoms are white or gray coating at the base of the tongue, glandular swellings, discharge or expectorations of a thick, white, slimy phlegm or flour-like scaling of the skin; and torpor of the liver.

Eyes. Dr. Norton gives a case, parenchymatous keratitis, cured with this remedy.

Ears. Deafness and ear-ache from swelling of the Eustachian tubes and swelling of the glands or crackling noises in blowing the nose or swallowing, have been cured with this remedy.

Dr. Houghton says, "This remedy is in my judgment useful for excessive granulations, and I have had more satisfaction from its use than any other single medicine." He says, "It is one of the most effective medicines we have ever used for chronic catarrhal inflammation of the middle ear."

For stuffy colds in the head, with or without a whitish-gray coated tongue, it is very useful.

Throat. It is a useful remedy in most cases of diphtheria. With ferric phos. I frequently use it for mumps with good results.

In tonsillitis the tonsils are swelled so much that patients can hardly breathe, and where the tonsils are covered with gray or white spots I have found it useful.

Dysentery with slimy stools; the second stages of gonorrhœa and in orchitis resulting from a suppression of the same. Leucorrhœa, the discharge of a milky-white mucus, thick, non-irritating, is relieved by this remedy.

Respiratory Organs; loss of voice, hoarseness from a cold, a white tongue, cough with thick, white sputa. In pneumonia,

the second stage with viscid expectoration, I have found it useful.

Skin, abscesses, boils, carbuncles, etc., in the second stage.

In one case of carbuncle under my care there was hardness and induration of the forearm, starting from the wrist, with a very severe, sharp pain. Cal. fluor. 6x trit., relieved this symptom, and a discharge of a thick, white pus followed, for which I gave this remedy; these two remedies cured the case.

I use it often for erythema, eczema and for eruptions on the skin, and for vesicles with thick, white contents. It is my chief remedy for glandular swellings and follicular infiltrations.

KALI PHOS.

I give kali phos. according to the general indications of Schüssler, for conditions arising from want of nerve power, as prostration, loss of mental vigor, depression. In cases arising from rapid decomposition of the blood corpuscles and "muscle juice," such as hemorrhages of a septic nature, scorbutus, stomatitis, gangrenous angina, phagedenic chancre, offensive, carrion-like diarrhœa, adynamic or typhoid conditions.

Head. Vertigo and giddiness from nervous exhaustion and weakness.

Sleeplessness, I have frequently seen relieved by it, especially in the second stage of scarlatina, etc.

Eyes. Weakness of sight, loss of perceptive power after diphtheria, from exhaustion.

Ears. Noises in the ears with nervous exhaustion (china is perhaps more indicated when there is middle ear disease), discharge of foul pus from the ear.

Mouth. Breath offensive, cancrum oris, with ashy-grey ulcers. I think I prescribe kali phos. and baptisia more for this class of cases than most other remedies. In cases where the prostration was great without feverish exacerbation, kali phos. would perhaps come first. Merc. viv. would be thought of more when there was salivation, spongy gums, prints of the teeth on the margin of the tongue, etc.

Stool. Choleraic conditions, the rice-water discharges seem a very prominent symptom as well as the cramps and prostration.

Urinary Organs. For enuresis of children I find it very effective when other remedies fail.

In Labor it stimulates weak and spurious pains.

Febrile Symptoms. Schüssler recommends it as the chief remedy in typhoid, gastric, enteric fevers with brown dry tongue, petechiæ, sleeplessness, stupor, delirium, etc. He also says all typhoid and malignant symptoms are met by this drug. I am not willing to accept this remedy as a cure in all these cases.

Skin. A man had gouty concretion around nearly all joints of both his hands, and on his ears, which were suppurating and discharging a very offensive watery pus. He was given kali phos., 6x trit., doses once in two hours, within twenty-four hours all bad odor was gone, and his general vitality was much improved. This man later died of heart disease.

Rhus tox. is given as being the nearest analogue to kali phos.

MAG. PHOS.

Mag. phos. is a common remedy with me in cramps, neuralgic, spasmodic conditions. Pains which are improved by warmth and rubbing.

It has been useful in eye troubles for the sparks before the eyes, twitching of the eyelids.

The characteristic symptom besides the relief from extended warmth is location on the right side. It seems to act best in gastralgia and heart distress, given in hot water, as Schüssler recommends it.

Dr. J. C. Morgan, recommends in colic, the 30th. dissolved in hot water, and doses at short intervals.

NATRUM MUR.

Natrum mur. is a remedy which perhaps many homœopathic physicians seldom use. It is easily understood why they do not use the drug, because we eat it with almost every article of food, three times a day. Leaving out of the case the factor of potency or dynamization, which some do not credit, they consider it inert.

Perhaps my use of natrum muriaticum may have resulted, in a great measure, from the reading of Schüssler's work, and catching on to his idea of characteristics.

The prominent feature of this remedy is a serous discharge, a transparent, watery, coarse, frothy mucus. It cures pain in any part of the body when accompanied by salivation, increased lachrymation or by vomiting of water or mucus.

This salt is a constituent of every liquid and solid part of the body. A disturbance of the molecules of this salt causes, according to Schüssler, a change in the normal proportion of moisture in the respective tissues, showing itself in a decrease of secretions in one part of the body, and an increase in another, as for example, an increase of the mucous secretion of the stomach, with, at the same time, decrease of the mucous secretions of the intestinal canal, and thereupon pains in the stomach, with vomiting of mucus and retarded evacuations from the bowels. Nat. mur., through its osmotic power regulates the degree of moisture in the tissues.

The tongue has a clear shiny appearance, or bubbles of frothy saliva extended along its sides, or is broad, pallid with a pasty coat.

I will give some of the guiding symptoms and characteristics in detail, which I have followed in my use of the drug.

Mental Symptoms. Delirium with starting, wandering delirium with frothy appearance of the tongue, as in typhoid fever. Hypochondriacal mood with constipation.

Head and Scalp. Dull, heavy headaches with profusion of tears, also in toothache. One condition I have often seen verified is sick headache, vomiting of transparent mucus. A few doses of the sixth or the twelfth generally cures. Schüssler says this is the chief remedy for sun-stroke. Itching eruption on the margin of the hair at the nape of the neck, "dandruff and falling of the hair."

Eyes. The same symptom is prominent in eye troubles; profuse flow of tears and white mucus from the eyes. In Norton's ophthalmic therapeutics much prominence is given to this remedy. They become red, burning and itching, especially in the evening while reading. Acrid lachrymation making the canthi red and sore. The eyes give out in writing. Sensation of sand in the eyes in the morning. (Itching in the inner canthus. Zinc.)

Vision. Eyes weak, dim and misty; letters and stitches run together. Norton says it has been successfully employed in a great variety of eye-troubles, both superficial and deep. It is better adapted to chronic diseases than to those which are more acute in their course.

Old cases of granular lids may require this remedy, especially if they have previously been much treated with caustics and are accompanied by acrid excoriation and lachrymation. In pustules and ulcers of the cornea, Norton says much benefit is derived from the administration of nat. mur., especially in chronic recurrent cases, though the symptoms which lead to its selection are not particularly characteristic. I have now under my care two cases in children, which are of the class spoken of in this connection, and I am now using this remedy with benefit. The itching and burning in the eyes, or a feeling as from sand in them, the sharp pains are more over the eyes than in them in many cases. The lachrymation is acrid and excoriating. There is much photophobia and the lids are spasmodically closed.

In asthenopia, particularly muscular, and dependent upon over-use of the eye, in either ametropia or emmetropia, nat. mur. is a most important remedy. Some clinical indications have been observed, as follows: Drawing, stiff sensation in the muscles of the eyes, on moving them. This is very characteristic of nat. mur. Pain, burning and smarting of the eyes on attempting to use them and after using them. Pain on looking steadily at objects distant or near.

Weakness of the internal recti muscles which has become sufficient to produce divergent strabismus, has been cured by nat. mur. Dr. Buffum gives a case of a boy of twenty years of age, squint had existed from infancy, following rheumatism; cured by the 30th and 200th.

Nose. Colds causing vascular eruptions with watery contents, which burst and leave thin scurfs or crusts and scabs in the nose.

Coryza with clear watery discharge, or alternating with dry coryza with loss of taste and smell, posterior nares feeling dry. I am troubled with a rhinitis usually dry, but with a slight change of the weather comes severe tingling in the nose, violent fits of sneezing and coryza. Sometimes the sneezing is so hard as to produce vertigo, but one dose of the 6th or 12th is always followed by a relief of the severe tingling, and sneezing is usually at once stopped.

Throat. Diphtheria if the face be puffy and pale with drowsiness, watery stools, flow of saliva or vomiting of water. A case I saw with such a picture was at once helped. Prof. Allen tells the students to prescribe for the unusual and peculiar symptoms, and the disease will run a regular course.

Mumps with salivation and frequent coughing of mucus tasting salty, also for metastasis of mumps to the testicles, I have found it a useful remedy.

Gastric Symptoms. Indigestion with vomiting of clear frothy water or stringy saliva. Waterbrash coming up into the throat, not acid.

Sexual Organs. Chronic gonorrhœa and gleet with transparent watery slime. Menstruation where the discharge is thin, watery, bloody; delayed menses with headache. Leucorrhœa, watery, smarting, irritating is frequently cured by this remedy.

Respiratory Organs. Cough with clear, frothy, watery phlegm, loose and rattling, sometimes raised with difficulty. It was often indicated in both epidemics of la grippe, especially among the old and feeble. Where there was a loose-sounding cough with difficulty of raising, or raising what looked like the raw white of egg beaten into froth.

There might be some heavy phlegm mixed with the froth, but the froth was very prominent.

NATRUM PHOS.

Natrum phos. for stomach and bowel troubles attended with excessive acidity, sour vomiting. Diarrhœa in infants which makes the parts red and tender, is generally relieved at once.

NATRUM SULPH.

Natrum sulp. is my specific for inflammations of the matrix of

the nails or "run arounds." It is also useful for soreness of the feet.

I have used it with benefit for the leading symptoms given in Schüssler of excessive bile, bilious diarrhœa.

SMALL IRRITABLE GROWTHS OF THE VULVA.

BY S. MANNING PERKINS, M.D.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

Vascular tumors of the urethra, though small and insignificant in appearance, give rise to symptoms sufficiently troublesome to demand our careful attention. Often their presence is unsuspected by the patient. They are met with most frequently during the period of middle life, less often in old women and occasionally in children.

These little tumors are made up of connective tissue, capillary vessels and nerve filaments. Dependent as they are on a congested state of the tissues, they frequently exist in women suffering from pelvic congestion or uterine disease. In these I have observed them in patients having also uterine polypi. Pozzi says in regard to them, "All causes of local irritation of the meatus, or of congestion of the pelvic organs, or of inflammation of the urinary passages in adults, and cachexia or debility in children favor the production of these lesions."

One patient passed a sharp calculus which cut the urethra, causing considerable hemorrhage, and, about six months later, while seeking the cause of dysuria, I found two of these growths in the urethra, one the size of a small pea, consisting of two lobes and a pedicle, about a third of an inch from the meatus, and immediately above it another smaller one. In this case the treatment consisted in dilating the urethra and applying ligatures, including the pedicle and mucous membrane of the urethra at the point of attachment. The nervous depression caused by these growths may become an alarming symptom.

I was impressed with the serious nature of these symptoms by a case which came to me five years ago. A refined, sensitive and intelligent woman, about sixty years old, consulted me in regard to a most excruciating pain in the vulva, from which she had suffered for several years when passing urine and from any external irritation. She had been examined by two physicians, who assured her that there was no local cause for her trouble, and that it was a purely nervous affection. Examination showed a small vascular growth just inside the meatus, and below it in the vulva were three other smaller growths, all of them extremely sensitive. Her husband told me that her suffering had been so great that at times she was not responsible

for word or deed. She had come to be regarded by her neighbors as queer and half crazy. The treatment consisted in removing the growths with chromic acid and building up the general health. Arsenicum proved a useful remedy here. The removal of the growths relieved her completely. She gained rapidly in physical and mental condition, said she was perfectly well. She passed from my observation soon after this. I have learned that she has had some return of this trouble and has recently been under treatment for it.

One of the worst features of these troubles is their tendency to return, but even temporary relief is extremely desirable. The thermocautery is useful in destroying the tissue and preventing hemorrhage. I have not succeeded in removing these growths by internal remedies alone, although I have given eucalyptus what I consider a fair trial.

AN UNUSUAL CASE OF FRACTURE.

BY FRANK A. GARDNER, M.D., SALEM, MASS.

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

On Saturday evening, Nov. 7th, 1891, Mr. O., a man about twenty-eight years of age, came to my office with an injured wrist. He stated that he was riding on the front platform of an electric car, and in turning a street corner quite rapidly, was thrown on to the block pavement. As he said that in falling he thrust out his hand and fell upon the outstretched arm, my first thought was of Colles' fracture; but examination of the radius and ulnar proved them to be uninjured. No evidence of fracture of the metacarpal bones was found, but on twisting the hand marked crepitus was discovered in the wrist proper. Crepitus, preternatural mobility and pain were present in the wrist midway between the lower end of the ulnar and the proximal end of the fifth metacarpal bone. Fracture of one of the small bones of the wrist was diagnosed, and in the absence of any record of a similar case to guide me, dressings were applied as follows:

Externally a padded pistol splint was applied as in a case of Colles' fracture, and internally a well-padded interosseous splint was placed lower than usual, and bandages were wound sufficiently tight to prevent any wrist movement. The depression of the outer edge of the hand to conform to the curve of the pistol splint served to approximate the fragments of the fractured bone. Diligent search on my part failed to find any record of a fracture of the carpal bones except by a direct blow as from a hammer.

The next day, in conversation with Dr. O. B. Shreve, one of

the ablest surgeons in our vicinity, I mentioned the case to him. He said that as fracture of a small bone of the wrist from such a cause was practically unknown, it might be a case of fracture of one of the metacarpal bones, and suggested therefor the use of a ball splint in the palm of the hand. He expressed a desire to see the case, and being anxious to have him, I took the patient to his office that evening. After careful examination he confirmed my diagnosis, and considered that the unciform bone was fractured. Inasmuch as the splints as applied held the wrist firmly, he advised their continuance. Passive motion was tried in three weeks, and continued at proper intervals until good motion was secured. Complete recovery was the result, and the man has been about his work as before the accident.

AN AID TO THE DIAGNOSIS OF BACTERIAL DISEASES.

BY F. F. STRONG.

That the use of the microscope, and bacteriological methods are of great assistance, if not absolutely essential to the diagnosis of many diseases, is a fact that no observant physician will question. In many diseases, as for example, cholera, it is of vital importance that a prompt bacteriological examination be made in order that such measures of quarantine and disinfection may be employed as will prevent the spread of the infectious malady.

To the busy physician, however, the facilities for work of this character are necessarily limited, and in many cases he has no means of properly collecting or preserving the bacteria containing material, for the purpose of sending it to an expert for examination. Realizing this fact, the following means were devised to facilitate the collection and transportation of infectious substances; to these I have given the name "Bacteriological Diagnosis Tubes." They consist of $\frac{1}{8}$ -drachm homœopathic vials containing a small amount of "beef-peptone-agar" jelly and closed with a small plug of cotton. They are thoroughly sterilized and will keep indefinitely. They are put up in boxes containing printed directions for use, each box holding four tubes and being so small as to be easily carried in the waistcoat pocket.

In using these tubes, a probe, needle, or other slender metal instrument is sterilized by passing it through the flame of a match or gas burner, dipped in the discharge or other suspected material and inserted in the jelly in a tube. The instrument being withdrawn, the cotton plug is again inserted and the tube sent for examination.

The bacteriological methods to be employed in the examina-

tion of the inoculated tube depend, of course, on the nature of the material, and it may be of some interest to take up in detail the routine for the isolation of some of the more important bacteria. Suppose the tube has been inoculated with a drop of the dejecta from a suspected case of cholera; as soon as received, a portion of the inoculated jelly is removed on the end of a sterile platinum wire and placed in a tube containing several cubic centimeters of sterile beef-peptone-gelatine previously liquified by warming. The tube containing the latter is now gently rotated in order that the bacteria may be evenly distributed in the nutrient medium, the contents poured into a sterilized "Petri dish" and allowed to solidify in a thin layer. The dish is then placed in an incubator at a temperature of 22° Cent. and left over night for the colonies to develop. Meanwhile, several cover-glass preparations are made from the remaining jelly in the diagnosis tube, properly stained, and examined for the presence of the "comma bacillus." After twenty hours the dish is examined and if colonies are found to have developed, fresh tubes of sterile bouillon are inoculated from these, placed in an incubator at 38° Cent. for twelve hours or more, and the pure cultures so obtained, tested microscopically and chemically, according to established methods, in order to definitely determine the presence or absence of the microbe in question.

Some bacteria grow so rapidly in certain culture media that it is unnecessary to isolate them by the "plate-culture" process above described. For example, in examining for the presence of the bacillus of diphtheria, a portion of the jelly inoculated with the fibrinous exudate from the throat of the patient is placed directly in a large tube containing a culture medium composed of bouillon, peptone, blood-serum, grape-sugar and sodium chloride in proper proportions. At the end or twenty hours in the incubator if the diphtheria bacillus be present, a characteristic colony will be formed, which under the microscope, can easily be recognized. The same routine is followed in examination for the presence of typhoid bacilli with the exception that the special nutrient medium employed has a different formula.

These tubes are of special assistance in the diagnosis of such diseases as cholera, typhoid, diphtheria, pneumonia, gonorrhœa, tuberculosis, erysipelas, septic peritonitis, etc. A box of these tubes may be obtained on application to the Pathological Department, B. U. School of Medicine.

WHO makes the kittens, Jackie?"

"Why, God makes them Ethel. He doesn't make them as he does babies, one by one, but He just says, "Let there be kittens," and there are kittens.—*Life*.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held at the College Building, East Concord St., Thursday evening, March 2, 1893. At 7.45 o'clock the meeting was called to order by the President, Walter Wesselhoeft, M.D.

After reading and approval of the records of the previous meeting, the following physicians, recommended by the Board of Censors, were elected to membership: Fannie E. Clarke, M.D., of Boston, and Edward B. Richardson, M.D., of Everett.

Dr. I. T. Talbot moved that "The Executive Committee be authorized to publish the annual report of the Society, its constitution and by-laws, together with a list of members in the various sections." Carried.

SCIENTIFIC SESSION.

Dr. Horace Packard presented four interesting pathological specimens, the results of recent surgical operations.

1. A solid ovarian tumor, fully three inches in its longest diameter, a portion of the ovarian tissue presenting at one border. The case is remarkable, in that a great accumulation of ascitic fluid was present, apparently due to the presence of the tumor, as there has been no recurrence since the operation.

2. Multilocular ovarian tumor.

This was of particular interest, in that its presence was not known till after confinement. During convalescence the tumor was discovered, and later removed by abdominal section.

3. Colloid Cancer of Ovary.

A cystic tumor containing colloid material in the interstices of its stroma.

4. Multilocular Papillary Ovarian Cystoma.

Upon the inner surface of the cyst-walls numerous papillary growths were found. He also reported a case, where he successfully removed a small cyst from the ovary, by enucleation, leaving the remainder of the organ intact.

Dr. W. T. Talbot exhibited a Bacteriological Diagnostic tube.

Dr. H. E. Spalding exhibited a vaginal tube which he had devised for use when a patient is placed in the knee-chest position.

Dr. H. C. Hallowell exhibited photographs of twin acranial monsters, born June, 1892.

SECTION OF GYNÆCOLOGY AND OBSTETRICS.

Dr. George R. Southwick presented an excellent paper entitled, "What Has Homœopathy Done for Gynæcology?" in which he reported several cases, the last being one of "Adeno-

Carcinoma of the Uterus," which had been under his care, and apparently cured, as thus far there has been no recurrence of the growth.

Dr. I. T. Talbot presented a paper, "Cimicifuga in Pregnancy."

"What Has Homœopathy Done for Obstetrics?" was the title of a carefully-prepared paper by Dr. H. E. Spalding.

Dr. Helen S. Childs presented a compilation of "Remedies in Pregnancy and Labor."

The Society regretted that, owing to the absence of Dr. F. W. Halsey, the reading of his paper entitled "Viburnum Prunifolium in Threatened Abortion, with a Case," was omitted.

DISCUSSION.

This was opened by Dr. L. A. Phillips, who reviewed the prominent features of Dr. Southwick's paper.

Dr. J. P. Sutherland presented microscopical specimens from Dr. Southwick's case of adeno-carcinoma, together with specimens of normal tissue and typical sections of adeno-carcinoma of other organs.

A section showing the ciliated epithelium of the normal Fallopian tube was first presented, they being considered similar to the epithelial cells of the endometrium. He next demonstrated "Hyperplastic Endometritis," as an intermediate step between the normal condition and adenoma. A diagrammatic sketch was exhibited, which showed an area, to be seen under the microscope in the tissue from Dr. Southwick's case, containing an irregularly dilated tubule which was lined by several layers of cells, its lumen being nearly filled by atypical, mono- or polynuclear cells, intermingled with more or less granular débris.

While many portions of the tissue were apparently normal, Dr. Sutherland emphasized the presence of

1. Irregularly-dilated tubules.
2. The presence of atypical cells.
3. Extensive cell proliferation.
4. Infiltration of the stroma, which lead to the probable diagnosis of adeno-carcinoma, or malignant adenoma. For comparison with these, specimens of typical adeno-carcinoma of the uterus and of the ovary were exhibited.

The following physicians also participated in the discussion: Drs. James R. Cocke, W. T. Talbot, A. H. Powers, Geo. E. May, Geo. H. Earl, A. A. Klein, I. T. Talbot and Henry E. Spalding.

Dr. H. A. Whitmarsh, of Providence, R. I., was present as a guest of the Society, and made a few remarks.

The meeting then adjourned.

J. EMMONS BRIGGS, M.D., *Recording Secretary.*

WESTERN MASSACHUSETTS HOMŒOPATHIC MEDICAL
SOCIETY.

The annual meeting of the Western Massachusetts Homœopathic Medical Society was held at Cooley's Hotel, Springfield, March 15, 1893.

Called to order by President Dr. A. J. Bond. In the absence of the Secretary, Dr. O. W. Roberts was chosen secretary, *pro tem*; records of last meeting read and approved. Dr. Edwin A. Clark, of Worcester, was elected to membership.

Owing to certain articles which have recently appeared in Springfield papers, relating to vaccination, setting forth in a most ridiculous and untruthful manner a plan said to be the homœopathic, in comparison with the regular and so-called allopathic method, a committee was chosen which drafted the following resolution, later adopted by the meeting.

Whereas certain foolish and false ideas have recently been brought before the community in regard to vaccination, leading many people to believe that there is a wide difference between the methods practised by the homœopathic and other schools of medicine, therefore, be it resolved, that the Homœopathic Medical Society of Western Massachusetts has no confidence in any method except that of direct inoculation with the vaccine virus.

The following officers were elected to serve for one year: President, P. R. Watts, of Stafford Springs, Conn.; 1st Vice-President, Geo. F. A. Spencer, of Ware, Mass.; 2nd Vice-President, E. A. Murdock, of Spencer, Mass.; Secretary and Treasurer, O. W. Roberts, of Springfield, Mass.; Censors, 1st, N. W. Rand, of Monson; 2nd, C. E. Perkins, of Warren; 3rd, W. F. Harding, of Westfield. Delegate to American Institute of Homœopathy, N. W. Rand, of Monson; alternate, J. P. Rand, of Worcester.

The Society had the pleasure of welcoming as guests of the day: Prof. Horace Packard, Dr. F. P. Batchelder and Dr. J. E. Briggs, of Boston; Dr. Lamson Allen, Dr. E. D. Fitch and Dr. Carl Crisand, of Worcester, and Dr. W. F. Robinson, of Albany, N. Y.

In the absence of Dr. P. R. Watts, Chairman of the Bureau of Surgery, general and orthopedic, which was to report, Dr. Bond, president of the Society, called for papers and received response, first, from Dr. Lamson Allen, who gave a general outline of the subject, "Enlarged Prostrate," and described a very interesting clinical case with result of autopsy and demonstration of pathological specimen.

Discussion followed, which was participated in by Drs. Wilkins, Cushing and Packard. Next paper was read by Dr. F. P. Batchelder, subject being "Urinary Analyses Before Anæ-

thesia." The writer very strongly recommended that a careful analysis be made at all times when practicable before placing the patient under the influence of anæsthesia.

Several very interesting cases were reported. This paper was discussed by Drs. Packard, J. P. Rand, Crisand, Allen, Briggs, N. W. Rand and Harding. The Society adjourned for dinner, at which twenty sat.

Called to order at two and listened to the third paper of the day, which was presented by Dr. W. F. Robinson, of Albany, N. Y., "The Electrical Treatment of Certain Phases of Neurasthenia," being the subject chosen.

This was also a very interesting subject and pleasantly handled. The Doctor would remove most nerve troubles by pouring the electric fluid into the body of the patient. In view of the lateness of the hour, Dr. Wilkins moved that the usual custom be overruled and discussion be postponed until after all papers had been presented and read. Motion carried.

Dr. J. E. Briggs was the next to entertain the meeting, which he did very satisfactorily with a nicely arranged article on "Skin-Grafting after the Thiersch Method."

He also reported several very satisfactory cases and exhibited photographs of cases before and after the operation.

Dr. E. D. Fitch next took the floor and discoursed of the ills attending and following upon "Enlarged Fauical Tonsils."

In reply to the query raised by a part of the title to his able paper, i. e., "What Shall We Do with Them?" he declared that the tonsillotome had solved the problem in the most satisfactory manner in his practice.

Dr. Carl Crisand now brought forward that perplexing subject, "Dilatation of the Cervix in the Treatment of Dysmenorrhœa and Sterility."

Several cases were cited which had been treated with more or less favorable results. The Doctor presented extracts from letters received from many of the leading gynæcologists of the day, giving varied results from their own work, both the rapid and gradual method having their supporters. Summing up, the Doctor believes that failure in many cases is due to lack of complete dilatation even to the point of rupture of some of the circular fibres.

Time had so far advanced that but very limited discussion was indulged in, except that all agreed that we had had a very interesting meeting, which Dr. N. W. Rand emphasized, by moving that a vote of thanks be tendered the gentlemen from neighboring societies who had so kindly and interestingly entertained us. Carried.

Proposal for membership to the Society was made by Horace

Packard, F. P. Batchelder and J. E. Briggs, of Boston ; Carl Crisand, E. D. Fitch and Lamson Allen, of Worcester.

Meeting adjourned to third Wednesday in June.

O. W. ROBERTS, *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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THE ANATOMY AND SURGICAL TREATMENT OF HERNIA. By Henry O. Marcy, A.M., M.D., LL.D. New York : D. Appleton & Co.

The peer of this magnificent work can only be sought in the monographs of great European scientists, who feel their professional life well spent, if so closely devoted to the study of a single detail of professional work, that after the lapse of years they are able to give the world absolutely exhaustive details of that detail, — to leave nothing uninvestigated, nothing unsaid. This service Dr. Marcy has done for the subject of hernia. His critical and extensive scholarship has brought together all that is of lasting and practical value to his chosen theme from authorities, old and new, — Cooper, for instance, Scarpa, Cloquet, Camper, Darrach and many others. His large personal experience gives to his teaching that touch of living, practical worth that is never to be had from the wisest scholar who is merely a theorist. His researches and conclusions are embodied in this single splendid volume, a quarto, morocco-bound, wide-margined, faultless in all that makes for luxury in the printer's art. Its sixty-six illustrative plates are reproduced by the most exact modern methods, and set before the student's eyes, convincingly, all that has, in the text, been set forth to his understanding. In the presence of such a book, teachers gladly turn students. It adds dignity to the physician's library and to medical literature.

INTERNATIONAL CLINICS. Vol. IV. Second Series. Phila. : J. B. Lippincott Co. 1890. 387 pp.

The initial paper in this latest volume of an always valuable and welcome series, is a sympathetic memoir by Dr. F. I. Knight, of the late Dr. Henry I. Bowditch. The brave, helpful life of the famous physician is sketched with affectionate appreciation: and the paper is enriched with a striking medalion portrait.

Among the notable contributors to the present volume are Drs. John Ashhurst, Jr., I. N. Danforth, Graeme Hammond, Alfred L. Loomis, Paul F. Mundé, William Pepper, James Tyson, and many others. The clinical experiences recorded and com-

mented upon cover a wide variety of themes ; among the most interesting being Prof. Felix Guyon's remarks on The Resistance of the Bladder to Infection, and Dr. William Moore's on Diseases of the Eye as associated with Diseases of the Kidney.

SPECIAL DIAGNOSIS AND HOMŒOPATHIC TREATMENT OF DISEASES. By T. de Sizzara Verdi, M. D. Phila: Boericke and Tafel. 579 pp.

This is a "doctor's book" of a somewhat ambitious and advanced type. It embodies the substance of the author's previous work on maternity, which has attained a popularity of many editions: and adds to it brief essays on most of the general diseases to which "flesh is heir." Untechnical terms are employed whenever possible: and when technical ones are employed, they are immediately and clearly defined. The treatment recommended is homœopathic; the remedies being usually suggested in the 3x. attenuation. The value of such a work as Dr. Verdi's is to enable those living at long distances from medical assistance, to treat themselves and their families helpfully and rationally in event of ordinary illness, instead of keeping in store, as is too frequently the case, an armamentarium of deadly patent medicines. The risk of "doctors' books," in general, is the promotion of a habit on the part of the laity, to morbidly interest themselves in studying up their own symptoms, and constructing imaginary diseased conditions.

A TEXT-BOOK OF MORBID HISTOLOGY. By Rubert Boyce, M.B. M.R.C.S. New York: D. Appleton and Co. 477 pp.

This very handsome volume is constructed on an exceedingly practical plan. The chapters are divided into brief and graphic paragraphs, each one of which has a subhead clearly setting forth its substance: thus greatly facilitating both study and reference. The first section of the work deals with the making of microscopical preparations: hardening, embedding, cutting, staining them, etc. The second section treats confessedly only in outline, of the processes of inflammation, repair and degeneration. The third section is occupied with instruction on diseases of the special systems. This section is enriched with a great number of colored plates, most of which are reproductions from original micro-photographs, and are remarkable for accuracy and for perfection of finish. A very complete bibliography adds value to the work: enabling the student to gain access to many special articles on subjects of immediate interest to him. An introduction by Prof. Victor Horsley, on modern methods of histological investigation testifies to many facts as to Dr. Boyce's peculiar fitness for the work he has here

done, in a fashion impossible to the learned and modest author himself. The work is thoroughly up to date, helpful and useful.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY :
Session of 1892. Edited by Pemberton Dudley, M. D., General Secretary. 1063 pp.

This record of what was perhaps the most brilliant session in the history of our representative medical society, will be read with great interest both by those who were privileged to attend it, and those who for the first time profit, in printed form, by the wisdom of its councils. In these, every branch of medical work is ably represented : and to possess the admirably-edited volume is to have access to a vast collection of valuable opinion and tabulated experience, on medical questions new and old. Very many of the papers are pungently novel and entertaining : as, for instance, that by Dr. Sarah Milsop, of Kentucky, on "The Colored Nurse *vs.* Antisepsis : " which is a quaint and vivid study in medical folk-lore. The book is in every respect a credit, alike to the Institute and its indefatigable Secretary.

THE DISEASES OF THE SKIN. By Charles C. Ransom, M. D.
The Student's Quiz Series. Philadelphia : Lea Bros. & Co.
201 pp.

Like most of its kind, this little volume is a compilation from many authorities, all of them standard ones. It covers, in questions and answers, the entire field of recognized skin diseases : their etiology, symptomatology, diagnosis, prognosis and treatment. The latter is of course that of the old school. It is interesting to note, in the recommendations, the preponderance of hygienic measures and simple adjuvants over drug-administration. The use of electricity in various forms is very frequently suggested, as of much value. The galvanic current, employed by means of a metallic roller attached to the negative pole of the battery, and applied over the parts affected, is said to be almost a specific for the pain of herpes zoster.

The CENTURY for April contains a most novel and important article on the Trial of the Chicago Anarchists, by the Judge who presided on that occasion. Mrs. Burton Harrison's interesting serial, "Sweet Bells Out of Tune," is continued ; and there is the usual capital variety of essays and verse. New York : The Century Co.

Among the articles of noteworthy interest in the POPULAR SCIENCE MONTHLY for April, are "Science and the Colleges," by President David Starr Jordan ; "The Correlation of Structure, Action, and Thought," by T. Lauder Brunton, M.D., F.R.S. ;

“Education of Our Colored Citizens,” by Maud Wilder Goodwin; “The Inadequacy of ‘Natural Selection,’” by Herbert Spencer; “Free Play In Physical Education,” by M. Fernand Lagrange. New York: D. Appleton & Co.

In LIPPINCOTT’S MAGAZINE for April, Columbian interest reigns supreme; the complete novel, by George Alfred Townsend, dealing with “Columbus in Love.” “The Religion of 1492” being dealt with interestingly by Frederic M. Bird, and some pleasant verses on Columbus, by Robert Loveman, speaking the poets word. Phila.: J. B. Lippincott Co.

PERSONAL AND NEWS ITEMS.

—:o:—

DR. E. C. PECK has returned to Provincetown, Mass.

DR. A. A. CHENEY has removed from West Burke, Vt. to Lyndonville, Vt.

DR. R. H. PULSIFER has removed from Waterville to Skowhegan, Me.

A HOMŒOPATHIC PHYSICIAN wanted at Plainfield, Vermont. Address Mr. E. E. YAM in that town.

DR. WELLS LE FEVRE of Hot Springs, Ark., has purchased the interest of his former partner in the firm of Le Fevre & Hallman and will retain his office over the Arkansas National Bank.

THE Maine Homœopathic Medical Society will hold its Twenty-seventh Annual Meeting on June 6th, 1893, at Augusta, to be at once adjourned to Tuesday, June 20, 1893, at 10.30 o’clock A. M., to enable the members to attend the World’s Congress at Chicago.

BOOKS FOR SALE. — 1 set Reynolds’ System of Medicine, 3 vols., cloth. 1 set Reyonlds’ System of Medicine, 3 vols., sheep. 1 set Packard-Holmes’ Surgery, 3 vols., cloth. 1 set Packard-Holmes’ Surgery, 3 vols., sheep 1 set Allen’s Anatomy, 5 vols. in folios. 1 Jeancon’s Atlas of Anatomy, 48 parts.

Apply to OTIS CLAPP & SON,
417 Westminster St., Providence, R. I.

A COMPETITIVE examination for the positions of Resident and Associate Resident Physicians of the Children’s Homœopathic Hospital of Philadelphia, will be held at the Hospital, 926 N. Broad Street, on Tuesday, April 18th, at 12 o’clock, noon. Applications can be sent to Dr. Jos. M. Reeves, President of the Medical Board, or to Dr. Bushrod W. James, President of the Hospital. A large experience is obtained at the various daily clinics of the out-patient department, for adults and children, as well as the hospital inmates.

PRACTICE FOR SALE. — In a large Massachusetts town within fifty miles of Boston. Presents every advantage as a place of residence. Practice is a comfortable one which can undoubtedly be transferred and demonstrably doubled by the purchaser. Reasons for selling, impaired health and necessity of attention to personal affairs. Condition of sale, (*preferred*) a percentage of collections for a period. Unquestionable reference as to moral character, preparation for professional work and ability required. Address X 39, care Otis Clapp & Son, 10 Park Sq., Boston, Mass.

DR. W. V. ENGLISH, of Keokuk, Ia., reporting a case, writes:

“During the past winter a remarkable case of inflammatory rheumatism came to my attention, which was remarkable for its persistency in constantly growing

worse while under the lines of well established treatment. Not a whit of encouragement came from the treatment until the patient was confined to Tarrant's Seltzer Aperient as a neutralizer of the cause. Success complete crowned the effort. It is a sensible treatment including the principles of whatever therapeutical means one would employ."

GENERAL OPERATING CASES FOR SALE. — Two second-hand General Operating Sets. One, Mott's complete set, made by Tiemann, which cost when new, \$72.85. Another, Charriere complete set comprising twenty-five pieces; fine order.

Both of the above sets are in handsomely-finished, strongly-made cases, and will be sold cheap.

Also, one Tiemann & Co.'s complete set of Obstetric Instruments, in sole-leather, velvet-lined case with tuck and handle. Apply to OTIS CLAPP & SON,
417 Westminster St., Providence, R. I.

THE following notice has been received from the General Secretary of the Missouri Institute of Homœopathy:

"*Dear Doctor:* I beg to call your attention to the 17th Annual Session of the Missouri Institute of Homœopathy, to be held in Kansas City, Tuesday, Wednesday and Thursday, April 18, 19 and 20 next, at the Hotel Midland, where, for so elegant an hotel, extremely low rates have been secured. The Missouri Institute has been noted of late years for its extremely interesting meetings. This being Columbian year, special efforts have been put forth to make this session unusually attractive in the large number of distinguished exponents of homœopathy who will be present and read papers. Fraternaly. WM. P. CUTLER, M.D."

FOOD FOR THE SICK — The busy practitioner is ever confronted with the stubborn fact that "Nutrition" is an absolute necessity, but is frequently at a loss for a suitable article to prescribe. Especially is this so in such troubles as phthisis, ulceration of the stomach, cancer, diabetes, Bright's disease, etc., in fact, until a short time since we had no preparation within convenient reach, from which we could obtain anything like satisfactory results. One of the most admirable preparations ever seen, and one that in every way answers the requirements of a nutritive is "Armour's Nutrient Wine of Beef Peptone." It is a wholesome *Food*, grateful, refreshing and palatable, is a combination of Beef Peptone made from fresh, raw, lean, beef, thoroughly digested, and old sherry wine, and is ready for immediate assimilation. Its stimulating properties have been carefully subordinated to the nutritious so that its administration even to children has in every instance proven highly satisfactory.

THE Alumni Association of the Hahnemann Medical College, Philadelphia, will hold its Annual Reunion and Banquet, on Wednesday, April 19th, 1893.

The Business meeting will convene at 4.30, P. M., in Alumni Hall, Hahnemann Medical College, Broad Street, above Race, Philadelphia; and the Banquet will be held at 10 P. M., at "The Stratford," corner of Broad and Walnut Streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-fifth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust Sts., Philadelphia.

Banquet Cards can be secured from any officer of the Association, at \$3.50 each. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after April 18th, 1893. If physicians can make arrangements to be present at the Banquet, the Secretary, on notification, will secure a place for them.

W. W. VAN BAUN, M.D., Secretary, 419 Pine St., Philadelphia.

THERE are two thousand female physiciaus in the United States, seventy in London, thirty-five in Paris, five in Edinburgh, two in Dublin and one in Algiers.

THE GUILD OF ST. CECILIA. — At an entertainment given by the inmates of a lunatic asylum in Scotland, one of the items of the programme consisted of a toy-symphony played by several influential gentlemen upon toy-instruments. After the symphony was over, a clergyman who had taken part in it asked one of the inmates, "Well, John, how did you like the music?" "Oh, weel, sir," "it's a guid thing that we're a' daft here!"

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EDITORIAL.

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OLD GRAIN RE-THRESHED.

Hope springs eternal in the allopathic breast, especially if that breast be a youthful one. To the credit of the average old-school physician of ripe years and experience, it must be set down that he is, for the most part, too busy in looking up weapons wherewith to combat the too often victorious powers of disease, to find time for abuse of other physicians who are waging the same fight under other banners. To the very great credit of a few old-school physicians be it said, they are in the effort to strengthen the glass houses in which their modes of practice abide, and find that a more profitable and worthy occupation than throwing stones. But there are in every medical generation a certain number of young and zealous gentlemen who find much leisure to trudge afield in search of sport, and who find in stone-throwing, sport much to their taste. In other words, there are young medical men, who, undismayed, enter upon the task in which many of the wisest and brightest spirits of their own and preceding generations have failed; the task of displacing the hold of homœopathy on popular favor, checking its onward advances, crushing it out of existence. The scientific mind and brilliant controversial style of James Y. Simpson failed finally and past remedy, in the effort to win a victory for old-school prejudice against new-school achievement. The keenest wit of our generation, with an Autocratic will to back it, entered the same lists and met like overthrow. That every-

day young gentlemen cheerfully bid for success where these have failed, bears witness to the optimism of youth in the eyes of the charitable; and in the amused eyes of every-day common sense bears witness to several other things.

Such a bid has lately been made in the *Medical News'* prize essay on "Modern Homœopathy: Its Absurdities and Incongruities." The essay is the work of Dr. William Browning, of Brooklyn. It is bound as a neat pamphlet, and is offered, at wholesale, on exceedingly favorable terms to physicians desiring to sow it broadcast among their patients — presumably as a prophylactic measure against the insidious approaches of homœopathy; — and among the laity — presumably in the hope of "conveying" a few, at present, patients of homœopathy back to the allopathic fold. The pamphlet bears as its motto, Bryant's quotation about truth crushed to earth rising again, and error, wounded, writhing in pain; a quotation which, under the circumstances, does little credit to Dr. Browning's sense of humor, since homœopathy, so many times announced as having been crushed to earth, has continued, for a hundred years to rise again, and has most persistently and exasperatingly refused, up to date, to writhe in pain and die amid her worshippers. Which makes Dr. Browning's quotation bear rather awkward witness against Dr. Browning's point.

It is by no means our intent to review the essay in detail. To do so would be, in some instances, to slay the dead; in others, to tilt at windmills. But a few general observations upon it may not be without interest.

One notes, for instance, with amusement, the exceeding mildness with which the lion of opposition roars, in its pages, as compared with the earth-shaking fulminations, under like circumstances, of former days. We are glad to set down the caution of phrase and measurable temperance of statement, as being, in part at least, the courteous intent of the individual writer; but there can be no doubt it is partly due, as well, to the late-learned lesson of the old school, as to the worse than uselessness of the downright falsehoods and rabid personalities which so long were in fashion. Law-suits and substantial damages helped on the lesson; the fact that the fair-minded laity

were thus forced, by reaction, into more immediate sympathy with homœopathy, clinched the lesson. Most of Dr. Browning's statements, therefore, are temperately made. It detracts nothing from this merit on their part, that several of them do not happen to be true.

The chief of these things that do not happen to be true, is that homœopathists stultify their professions, and are guilty of dishonesty if they do not accept and act upon every statement contained in the *Organon*. It is an old claim, this; and it is wonderful that old as it is, and manifestly false and puerile as it is, it should be repeated to-day by any honest controversialist. When the old school feels bound to defend and hold by all the errors of its past, then can homœopathy be bound to do this, and not before. It is the boast and glory of the allopathists that they are continually rising "on their dead selves to higher things" — and incidentally on the dead selves of their patients. It is equally the boast of progressive homœopathy that it is continually emancipating itself from the parasitic errors that in its early days engrafted themselves upon it.

There is disgrace or stultification neither in the one instance nor in the other. No rational homœopathists hold Samuel Hahnemann as infallible, or his writings as inspired. They are as free to accept certain of the theories of Hahnemann while rejecting others, as their old-school *confrères* are to do the like by Hippocrates. Again, it argues nothing whatever against homœopathy that certain of its practitioners accept theories which others reject. An ordinary sense of honesty, an ordinary sense of humor should teach this, to any member of a school no one of whose theories is held by more than a faction, or escapes violent abuse from other factions; take Koch's consumption-cure for one vivid and all-sufficing instance. Indeed, the charges which Dr. Browning lays at the door of homœopathy, could one and all be picked up and laid back at allopathy's door, there to rest with equal appropriateness. Does he accuse us of pulverizing bugs of unmentionable name to employ the same as medicaments? It may be answered that by the time the bug is ready for administration by the uncommonly few homœopathists who do administer him, nothing is left of him

but the name; can this be said of the death-dealing substances, no less nauseating to name, — the bacillus of phthisis, the Elixir of Brown-Sequard — with which the old school frankly make experiment on suffering humanity? Do the homœopathists use frankly, and for clearly-defined ends, so-called old-school methods, occasionally? How much oftener than occasionally does the old school employ methods distinctively homœopathic, and that with none of the candor shown by their opponents! The *tu quoque* argument is a barbaric and undignified one; but where it can be employed, neither party in an argument is wise in provoking it.

The one gross and unpardonable misstatement of Dr. Browning, which calls for condemnation past pardon, is his remark, on page twenty of his pamphlet, that homœopathists have never proposed a comparative test, made with scientific exactness, and under the supervision of competent judges; “on the contrary have resisted the repeated attempts on the part of the regular profession to secure an impartial investigation of their doctrines comparative or otherwise.” A more astounding and thoroughgoing misstatement than the above, it would be difficult to imagine. The comparative test, made openly and under impartial supervision has been urged as a right, sought as a privilege by homœopathists since homœopathy took name. It is asked today, as the one rational basis on which argument can be founded or reliable data obtained. Homœopathy would welcome with the heartiest cordiality any opportunity, in the wards of a public hospital, to bring its results into direct comparison with those of allopathy, in similar cases and under similar conditions. It would welcome analagous tests made in the army, in dispensary practice, wherever, in short, the two systems of treatment can have full and frank competitive test, under exact and impartial supervision. It has always sought such tests; its adversaries have always and consistently refused to meet them, sometimes with shifting and evasion, sometimes with open insult, but refused, first, last and always. What more opposite illustration of this could be asked, than the refusal of a great London charity hospital to accept the generous sum offered it by a friend of homœopathy, on condition that homœopathic treatment be

admitted to competitive tests in a ward which else must be — and, indeed, immediately was — closed, entirely, for lack of funds to carry it on!

There is no need of harking back to the past. Homœopathy is ready to-day, and joyfully ready, to be put to a competitive test with old-school practice, at any hour, at any place. Until the old school is prepared to accept the challenge, and thereby secure new statistics, it cannot in honesty challenge the statistics which already stand to homœopathy's credit. While those statistics stand, any attempt by Dr. Browning or another to cry down homœopathy on theoretical grounds, is paralleled only by the mathematician who demonstrated that no steamship could cross the ocean, the day after one had arrived in port.

EDITORIAL NOTES AND COMMENTS.

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PRELIMINARY ANNOUNCEMENTS CONCERNING THE WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS, to be held in Chicago on the week of the 29th of May, are highly tempting in the promises they hold forth. We read in the committee's latest circular, as follows:

THE WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS, AT
CHICAGO, MAY 29th, 1893.

Arrangements for the Congress are being rapidly completed. Some of the addresses have been received. All the Chairmen of Sections are actively at work and report marked progress. Several sections are completed and the rest will soon be in order. All the papers will be of high character. Many of the veterans in the profession will be present and deliver addresses on subjects of vital interest. In the scientific work of the Congress the younger men who have achieved distinction in our school will be represented. The sections which they conduct will be made very interesting through their work and that of their worthy associates. Women will be ably represented in all departments. There is every prospect that the Congress will assume a pronounced international character.

Dr. Albert Haupt writes that a number of German physicians expect to attend. C. Bojanus of Samara, Russia, has already engaged rooms at the Great Northern. Dr. Oscar Hansen, of Copenhagen, will either be present or send report from Denmark. Drs. P. C. Majumdar and D. N. Banerjee, of Calcutta, India, are on their way to Chicago. Dr. Joseph Adams, of Toronto, Canada, will attend. F. R. Day, of Honolulu, is expected. Dr. Piaz, of Bogota, Columbia, may represent personally his country. Dr. A. C. Eastman, a Sioux physician, will speak for the North American Indian.

It is hoped that a considerable number of British physicians will be present and

that our Mexican associates will attend in force. The acceptances received at the World's Auxiliary Headquarters, of invitations to the Congress and the applications for quarters made to the local committee, already indicate a prodigious attendance. The latter Committee is bending its energies with success, towards securing comfortable accommodations for all our guests at reasonable rates.

The magnificent Art Building on the Lake Front, with its many large halls, seven of which have been devoted by President Bonney, of the World's Congress Auxiliary, to the exclusive use of the Congress, will afford ample facilities for all our meetings.

A committee representing the profession of Chicago, with Dr. George A. Hall as president, is erecting a fine building just within the entrance to the Exposition grounds, as a Homœopathic Hospital and Headquarters. It will worthily represent homœopathy before the world, and afford many comforts and conveniences to physicians of our school during their visit to the Exposition.

It will be to the interest of Homœopathy to have full representation at the Congress. There is not only magnetism in the large number that attend a great convention, but a deep inspiration that is long lasting, and productive of beneficial results, not at once recognized. It is a duty which we owe to our cause, to be present in such numbers as to demonstrate instantly and beyond cavil the paramount importance of our school.

The eyes of the world will be upon Chicago during the Exposition period. The proceedings of the Congress will be universally and fully reported. Every Homœopath, laboring in his national, State or local society, will find his work made easy by the results of a convention of grand proportions and sterling work.

Let every physician in our school make a sacrifice, if necessary, to be present.

J. S. MITCHELL, M.D.

Chairman World's Congress of Homœopathic Physicians and Surgeons.

J. P. DAKE, M.D.,

Chairman American Institute Committee on World's Congress.

Among the very noteworthy essays to be delivered on this occasion, are to be mentioned those on

“Neurasthenia with Therapeutic Suggestions,” by Dr. Conrad Wesselhoeft.

“What Homœopathy Has Done for Gynæcology,” by L. A. Phillips, M.D.

“On Some Important Clinical Aspects of Passive Septic Invasion,” by Edward T. Blake, M.D., London, England.

“Cæsarian Section,” by H. F. Biggar, M.D., Cleveland, Ohio.

“Recent Advancements in Otology,” by Dr. Howard P. Bellows.

“Aural Therapeutics,” by Dr. Henry C. Houghton.

The Committee on Arrangements for the World's Congress of Homœopathic Physicians announces that it has made ar-

rangements with different hotels and apartment houses to accommodate at least 2500. If notified in time it can take care of fully double this number.

The chairman of the committee, Dr. A. K. Crawford, 70 State Street, Chicago, wishes it distinctly understood that unless he is applied to prior to the meeting of the Congress, he will not be responsible for accommodations of intended visitors.

The prices arranged for range from \$1.00 per day and up, European plan; and \$2.50 per day and up, American plan.

THE NEW HOMŒOPATHIC HOSPITAL OF LONDON promises to be a structure in every way worthy the great city and the great cause. The following interesting facts concerning it are quoted from the *Monthly Homœopathic Review*:

"It is full eighteen months since the building committee were able to announce that they had received in paid and promised donations, the sum of £30,000 without which they were determined they would not commence so gigantic an undertaking as building a new hospital. The time from then till now has been well spent in maturing plans and discussing the most advantageous spot upon which to build the new hospital. After much thought and deliberation, it has been decided to rebuild it on the site of the present hospital, with the addition of three houses in Great Ormond Street, Nos. 52, 54 and 56. During rebuilding, the Nursing Institute will be converted into a temporary hospital, to receive from thirty-five to forty patients.

As the accommodation for patients is thus very seriously curtailed, only the most urgent cases will be able to be admitted, but it is hoped that when the new building is opened, with all its superior advantages, the members of the medical profession interested in homœopathic therapeutics will rally to the support of the hospital by sending in patients and making the hospital known amongst their more wealthy patients. As soon as ever the arrangements for the temporary hospital are completed, the whole of the building, so long known as the home of homœopathy in London, and which has for so many years given shelter to the British Homœopathic Society, will be pulled down. The work of demolition has already begun, as the three houses in Great Ormond Street needed for the extended site are in the house-breakers' hands. An interesting relic of old London, like many another in recent years, is being swept away. No. 54 Great Ormond Street, once the home of Dr. Samuel Johnson, will very shortly be a thing of the past, but the carved wooden mantelpiece before which he is supposed to have smoked his clay and growled his growls, is to be preserved, and may ultimately find its way into the board-room of the new hospital.

Having due regard to the injunctions of their late treasurer, Major Vaughan Morgan, the board have decided to build a hospital which the future funds will give some probability of their being able to keep up in full working order. It appears that the intention of the committee is to build a hospital accommodating about ninety patients, but they are having the designs arranged with a view to

extending the hospital into Queen's Square in the future, when it should hold 120 beds. As at present arranged the new hospital will front Great Ormond Street, having an east and a west wing, with central administrative block.

DOLICHOS PRURIENS in the treatment of the pruritus which accompanies the icterus attendant on certain liver troubles, is the subject of an interesting note by Dr. Jean de Wée of Brussels, in a recent issue of the *Revue Homœopathique Belge*. Dr. de Wée's attention, so he tells us, was called to *Dolichos* only after he had exhausted all seemingly appropriate homœopathic remedies, in a vain attempt to relieve the intense pruritus which accompanied a case, in an elderly woman, of tumor of the liver; the pruritus causing the intensest torture. The troublesome symptom—which had persisted, unalleviated for eight weeks—was relieved within two hours of the administration of the remedy in question. An equal success attended the use of *Dolichos* in a case of congestion of the liver, with icterus and intense pruritus. Dr. de Wée urges the more adequate proving of this drug; that of Dr. Jacob Jeans being the only detailed one now on record; and urges also clinical experimentation in the direction he has followed with such marked success.

A WEIRDLY DRAMATIC INCIDENT OF MEDICAL HISTORY, of the sort which if invented for the purposes of novelist or dramatist, would be laughed down as out of all human probability, has lately come to light, in Tennessee. The *Medical News* thus tells its story:

“AN ECHO FROM THE PAST.

From Tennessee there comes a sad story, the confession of a crime committed twenty-eight years ago by a physician who, in his over-scientific zeal, sought to remove the body of a dead patient from the grave, in order to make a post-mortem examination. The husband of the dead lady came upon the doctor at his work, struck him, but was himself finally, accidentally or in self-defence, killed. The grave was then made to hold the husband's body, and at the doctor's death, twenty-eight years after, the confession is now made public. The physician adopted and raised his victim's children.”

Body-snatching and murder; the murderer remaining an honored citizen, the murder undiscovered for upward of a quarter of a century; that nothing may be wanting to the impossible picturesqueness of the situation, the murderer putting himself in the father's place, with the children of the murdered man, and enjoying, for half a lifetime their affection, confidence and gratitude! Could a Bowery melodrama match this record of fact? Who says that the medical profession makes no appeal to the romanticist?

THE CHOLERA THREAT for the season just opening is a serious one. Cholera is authoritatively reported as existing in India, in Russia, in some parts of France, and even in certain towns of Canada. The utmost vigilance is called for, to keep the scourge beyond our borders. Physicians should feel it an imperative duty to personally interest themselves in the sanitary conditions of the town or city in which they live; making timely protest to the health authorities, concerning any discovered lapse in hygienic conditions. Medical societies cannot do better than to make the therapeutics of cholera the subject of study and discussion, that its coming may find them prepared for prompt and intelligent action. It is heartily to be hoped that the cholera threat may not find fulfilment; should it do so, let the scourge find us ready for battle and victory.

COMMUNICATIONS.

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THE IMPORTANCE OF CORRECTING SLIGHT DEGREES OF ASTIGMATISM: WITH ILLUSTRATIVE CASES.

BY L. HOUGHTON KIMBALL, M D., BOSTON.

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

It will be readily understood when we consider for a moment the optical defects of an astigmatic eye, and the consequent strain on the ciliary muscle in attempting to overcome them, why astigmatism stands preëminent among all other errors of refraction as the cause of defective vision, pain in the eyes, headache and other nervous disturbances.

The curvature of the cornea in the normal eye is practically regular; that is, of equal degree in all meridians, like a segment of a sphere. In astigmatism, however, the curvature is

greater in some one meridian than in the one at right angles to it, the bowl of a spoon, perhaps, being a familiar example of an astigmatic surface. Now what happens when rays of light fall upon such a surface? Obviously those passing through the meridian of greatest curvature would not be focussed at the same point as those passing through the meridian of a lesser curvature, and the consequence would be a blurred and indistinct image. But just here comes into use that wonderful action of the ciliary muscle which, by altering the accommodation of the eye even while looking at the same object, will focus all the different rays on the same point of the retina, and thus dispel the blurred and indistinct image which otherwise would have been the result. You will readily see, however, that in cases of high degree of astigmatism or in those of less pronounced type, after years, perhaps, of constant endeavor to correct the optical defects of the eye, the ciliary muscle will be unable to respond to the demand made upon it, and defective vision with pain and aching in the eye and head will be the result; and it has been my experience that in these very slight degrees of astigmatism, so slight that the test with letters shows no defect in distant vision, the circle of lines shows no lack of uniformity, and it is only by the more delicate retinoscopy, or so-called "shadow-test," that we get an intimation as to where the trouble lies; it is in these cases that we often get the most obstinate and troublesome symptoms of muscular and retinal asthenopia, eyes-ache and headache.

In my judgment, this arises from the fact that in these very slight degrees, the variation of curvature in the different meridians of the cornea is so small, and the circle of diffusion of the image so contracted, that the ciliary muscle can and does maintain perfect vision for a longer or shorter time, till it gets wearied with its double burden and refuses in most unmistakable terms to make good the deficiencies. In the high degrees it is impossible to make the vision perfect, and the attempt to do so is only partially made or entirely abandoned.

I submit briefly a few cases, all but one of which have been treated with the + or — 0.25^c, the weakest lenses which are used in optical work.

CASE I. Miss —, of Arlington, Mass., consulted me on the 11th of February, 1891, complaining of frequent attacks of what she characterized as blinding, staggering, crazy, one-sided headaches, objects seeming to be divided perpendicularly. Vision was normal. Retinoscopy showed only a slight myopia for horizontal lines in the right eye, so she received a — 25^c axis 180° in the right eye, and a plane glass in the left. This combination gave great relief to her peculiar hemiopic headaches and

enabled her to resume her painting which she had been obliged to forego.

CASE 2. Mrs. —, of Philadelphia, a sister of the preceding, consulted me on the 7th of May, 1891, as she had experienced a great deal of trouble with her head and eyes. She was wearing glasses for a compound hyperopic astigmatism, prescribed by an oculist in Philadelphia. These gave her but little relief, and, in fact, occasioned a good deal of nausea when looking at close range. Retinoscopy showed a slight myopic astigmatism with oblique axes, hence the following prescription: Right eye, — 25° axis 120°, left, — 25° axis 30°. These immediately relieved the nausea, and enabled her to resume the use of her eyes.

CASE 3. Miss —, of Arlington Heights; age, 21; consulted me on the 5th of April, 1892, giving a history of chronic headaches over the eyes, of late occurring almost daily. Retinoscopy showing an apparent slight myopic astigmatism, a — 25° axis 180° for both eyes was prescribed. In answer to a recent note of inquiry, she writes me under the date of Oct. 4th, as follows: "My eyes are decidedly better and my glasses have helped me very much. Before I went to you I was troubled with headaches a greater part of the time and thought there was nothing that would relieve me. But, thanks to your careful treatment, I am not a sufferer from headaches at present."

CASE 4. Miss B., of Stoughton; age, 34; consulted me on the 26th of Sept., 1890. She complained of a great deal of headache, especially of a pain in the back of the head, also of neuralgia down the arm and around the head. Vision was $\frac{3}{8}$; test with glasses gave negative results, but retinoscopy showed a horizontal myopic astigmatism, and a — 50° axis 100° was prescribed making vision $=\frac{3}{8}$. Under date of Oct. 1, 1892, she writes as follows: "My head has always troubled me, but in May, 1890, it grew much worse and I was afraid I should be insane. In September of the same year, had my eyes examined and fitted to glasses, and my head begun to be better from the first of my wearing them."

CASE 5. Miss —, of Poland Springs, consulted me on the 15th of December, 1890. Her eyes had been troubling her for ten years, so that she had been obliged to give up all use of them in the evening. The conjunctiva was much injected, especially in the morning, and there was much pain in the eyes on attempting to use them. She had been wearing +1.25 for close work, but with no relief. As there was much spasm of the accommodation, examination was made under atropia and a — 25° axis 180° was prescribed for constant wear. These glasses have been worn ever since, and have given her complete relief so that she

can now use her eyes in the evening as well as by daylight, much to her comfort and pleasure.

CASE 6. Mr. D.; a book-keeper; age, 21; came to me on the 28th of March, 1891. He complained of a smarting sensation in the eyes, with constant blinking and much photophobia. Objects seemed to move as if receding from him. Prescribed glasses as follows: Right eye, — 25° axis 70°; left, — 25° axis 15°. April 24th, he writes: "Have worn glasses over two weeks. They are just splendid. They cut out objects very plainly. I wish you would send bill."

This case is unique in one particular, in that it seemed to excite in the patient a rather unusual desire for a speedy settlement of his bill. This result is not in my experience universal, else we should all be looking more carefully than ever for astigmatic eyes, and thus give more ground for the somewhat prevalent opinion among the laity that, as a dentist always finds a cavity in a tooth, an oculist always finds an astigmatism in an eye.

ACUTE DACRYOCYSTITIS.

BY A. E. PERKINS, M.D., SO. ASHBURNHAM, MASS.

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

This is usually only an incident during the course of chronic catarrh or blennorrhœa of the lacrymal sac. Perhaps the history and course of the disease may be best illustrated by relating a case. Feb. 10, 1890, I was called to see Mr. L. For several years he had been troubled at intervals by an overflow of tears in the left eye. Tears would flow down over the cheeks making the skin red and inflamed. The conjunctiva of the lower lid would be hyperæmic and he would see specks floating before this eye. He had noticed that there would be a small swelling over the lacrymal sac, and that he could, by pressing on this, cause a little muco-purulent secretion to flow into the inner angle of the eye. This trouble had occurred about twice a year, in the spring and autumn.

I found him feverish, with backache and headache, and unable to breathe easily through the nose. Over the lacrymal sac the skin was red and shining, the tissues hard, swollen and very sensitive. The lower lid was swollen and the conjunctiva hyperæmic. The parts continued to swell, the pain became very severe and of a throbbing character, and in forty-eight hours fluctuation could easily be determined. This is the usual course of the disease and history of the case. The chronic catarrh of the sac is at the bottom of the mischief; and chronic

catarrh is a result in many cases of nasal catarrh, the inflammation extending by continuity into the nasal duct through into the sac. Constitutional syphilis or the scrofulous diathesis may be the remote cause. Then, again, a periostitis may occur at the nasal outlet of the duct and cause narrowing of the canal with consequent retention of the secretions. Whatever the exciting cause the result is a swollen mucous membrane, with more or less muco-purulent secretion of a tenacious nature. The nasal duct becomes clogged with this secretion, the lacrymal sac becomes more and more distended and produces the characteristic swelling. Prof. Henry D. Noyes says: "The three factors of the thickening of the mucous membrane, excess of secretion, and distention of the sac, gradually conspire to bring about a more or less aggravated condition, in which the lacrymal tumor becomes larger and the stricture smaller." From this condition of affairs the tissues are prone to take on acute inflammatory action, and phlegmon of the lacrymal sac results. This last is sometimes a fortunate circumstance, inasmuch as it often results in a spontaneous cure of the blennorrhœa.

In the very beginning we may be able to abort the inflammatory process by the action of aconite or belladonna, aided by cold compresses. Prof. Angell says: "Another means of averting perforation is to slit the upper canaliculus, and passing down a narrow knife incise the neck of the sac, which makes a free opening upward for the exit of pus." But if suppuration threaten we should hasten the process by hot applications. The incision as advised above will be all that is necessary for drainage. However, if the skin be very much thinned and pus near the surface, the incision should be made through the skin into the sac, and the sac thoroughly cleaned out.

Prof. Myer states that the evacuation of the abscess greatly relieves the patient; and, in fortunate cases, the inflammation disappears, the opening in the sac contracts and becomes closed, and the tears resume their normal course. If we remember that the cause of blennorrhœa of the lacrymal sac, in a majority of cases is nasal catarrh, and that every attack of coryza aggravates the trouble, and, further, that it is during the aggravation that we are most likely to have an acute dacryocystitis, we will be sure to treat the nasal mucous membrane. Of course this will not preclude the necessity of dilating a stricture of the duct or washing out of the sac; but I believe to cure an existing nasal catarrh aids much in the cure of an acute or chronic dacryocystitis. In two cases which I have treated, the incision was made through the integument, the sac cleansed thoroughly with hot water, and a solution of argenti nitrici, 5 gr. to ℥i, painted over the sac. The nasal membrane was sprayed with

Dobel's solution and later with fluid vaseline. Bell. was given at first and later hepar sulph. With this simple treatment the trouble was cured in both cases, and no return (it is now more than two years since the time of treatment) of the blennorrhœa of the lacrymal sac.

SURGICAL DISEASES OF THE ANTRUM OF HIGHMORE.

BY J. E. BRIGGS, M.D., BOSTON.

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

Before alluding to the numerous diseases which have their origin in the Antrum of Highmore, let us for a moment consider the anatomy of the maxillary sinus.

The antrum consists of a triangular cavity in the substance of the maxillary bone. It varies considerably in size in different individuals and even on different sides of the same face. Its base is formed by the outer wall of the nostril its apex directed outward, is formed by the malar process, its superior surface by the orbital plate, its inferior by the alveolar process. The anterior wall is formed by the facial, and its posterior, by the zygomatic surface. In the disarticulated specimen there is a large oval opening in connection with the middle meatus, known as the hiatus simulunaris or maxillaris. In an articulated preparation this is closed to a great degree by contact with the ethmoid bone above, the palate bone posteriorly and the inferior turbinated below. In a recent state there is usually but a single opening into the antrum, its size readily admitting a probe. The sinus is lined by a continuation of the nasal mucous membrane. A knowledge of the relation of the floor of the antrum to the alveolar process is of extreme importance. In the majority of instances the roots of the first and second molar teeth are in very close proximity to the floor of the antrum, they, in fact, often penetrate the cavity some distance, forming osseous projections in the same. Sometimes, however, the alveolar process is prolonged downward and exceedingly narrowed, so that the roots of the teeth may not approach within one-half or three-fourths of an inch of the antrum. Under such conditions the operation of perforating along the track of an extracted tooth is an exceedingly difficult and laborious task, and where this condition is suspected, the surgeon should employ another operation.

The term empyema is used to designate a condition characterized by the formation of pus on the surface of the mucous membrane lining the maxillary sinus. The pathological process

does not differ from that which occurs in similar membranes under like conditions.*

Under causes of empyema may be mentioned caries of the teeth and disturbances of the dental arch; occlusion of the hiatus simulunaris, giving rise to an accumulation of secretion which, during retention, undergoes purulent changes; traumatic injuries, as a blow on the cheek, may terminate in suppuration of the antrum. There are also a large number of cases where the origin of the disease must be ascribed to the very common disturbance in the health known as "taking cold." During the past few years the prevailing epidemics of influenza have undoubtedly been responsible for a large number of cases. Last winter I treated several patients in the clinics of Vienna, where the origin of the disease was undoubtedly *la grippe*, as no other cause could be found, and the suppuration followed immediately upon attacks of this malady.

The symptoms vary considerably both in character and severity. In an acute attack there is usually a dull, heavy aching in the affected side of the face, with sensitiveness to pressure upon the cheek, eye-ball and teeth of that side. The formation of pus, which is announced by a chill and subsequent rise of temperature, soon produces a dull, throbbing pain, and, if the hiatus simulunaris is obstructed, also disturbances in vision, which are produced by pressure upon the orbital plate. The tendency to point soon becomes marked, and the abscess, if left to itself, bursts either into the nose, the alveolar cavity, and following down the course of a tooth, evacuates its pus at the neck of the tooth; or it may discharge through the cheek, or the orbital plate may give way, and the pus make its exit along the lower lid.

If the disease assumes a chronic form, there is an absence of pain and symptoms characteristic of an acute attack. The patient, after having had the disease for months or years, is led to seek medical advice for the relief of an offensive discharge from the nose, especially in the morning, and impaired digestion, the result of swallowing the purulent discharge from the antrum.

The diagnosis is at the outset difficult, and the symptom may be easily confounded with those of toothache or facial neuralgia. In an acute attack, with occlusion of the normal opening into the nose, the condition progresses rapidly, throbbing becomes intense, the pain extending more toward the orbit and into the nose than in ordinary toothache, until finally a tumor appears on the maxillary bone. If, on the other hand, the hiatus maxil-

*Brown: Suppuration of Antrum of Highmore, N. Y. Med. Jour., July 19, 1890.

laris remains pervious, the pus finds its way outward through this channel, and the presence of the purulent discharge produces irritation and turgescence of the Schneiderian membrane.

In chronic empyema, the presence of pus in the nose, influenced by position, with the history of a previous acute attack, is sufficient in the majority of cases for a diagnosis. If on careful inspection of the nasal cavity pus be found above the middle turbinated body, it should be carefully removed by a pledget of cotton, carried on a probe. The patient should then be instructed to bend the head forward, downward and toward the unaffected side; another careful speculum examination of the nose should then be made, and the re-appearance of pus is indicative of empyema; but it must be borne in mind that the non-appearance of pus does not at all signify that the antrum is normal.

Another common method of determining the presence of pus is by aspirating the cavity. This is done in a very simple manner by a stout canula slightly bent about half an inch from the point, and fitted to a hypodermic syringe. The patient is cocainized and the canula is introduced into the nostril, carried backward along the outer wall of the nose under the inferior turbinated bone. With a little force the canula is made to penetrate the thin, bony septum of the antrum, and sufficient pus is aspirated to establish the diagnosis.

Vottoline has introduced a method of diagnosis which is of great advantage, but, unfortunately, is not within the means of the general practitioner. The patient is placed in a dark room, a small Edison incandescent light, attached to a tongue-depressor and connected with a battery, is inserted in the patient's mouth, the lips are tightly closed, and the current of electricity applied. The bones of the face become beautifully illuminated, and the presence of pus or a tumor within the antrum is announced by an absence of illumination, in contrast to that of the healthy side.

Prof. Brown* describes as follows a test upon which he claims full reliance can be placed: "Cocaine having been freely applied to the middle turbinated body, a small hypodermic syringe, with a long canula bent within a quarter of an inch of the distal end to a right angle, is passed into the hiatus similunaris, and a solution of per-oxide of hydrogen (one part to twelve of water) is injected into the antrum. If pus be present, it is driven out and fills the nose with a white foam. That the solution has entered the antrum will be made evident by the patient complaining of slight pain at the roots of the teeth and a sense of fullness in the cheek."

*N. Y. Med. Jour., July 19, 1890, p. 64.

Treatment may in some rare cases be successfully carried out without any radical operation, by syringing through the hiatus similunaris. This treatment must, however, in the majority of cases prove inadequate, and a radical operation become imperative in order to effect a cure. There are several methods of operating; the surgeon may penetrate the bony partition between the antrum and the nose, and in this manner gain access to the cavity; or an opening may be made into the antrum from the inner side of the cheek; but the operation which at the present time meets with the most universal favor is that of entering the sinus through the alveolus, the point of election being preferably the first or second molar tooth. It is a fact that a very large proportion of cases of suppuration of the maxillary antrum have their origin in caries of the teeth, thus the first step in the treatment is to determine the diseased tooth and extract it. It will be found that the teeth most commonly the source of the mischief are the first and second molars, possibly, however, the third molar or the second bicuspid may be the origin of the trouble. The first or second molar should be selected for the operation and extracted, then with a drill or trocar, an opening of fair size should be made into the antrum along the track of the roots of the extracted tooth.

The object in view in the operation is to establish perfect drainage, and afford opportunity to treat the cavity with anti-septic solutions. I think this operation, in the most dependent portion of the antrum, affords better opportunities for both these objects than any other method yet devised. An objection to this operation is the tendency for food to enter the antrum, thereby setting up a chronic inflammatory process. This can be obviated by the introduction of a silver or hard rubber canula accurately adapted to the calibre of the opening and filling the space between the teeth. This should be allowed to protrude about a quarter of an inch, in order that a soft rubber tube may be adapted to this end, by which the solution may be conveyed from the syringe into the cavity. Water and solutions injected in this manner find their way into the antrum and out through the hiatus similunaris; or, in case the latter is obstructed, the flow may return by the tube or pass out by a counter opening. After the syringing is completed, the rubber tube should be removed from the canula and a plug inserted. This method, it will be found, will entirely exclude foreign material from the antrum.

Warm, sterilized water should be abundantly used to wash out the contents of the cavity, and solutions of a mild antiseptic nature should be employed, creolin, per-oxide of hydrogen, permanganate of potassium, corrosive sublimate, or, if the tendency

to pus formation continue, injections of sulphate of zinc or nitrate of silver in weak solutions may be employed. In this manner the cavity may be cleansed and eventually healed. The process of restoration is, however, slow and tedious, requiring persistent treatment for a considerable period.

Having considered at some length suppurative disease of the antrum, I will very briefly mention a few other pathological conditions met with in the maxillary sinus.

Effusions of blood may occur in the antrum, due to direct violence or in consequence of nasal hemorrhage, the blood passing into the sinus through the hiatus maxillaris.

Tumors of a malignant character are very liable to originate in the antrum, or, less frequently, upon the alveolar border of the superior maxilla, and involve in their rapidly destructive course, not only the cavity of the antrum, but encroach upon its thin, bony partitions, causing destruction of the same, resulting in tumors of enormous growth and extensive deformity. Weber,* in a careful and instructive study of 307 cases of tumors of the antrum, has shown their relative frequency to be as follows: "Carcinoma, 133; sarcoma, 84; osteoma, 32; cystoma, 20; fibroma, 17; enchondroma, 8; gelatinoid polypus, 7; melanotic sarcoma and carcinoma, 5; and, finally, angioma, 1;" but he remarks that carcinoma occurs too frequently in the list, doubtless from its having been frequently confounded with medullary sarcoma. He believes that the latter embraces rather more than one-third, and carcinoma less than one-third of all morbid growths of the superior maxillary bone.

Sarcomatous growths may either originate in the antrum, the superior maxilla or in the nose, and later encroach upon that sinus. If primary within the antrum, their presence will not be suspected until the disease has progressed sufficiently to fill the space, then they announce their presence by symptoms of pressure, and, later, by the appearance of a tumor of the superior maxillary bone. This growth increases rapidly in size, extending primarily in the direction of least resistance, but, sooner or later, occludes the nose and encroaches upon the pharynx, orbit and cranium. Treatment in these cases should be directed to the entire removal of the growth as soon as detected. These tumors are prone to occur and with increasing malignancy; it is, therefore, important to remove them as totally as possible at the first operation.

Carcinomas are of comparatively frequent occurrence; they either originate within the antrum or secondarily invade the cavity. The growth is characterized by its rapid development, quickly involving the nose and orbit, with a tendency to ulcer-

*International Encyclopædia of Surgery, Vol. 5, p. 451.

ate early and give rise to a fetid, watery discharge. It is, perhaps, least amenable to surgical treatment of all cancerous growths, as it cannot often be thoroughly removed, and, consequently, recurs in nearly every case. If these growths are far advanced, it is a grave question whether an operation should be attempted or not.

Regarding the method of operating for the removal of malignant growths in the antrum, involving the superior maxillary bone, very many methods have been suggested. The incision which goes by the name of Sir John Fergusson is, in all probability, best adapted to the majority of instances; but nearly every case requires a particular mode of operation, so that it is impossible to formulate any fixed methods. The description of operations best indicated under various conditions may be found in numerous surgical works.*

If an operation is deemed advisable, the surgeon should select the one best adapted to his particular case. He may deem it expedient to operate through the mouth or face; to make a partial or total excision of the upper jaw; or, whenever a suitable case presents, an osteoplastic operation is far preferable to any of the above methods, as very much less deformity results.

Regarding the remaining growths, which are of a benign character; many of these, when left to their course, produce hideous deformities of the face and great mischief by encroachment upon the nasal cavity, the orbit, mouth and pharynx, yet are amenable to operative measures, and, if thoroughly removed, do not tend to recur.

*Surgical Operations, Jacobson, p. 273, etc. Int. Enc. Surgery, Vol. 5, p. 427, etc.

*MALIGNANT STRICTURE OF THE RECTUM, AND ITS RELIEF
BY INGUINAL COLOTOMY.*

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

[*Read before the Massachusetts Surgical and Gynecological Society.*]

In presenting this paper on stricture, it is not my intention to go into the etiology or pathology of the disease, but rather to present a few leading indications to help in the choice of operations for its relief. Nor do I wish to touch on simple stricture capable of cure by dilatation, slight incisions, rectotomy or proctotomy, but rather, I shall pre-suppose that the case has been diagnosed as malignant. In passing it might be well to say that the extent and feel of the growth, the amount of pain suffered, the character of the discharge, and the odor of the same will go far toward helping us to make such diagnosis. Given then a malignant stricture, what shall we do with it?

Two leading methods suggest themselves to us, excision or total extirpation and colotomy. If the growth has not impinged on the rectum higher than four inches, if it is freely movable, and if it is mainly confined to the posterior aspect of the rectal wall, excision can be thought of. Unless, however, the surgeon feels reasonably sure of being able to remove all the diseased tissue, the operation will be worse than useless. If the slightest portion of foreign growth is left, the irritation caused by passing fæces, will surely further the breaking out of the disease in the same place, within a very short time. One other point which would influence me to decide against excision. If the growth has reached such proportions as to require the total sacrifice of both sphincter muscles, leaving the patient no retentive power, I should favor colotomy in preference to excision. There would always remain an element of doubt, as to the possibility of removing all the diseased tissue, and unless this possibility were excluded entirely, nothing would be gained. The condition of the patient after the operation, both sphincters being sacrificed, is really worse than after inguinal colotomy, it being more difficult to retain fæcal matter, and to preserve neatness.

From my reading on the subject of colotomy, from personal observation in about eight cases, in which I have witnessed the operation and its results, in this country and abroad, I believe thoroughly in the operation in suitable cases. As between the inguinal and lumbar methods, in operating in these days of aseptic surgery, the lumbar has little to recommend it, and many points which should discourage its use.

The lumbar region was originally selected as the most favorable point from which to reach the colon, and avoid wounding the peritoneum; not that this can always be done, but it is possible. The chief difficulties in the operation lie in the depth and extent of the incision, especially in fleshy subjects, the uncertainty of exposing the bowel without wounding or opening the peritoneum, and the great difficulty in distinguishing the large from the small intestine, if felt under or through the peritoneum; the mistake of opening into the latter, having happened in the practice of the most distinguished surgeons; a mistake which nearly always proves fatal. If, however, the lumbar operation has proven successful primarily, the subsequent care of the artificial opening is far greater, frequently requiring the aid of a second person, owing to its awkward location. None of these disadvantages obtain in the inguinal method, and as regards the safety of the method, the results to-day are in its favor.

Dr. Cripps is the only surgeon I know of, who gives us any

statistics by which comparisons as to fatality may be made, between colotomy and excision. His first figures are decidedly in favor of excision, giving the ratio as between 18% and 66%. He allows, however, that this estimate is misleading, for very many cases of colotomy were performed on patients almost moribund.

Since the innovation of the inguinal operation, the ratio of mortality has been reduced to 13%. Taking into consideration the fact that the operation is rarely performed until the disease has made great progress, almost entirely blocking up the canal, and necessarily weakening the vital forces by absorption, this immediate death rate is very low.

The operation offers to the patient a lease of life of from one to four, possibly five years, almost entire freedom from pain and tenesmus, and not at the expense of so much discomfort as is generally supposed.

A patient affording a good illustration of all the important points, to whom I was called, and to whose history I shall ask your attention for a few moments, is as follows: Mrs. G—; age 43; American. Has suffered for the past ten years from obstruction of the bowel. For the past two years movements have been secured only by aid of cathartics, at intervals of from five days to three weeks, and then only when the stools were completely liquified by drastic purgatives. When I was called to her, which was in the latter part of May; now seven months since, she was in dire extremity, pallid of face, emaciated in form, and suffering intense pain; an almost constant desire for stool, and yet unable to relieve herself. She had been under the influence of opiates and stimulants for several months, and the end was apparently not far off. A physical examination revealed a foreign growth in the rectum, completely blocking up the passage; it was hard and fibrous to the touch and not freely movable. As the finger was withdrawn, a slimy, bloody mucus followed it, having a most unpleasant odor. The growth involved all sides of the rectum, commencing about three inches from the anus, extending upwards, it not being possible to outline the upper border. I failed in an attempt to pass a number eight catheter, the only size I had with me. An examination externally over the surface of the bowels, revealed a colon loaded with fæcal matter, without doubt almost through its entire length. Here was a condition precluding the possibility of excision, the fixation, height of the growth and its intimate relations with other vital organs, all combining to render such an operation inexpedient. The patient and her family had already been told by an eminent surgeon of this city, that any surgical treatment or operation would be fatal. I sug-

gested the operation of inguinal colotomy. The form of operation and its results if successful were explained to the patient and her husband, and after a few hour's deliberation a decision favorable to the operation, was reached. She was removed to the Boothby hospital; and the next morning I performed the operation, the details of which I will give as briefly as possible.

The abdomen is prepared as for a laparotomy. An imaginary line is drawn from the anterior superior spine of the ilium to the umbilicus, the incision directly crossing this line, and from an inch and a half to two inches from the ilium. Cutting down carefully upon the peritoneum, all hemorrhage is stopped before this is opened. The peritoneum is now opened to the extent of the external incision, about two inches. A flat sponge is inserted holding the bowels out of the way, and also serving to take up any oozing. The peritoneum is now stitched to the skin by half a dozen sutures of silk and cat-gut. This little procedure is not absolutely essential, but it simplifies matters later on. The sponge is removed, and search is made for the colon. Frequently it presents at the opening, but on other occasions, by searching with the finger, either tracing downward toward the sigmoid flexure, or in the opposite direction, it can be hooked up without great difficulty. There is no excuse for failure to find it, or occasion to confuse the large with the small intestine; the longitudinal bands, and the appendices epiploicæ of the colon, being quite sufficient to distinguish it; should, however, a mistake occur, it must necessarily prove fatal. A fair sized knuckle of intestine is now brought outside and either a hair lip pin or a good sized silver wire is passed through the skin and peritoneum on one side, then through the mesentery directly under the bowel, then through the peritoneum and skin on the opposite side; this is drawn up reasonably tight, and fastened on both sides by buttons. This secures the bowel beyond the possibility of slipping away, and also provides for the double-barrelled opening. Some operators place the wire in the lower third of the opening, but as it has happened in many instances that the bowel was found to be twisted on itself, thus making the direct opening the smaller of the two, it is safer to place the wire about in the middle. The bowel is now stitched to the skin and peritoneum by about half a dozen black silk sutures on each side, and one in each angle of the wound. Great care must be taken in passing these sutures, to penetrate only the muscular coat of the bowel, not going through the mucous coat, and so into the bowel itself, as a series of stitches penetrating the bowel entire might give rise to so much fæcal oozing as to imperil the entire operation.

Unless the need be urgent for so doing, the bowel must not be opened now. A layer of protection is laid over the exposed knuckle of intestine, a few thicknesses of gauze over this, and then a pad of absorbent cotton. This is now secured by an abdominal bandage, and the patient put in bed. If all goes well (that is absence of great pain, excessive vomiting, collapses, etc.) the bowel need not be opened for thirty-six or forty-eight hours. In the case under consideration, no such unfavorable symptoms supervening, I delayed opening the bowel forty-eight hours. When the dressings were removed, the parts were well covered by lymph, which shut off the abdominal cavity, and the bowel looked well. I now laid the bowel open, trimming down to within a quarter of an inch of the skin on either side. This was done without ether, and caused very little pain. Two or three vigorous little arteries were cut in the trimming, but compression with forceps for a few minutes arrested all bleeding. A good double spur was found, having the characteristic double opening, the upper communicating with the colon from above, and the lower one communicating with the rectum and anus. The relief afforded by the exit of gas was so great, that no effort was made to clear out the bowel above at this time, although some fæcal matter oozed out soon, it was several days before the entire accumulation was removed. The case went on to perfect recovery, and was discharged in three weeks. Before operation, the pain and tenesmus in the rectum was almost constant, necessitating the use of large doses of morphia. A foul-smelling discharge leaked out of the anus continually. The weight of the patient when she entered the hospital was ninety-two pounds. No morphia or other opiates were given after the operation; the discharge gradually ceased. The channel for fæcal matter being diverged, the growth in the rectum not being constantly irritated, the pain began to decrease, and now she complains very little of it.

My patient has kindly consented to appear before you to-day for the good of humanity. She represents a class of patients most pleasant for the surgeon or physician to have, namely: one in whom gratitude does not entirely cease after payment of the bill. She has gained thirty-five pounds since the time of operation, seven months ago. She has a regular movement each morning from the artificial anus, preceded by the same inclination and desire as in days gone by. She is able to take care of herself easily and neatly. When she is on her feet the bowel inclines to prolapse, owing to the length of mesentery, but this we are able to control very well by a nicely adjusted truss and a hard rubber cup which a dental friend of mine

kindly helped me to devise. She believes very thoroughly in the operation, as you can learn by questioning her.

To those of you who are not familiar with the operation and its result, a living illustration may go far towards changing possible prejudices against it, and an object I have in asking my patient to come before you this evening is that she may counteract in your minds, in a measure, the idea that the operation is one having so many repulsive features, that its results hardly justify it.

At this time, seven months after the operation, the patient's condition is very satisfactory. She suffers no pain, has a regular and natural stool daily, and is able to attend to her usual social and domestic duties.

ADHESION OF THE MEMBRANA TYMPANI.

BY AUGUST A. KLEIN, M.D.

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

The adhesion of the membrana tympani occurs very often in diseases of the middle ear, and is a frequent cause of hardness of hearing and of noises. Although not a disease by itself, but a consequence of inflammatory processes, followed by plastic exudation, it is, never-the-less, of the greatest importance to make an early diagnosis of any such adhesions.

When we examine a normal membrane with the mirror and speculum, we notice that it is depressed like a funnel, with apex toward the tympanum. We notice a yellowish-white point upon its upper part, the short process of the malleus; from this extends a light yellowish streak to the centre of the membrane. This is the handle of the malleus, (manubrium,) dividing the upper half of the membrane into an anterior and posterior segment; at the termination of the manubrium the beginning of the triangle of light commences, extending toward the periphery, and dividing the lower segment into an anterior and posterior part. In some cases the articulation of the malleus and incus is seen, and a light yellowish spot behind and a little above the apex of the manubrium, indicates the articulation of the long process of the incus with the capitulum of the stapes. We find the color to be yellowish-white or bluish-white in the adult, pink in the infant; also, that its position is horizontal in the adult, and oblique in the infant.

If we use Siegel's speculum, we find the membrane to bulge outward with suction, the posterior half more than the anterior. As soon as suction ceases, the membrane relapses into its former position. During suction the manubrium moves

outward and forward, and returns inward and backward, when suction ceases.

The membrane looks of a glossy lustre, and has no specks or spots upon its surface. In adhesions all becomes changed. The shape, the color, the appearance, the movements of the membrane and the ossicles are different. Instead of normal hearing, we have hardness of hearing, even to complete deafness and disagreeable noises. The membrane moves but partially, the manubrium but little or not at all. Instead of a pink or bluish-white color we see white fibrous patches.

Etiology. The causes of adhesions are numerous. The principal being plastic exudation into the tympanum, acute and chronic catarrh, exposure to wet and cold air, sea bathing, without due protection of ear, excessive smoking, diseases of larynx, pharynx, nose, long occlusion of Eustachian tube, pressure of wax or other foreign bodies upon the membrane, myringitis.

Diagnosis. We recognize adhesions by the various changes the membrane undergoes, and by the immobility of ossicles and membrane. If the whole membrane is adherent to the inner wall of the tympanum, the funnel shape has disappeared, no triangle of light is seen, and the color has changed to a white fibrous appearance. On touching with a probe the sensation is hard, not soft as if touching tissue paper; the hearing is difficult; the patient has loud roaring noises; (if the stapes is still movable, the hearing is better in the street among noises) inflation has no result, neither has suction with Siegel's speculum.

The ossicles, especially the manubrium, may be seen as an immovable yellowish-white streak, displaced backward and upward. The inco-stapedial articulation appears as a yellowish-white protuberance, and the articulation of the malleus and incus is quite distinct. Half-moon-shaped, mother-of-pearl-like patches are seen upon the membrane.

Adhesion of the membrane to the long process of the incus is recognized by an opacity along the manubrium in the superior posterior quadrant.

When suction is applied this opacity does not move with the membrane, but remains in a fold which also hides the manubrium, although this moves, but not freely. Should the membrane adhere in small spots to the inner wall, we notice small stellated depressions, which have a firm sensation when touched with a probe. When Siegel's is used, these spots do not move, but form little cup-like depressions, while the non-adherent parts bulge outward; the movement of the manubrium is impaired. Noises may be more of a humming kind.

Sometimes the borders of perforations become adherent to the inner wall. The lining membrane of the tympanum is seen as thickened white fibrous tissue, while white fibrous borders surround the adhesions. Touching with a probe we perceive the bony inner wall. Inflation or suction causes the free parts to bulge outward. The white, mother-of-pearl-like ring around the depression partially moves with the membrane on suction or inflation.

Differential Diagnosis. Adhesions may be confounded with perforations in the membrane, retraction and ankylosis of ossicles, contraction of tensor tympani, ulcers on membrane, calcareous deposits, liquids in the tympanic cavity.

Perforations are recognized by the escape of air bubbles or mucus, when inflation or suction is applied. This, however, does not always follow, for if the Eustachian tube is occluded, and no air gets into the tympanum, none can escape through the perforations. The small depressions upon the surface of the membrane will move when Siegel's speculum is used, showing them not to be adhesions.

Ankylosis of the ossicles is diagnosed from adhesions by use of Siegel's speculum. The membrane bulges out in front and behind the manubrium on suction, while the manubrium remains still, forming a groove in the membrane. Inflation with Politzer's air bag has the same results.

Retraction of the tendon of the tensor tympani may cause partial immobility of the membrane; using Siegel's or inflation will show but slight movement, but applying the force pump, the membrane and manubrium will move outward, but quickly return to their former position.

Discharges within the tympanic cavity may be taken for adhesions, especially if the cavity is almost filled with it, and if it is of a thick, adhesive nature, the membrane will move but slightly, and the manubrium is hindered in the performance of its function. In such a case we should employ auscultation, for if the Eustachian tube remains pervious we will hear mucus râles. Should the discharge be more liquid it may be seen to move within the cavity through the membrane with every movement of the head. The patient will also perceive a swaying motion in his ears.

Ulcers in the membrane may simulate adhesions. Here the probe will tell the story. On touching the spot we find a sensitive, cushion-like surface, instead of the hard, bony sensation in adhesion, besides the congestion and other disturbances of an ulcer or an abscess. The membrane moves, although the indurated spot may not seem to; still on close observation we perceive it to move with the membrane.

Calcareous deposits in the membrane might be taken for osseous bridges, extending across the tympanic cavity. Seigel's will tell us if that is the case, for the deposits will move with the membrane, while the bony connections will hold the membrane firm. Atrophy of membrane is recognized by the arcus senilis, a white, fibrous ring around the border of the membrane. The central part of the membrane is very thin and bulges outward like a rag when inflation is performed.

Treatment. The treatment of adhesions consists in breaking them up, and restoring the degenerated mucous membrane of the tympanum to its normal function.

The first requires local, the second constitutional treatment. If we find a firm, adherent membrane in its whole extent, with little or no movement of the ossicles, we can promise but little.

Inflation leaves us in the lurch. All we can do is to free the stapis from its connections by breaking it loose from the long process of the incus, and, if necessary, breaking off the arches of the stapis, so as to let the foot plate free. This operation, if successful, will relieve the patient from the disturbing noises, and may improve the hearing to a great extent. It will be necessary to remove part of the long process of the incus, lest the bones should unite again.

Introducing glycerine into the tympanum may assist in keeping the parts relaxed. If the noises do not cease, strong suction with Seigel's may help to move the foot plate of the stapis. Should the membrane be only adherent in spots, we may succeed in getting it loose by inflation and suction. Should this not answer, the force pump and Eustachian catheter may be employed; but if everything that has been done is without avail, it is best to cut around the adhesion, introducing sweet oil, and using inflation and suction at least four times a day to prevent reunion of parts. The most frequent adhesions are to the long process of the incus; an incision along the posterior border of the manubrium and one behind the long process will set the membrane free. Unfortunately it will soon unite again to the remains of the membrane upon the long process of the incus. This may be prevented by the persistent use of Siegel's and inflation.

Should bony bridges exist, an incision around the bridges and the introduction of an angular knife into the tympanic cavity will break them up. They are usually very slender, and it does not require much force to break them. They fall to the bottom of the cavity, and may remain there for a long time, without causing any disturbance, yet sometimes they will irritate the mucous membrane, and cause suppuration.

Once in a while the whole tympanic cavity is filled with new

bony growth. This is usually of a spongy nature, and if recognized, could be scraped out with a curette; of course the ossicles would have to be also destroyed. Great care is necessary not to injure the hiatus fallopii or the tegmen tympani. For the change of the mucous membrane such remedies will have to be used as will assist to absorb the infiltration, cause the lymphatics and blood vessels to regain their function and increase the activity of the absorbents.

The following have served me well: aurum mur, sulphur, argent nit. silicia, iodine, kali bi., phosphor., causticum.

Special indications of the above remedies are ;—aurum, roaring, humming in the ears, worse in the morning. Adhesions have been caused by scrofulous conditions of middle ear. The glandular system is impaired.

Gold will increase the activity of the glands, stimulating and invigorating their secretory functions. It will assist in the nourishment of the parts. It increases the appetite. It is especially indicated when adhesions, deafness, and noises are caused by scrofulosis or syphilis.

Iodine is another anti-scrofulous remedy. It is especially indicated when the glands around the ear and neck are chronically indurated. When deposits are formed in the tympanum, and in the membrane, children look pale, as if they had not enough to eat. They are troubled with ulcers of the cornea, bad smelling breath, catarrh, and eczema of nose. If the eyes get well, the ears begin to give trouble.

The difference between aurum and iodine is that the former stimulates the glandular system to increased action, while the latter acts destructively, breaking down new deposits, and if carried too far, even to complete destruction of the glands themselves.

Sulphur is well known to increase the secretion of mucous glands, and as it is our object to bring the glands of the lining membrane back to their natural function, sulphur will assist us in such cases, where adhesions are due to the dried up condition of the mucous membrane.

Of course we cannot break up adhesions with sulphur or any other remedy alone, but if we have adhesion of membrane, and we have sulphur symptoms in our patient, we will succeed better in curing our patient, if besides mechanically breaking up adhesions, we assist the system by giving the properly indicated remedy.

Heinecke gives the following ear symptoms of sulphur: itching, crawling at the external ear, excessive sensibility of acoustic nerve to phonetic impressions, sensation of obstruction in both ears, loud reports, cracking, roaring, humming, and

pulsation in the ear. The majority of the above symptoms can be caused by pressure of the stapis upon the perilymph, and it seems to me that sulphur may cause these symptoms by causing a contraction of the tensor tympani; and stapedius although it may also cause them by contraction of the vasomotor nerves within the labyrinth or excessive secretions of glands occluding the Eustachian tube. I consider it of the greatest importance to find out how and why medicines cause certain symptoms in certain organs. The chemical, magnetic and electrical irritations, which may be caused by medicines upon delicate nerve structures, certainly play a most interesting part in the application of homœopathy.

Phosphorus I give in cases where the nerve forces are relaxed, where adhesions may have been caused by paralytic conditions. The special ear symptoms of phosphorus are those of pressure upon the perilymph, hardness of hearing, noises, roaring, humming, ringing, chiming, choked feeling, violent otalgia.

Argentum nitricum is of great service in chronic cases where the ulceration and necrosis have been going on for years. Ear symptoms of arg. n., are hardness of hearing, obstruction, ringing, roaring, dull blowing in ear.

Silicia is used to help to repair the bony structures. It has an over sensitiveness to sounds, hardness of hearing, roaring, flapping, whizzing, chirping noises, crawling, itching, burning in meatus, overaction of glandular structures, otalgia.

Causticum is indicated in contraction of the tensor tympani. Chronic ulceration, tendency of ossicles to contraction, stitches, otalgia, swelling and pain in meatus, roaring, ringing, whistling in ear, hardness of hearing, secretion of bloody, offensive pus, and serum.

Remedies for acute and chronic catarrhs I have not considered, although all the above remedies may have to be used in such cases. Aconite, belladonna, mercurius, cinchona, verat, hepar, kali bi, are all remedies that play an important part in diseases of the ear.

ABORTION.

BY E. A. MURDOCK, M.D., SPENCER, MASS.

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

In this paper I shall use the term Abortion in its usual sense, viz: as applied to the expulsion of the ovum before the fourth month, when the placenta and the rest of the chorion are not yet distinct.

The causes of abortion are so numerous it is almost useless to attempt to enumerate them. Many women seem to be pos-

sessed of an irritable uterus, so that the least indiscretion on their part when pregnant, will cause an abortion. A lacerated cervix will frequently cause a woman to abort. In some cases a very slight thing will cause the uterus to empty itself, while again we know of cases where intra uterine injections, the use of the sound and such-like harsh treatment for the purpose of producing abortion have been useless. Abortion may occur any time after conception has taken place; and probably very many occur so soon after conception that the patient is unconscious of any trouble beyond a more painful menstruation than usual. The clinical phenomena attending an abortion are, 1, pain; 2, hemorrhage; and 3, the expulsion of the ovum in whole or in part. Now these are not all necessarily present; in fact we have seen many cases free from pain, with very little hemorrhage, and had we not succeeded in finding the ovum, should have been unable to diagnose abortion. At other times the first warning our patient has is a severe flooding, and before she has a chance to realize her condition she has fainted, and is perhaps in almost a comatose condition from the loss of blood, and unless help is speedily received she is beyond needing our services. But many cases begin with a warning pain, followed by a little show. Sometimes the ovum is expelled altogether, at other times the embryo enclosed in its amniotic sac is thrown out first, followed in an indefinite time by the decidua. Some portions of this decidua are liable to remain in the uterine cavity, and being cut off from the greater part of its blood supply become a mass of dead flesh, and soon begin to putrefy; this very frequently causing septicæmia. Or it may not be wholly cut off from its blood, but new growths may arise from this, causing frequent hemorrhages. To avoid these two alarming complications, septicæmia and hemorrhages in abortion, are matters of great concern to the physician. This we will consider later. Now when a woman presents herself to the physician with a train of symptoms pointing toward abortion, before he attempts any treatment it is his duty to, if possible, decide whether the abortion is simply threatened and may be averted, or whether it is inevitable and cannot be prevented. This is by no means an easy task, for the signs which usually denote an expulsion of the ovum cannot always be depended upon. Hirst says, "if the hemorrhage is persistent, if the os dilates, if there is felt presenting within the os a cystic tumor, the ovum, if the pain is considerable, and, above all, if portions of the ovum are expelled, the abortion may be pronounced inevitable." The physician is often called to cases of abortion where he must decide whether they are partially or wholly accomplished, that is, whether the uterus has been

entirely emptied of its contents. If the discharges have not been thrown away, he must carefully examine all clots, floating them in water, and then by an internal digital examination he can discover whether anything remains in the uterus, any shreds of the decidua, or perhaps a part of the placenta itself; but if he can find nothing in the clots, and upon digital examination finds the uterus firmly contracted, an intra-uterine examination will then be impossible, and the history of the case and the present condition of the woman must aid him in his decision. The treatment resolves itself into three parts: the treatment of threatened abortion; 2d, inevitable abortion; 3d, the treatment of the woman after abortion. If the physician feels that there is a chance of preventing an abortion, it is his duty to use every means possible to accomplish this; he should insist upon complete rest in bed, prohibiting everything of an exciting nature, keeping the patient perfectly quiet both in mind and body. For internal remedies the individual case must decide the remedy. I have found *sabina* very useful, also *mitchella repens* and *secale cornutum*. But when it is determined that the abortion is inevitable, the management of the case is entirely different; there is no longer any need of absolute rest. If there is much hemorrhage, there is no question but that it must be stopped as quickly as possible. This may be done by the vaginal tampon of balls of "baked cotton," (Hirst says) "size of walnuts, packed in the vaginal vault, and in front of the cervix, until the vagina is filled in its upper third." Remove the tampon in about six hours, and apply a fresh one, although the ovum or foetus will often be found to have come out with the cotton. The decidua or placenta may be retained for some days, or even longer, causing frequent hemorrhages and a great deal of pain. Now comes the danger of septicæmia, if the placenta is left until it decomposes. This is the time when the physician's best judgment and skill should be present with him. The question that confronts us is how long shall we trust to nature to clear the uterus of its foreign substance? Tanier says, "give the uterus time to expel the foreign substance naturally, but in the mean time antiseptic injections should be systematically employed; if, however, alarming hemorrhage appears, or the discharge becomes foul, then more active measures should be employed." My custom is to pack the vagina with tampons, and wait the result; removing the tampons in a few hours, using antiseptic injections at regular intervals; if I cannot accomplish my purpose in this way, and there begins to be a foul odor, I make an attempt to clear the uterus with my fingers, using an anæsthetic if necessary. I believe the curette should be laid upon the shelf until the more conservative meth-

ods have been thoroughly tried; it seems to me that the curette in the hands of the general practitioner, is capable of causing more harm than to adopt the expectant treatment for a reasonable length of time, but when all milder means have failed, then it is our duty to clear the uterus with the curette. The after-treatment of the woman is simple, providing the uterus has been well emptied.

INSANITY WITH APHASIA: TWO CASES.

BY ELLEN L. KEITH, M.D., WESTBORO, MASS.

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

CASE I. Mrs. A. B., age 70, was admitted to the Westboro Insane Hospital on Sept. 12, 1891. Her history, as well as it can be obtained is as follows: Four years ago she had what was regarded as a slight apoplectic attack. She was ironing at the time, and her right eye became affected. She said it was caused by the reflection of the sun on that eye. From that time she lost perfect control of her limbs, became awkward, and could not do nice work as formerly. She continued to attend to household duties, and seemed well physically, but grew very suspicious of those about her. Would lock up all her clothing, and with it articles of food. Nuts, lemons, cookies, fruit, etc., would be found tied up in old rags, and hidden among her clothes.

For three years following this attack she had an unusual appetite, ate heartily of every kind of food, and took tea immoderately. After that period her appetite became poor and fickle, and often she would eat very little.

In April, 1891, her left hand was caught between the two sashes of a window, and hurt quite badly. From that time she began to fail, and seemed weaker both mentally and physically. Six weeks later she suddenly lost the power of speech. She was all right when she arose in the morning, but soon after came to her daughter with some sheets in her hand, and, holding them toward her could say only, "Breddy, beddy, beddy, breddy." From that time, May 22, 1891, right words were spoken only by accident. She was cared for at home for four months, but then became restless, and tried to escape from home, and it seemed safer to send her to a hospital. When admitted, her right pupil was larger than the left; her physical condition was good, she tried to make herself understood by words, but they were not intelligible, and she would appear distressed that what she said was not understood.

She was noisy at night, and later became so during the day.

She took strong dislikes to certain persons, one in particular who was very fond of her. At the mere sight of this person she would try to talk, and often say the word "kill," which was one of the few words she ever said distinctly, and would look frightened, and push her away.

Until October, 1892, there was very little change, only slight failure physically. She would try to talk, but "Yes," "What a doferdo," "Ledole dode," were the most frequent sounds, and these she seemed to think ought to be understood. She appeared to be conscious of what was said to her, and would make gestures indicative of assent or dissent.

On October 14th, she was not thought to be seriously ill, but she looked pale, was growing thin, and had begun to vomit food. She was now taken care of as a bed patient, various liquid foods were tried, but nearly everything was vomited a short time after being taken.

She had, when admitted, a small umbilical hernia, and had been in the habit of tying cloths or garments around her abdomen, as if to support it. This was carefully examined, and the whole abdomen, to find some cause for the vomiting of food and greenish mucus. The liver was found to be enlarged, hard and uneven. Bowels moved quite freely, though constipation had been common and annoying for years.

On October 21st she died, having been confined to her bed only one week. An autopsy was granted by the daughter, and proved interesting.

Weight of the brain was 39 ounces. Arteries atheromatous in many parts of the brain. Choroid plexuses quite hard and calcareous.

Brain tissue normal, and no soft spots or emboli were found to account for the aphasia. Though a careful examination was made, probably a more skilled pathologist might have found a lesion.

The heart and lungs were normal. There was an excessive accumulation of fat in the abdominal walls, also in the mesentery and omentum, the umbilical hernia being composed wholly of a fold of the fatty omentum.

Liver was enlarged, and the normal tissue almost wholly displaced by large masses of cancerous deposit of the medullary form.

Apparently the lesser curvature of the stomach was involved, but it proved that the thickening was wholly in the lesser omentum.

Scattered all over the omentum and mesenteries were little nodules of a nature similar to the larger ones in the liver. The intestines, spleen and kidneys were normal. Death was evi-

dently caused by carcinoma of the liver, which had not been suspected during life.

CASE 2. Mrs. C. D., age 71, is still a patient at the hospital. She also had apoplexy, and after it developed mental disease.

The first attack was four years ago, and was very slight. After a week she had entirely recovered.

The second was a year later, also slight, and neither left any marked symptoms excepting a difficulty with the right eye, which she claimed was sightless, but no thorough examination was made at the time. She can now see a little with it.

There was not quite a year before the third attack came, which had immediate and lasting effects.

Power of speech was seriously affected, memory impaired, and knowledge of the use of objects apparently lost. She would take any kind of a dish, fill it with water, and try to pour it in her ear, evidently thinking she was taking a drink.

At the table she would put sugar into salt or butter. Though somewhat clumsy and awkward, there seemed no real difficulty in the use of her limbs, but rather a lack of knowledge of the import of what she did.

From the beginning of this attack she showed a strong antipathy toward her husband and a servant, whom she accused of injuring her, of trying to kill her, and of destroying her home. She became very vulgar and obscene in talk, and careless of her person.

This condition lasted about six weeks, and then gradual improvement continued for a year. For these three years her appetite was enormous, and she had no regard for what she ate, in this respect showing a marked resemblance to Case 1.

About six months ago the fourth attack was ushered in by a severe epileptiform convulsion, ending in a prolonged sleep. From this she awoke, refreshed in body, but with mind seriously affected.

She had hallucinations of sight and hearing, was violent, broke glass, thought she was going to be killed, etc.

She became unmanageable at home, and was brought to the hospital, April 11, 1892. When admitted she was noisy, restless, and showed the usual symptoms of insanity in the aged.

Her case is interesting at this time only because of the accompanying aphasia (or rather par-aphasia), for in the 2,300 cases of insanity received at the hospital thus far, only three have had any marked degree of this disease.

As this is a case of only partial aphasia, it has been more interesting to study.

I have endeavored to examine this patient after the plan of Dr. M. Allen Starr, and think that the tests show that she has,

1st, to a certain extent, the power to recognize the use of objects seen, heard, felt, tasted and smelled, showing that apraxia is not now present.

For instance, a watch was shown to her, and she said, "yes, a mirror, a glass to tell time." When passed her Bible, and asked what it was, she took it with an appearance of interest and affection, and said, "a foot, feet, well, what book is it?" "Lord Jesus Christ, the Holy Lord," showing plainly that she understood the character of the book, though she could not say its name. She also said, "I love the booth, body, bounty, Bible." "I've been derived (meaning deprived) so long."

2d. The power to recall the spoken name of objects seen, heard, handled and smelled is not wholly lost, but varies greatly at different times. A bottle of ammonia was given her to smell. She immediately said, "Onia." Then a vinegar bottle was passed to her, and without the least hesitation she said, "vinegar." Some keys on a ring proved very difficult. She first succeeded in getting the word ring, but it was only after several efforts that she could say key, calling it "him, hound, sound." When her son came to see her, she called him "mother" several times, till he mentioned his name.

3d. The power to understand speech and musical tones is much impaired, sentences having often to be repeated before being understood, and at times words produce no effect, a word already caught, holding the mind to the exclusion of all others. The word "sound," uttered in the previous test was repeated over and over, and when asked to write different words, she would continually spell and pronounce "sound."

4th. The power to call to mind objects named is not wholly lost.

These tests show the condition of the auditory speech area.

5th. The power to understand printed or written words, and to read aloud is nearly gone.

6th. The power of writing spontaneously or at dictation is entirely wanting. The attempt to form letters resulted simply in a succession of curved lines, which she seemed to think were legible.

Apparently the visual word areas are more affected than the auditory.

It would seem, from the result of these tests, that in Case 1 there must have been a small area of softening in Broca's Centre to account for the nearly pure form of motor aphasia, while in the second case the mixed motor and sensory symptoms indicate more diffused degeneration.

SOCIETIES.

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MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

Annual meeting, April 11 and 12, 1893.

The preliminary meeting was held at the College building, Tuesday evening, April 11, the President, L. D. Packard, M.D., in the chair.

After the reading and approval of the records of the semi-annual meeting and the records of the meetings of the Executive Committee, the following papers were presented in the

REPORT OF THE COMMITTEE ON OBSTETRICS.

Nathan R. Morse, M.D., Chairman.

1. Placenta Prævia, illustrated with stereopticon. George R. Southwick, M.D.
2. The Abnominal Bandage. H. E. Spalding, M.D.
3. Treatment of Abortion. S. Manning Perkins, M.D.
4. A Case of Puerperal Convulsions. J. H. Sherman, M.D.
5. The Evolution or Mechanics of Labor. Nathan R. Morse, M.D.

DISCUSSION.

Dr. H. L. Chase, said that in his first practice he always applied the bandage after confinement, but has not done so for the past twenty years, and has not during this period had nearly so many cases of pendulous abdomen as in earlier times.

Dr. Jos. Chase spoke of the comfort the abdominal bandage afforded the patient during the first day or two, and as it did no harm if properly applied, he thought its use justified.

Dr. N. R. Morse uses the bandage during the first twenty-four hours.

Dr. Sherman thinks that the only excuse for the bandage is the comfort afforded during the first twenty-four hours. Believes pendulous abdomen more apt to occur if bandage is used, than if not.

Dr. Scales has not used the bandage for twenty years and his experience agrees with that of Drs. Chase and Sherman.

Dr. Jos. Chase gave a very interesting description of the posture and customs of the Italian women during parturition.

Dr. Utley reported a case of puerperal convulsions.

Dr. Talbot wished to express his belief in the carefully adjusted bandage. Thinks it is not only a comfort to the woman but aids materially in preventing pendulous abdomen.

Dr. Boothby heartily endorses the opinion of Drs. Spalding, Talbot and others in favor of the bandage.

Dr. Mosher also spoke in favor of the bandage, and called at-

tention to the fact that the napkin fastened front and back, served to keep the bandage from slipping up.

A vote of the Society being taken on the question of the abdominal bandage, gave a large majority in favor of its use.

Dr. Winthrop T. Talbot exhibited some very interesting pathological specimens, after which the Society adjourned to the small lecture hall where a collation was served.

WEDNESDAY, APRIL 12.

The meeting was called to order in Steinert Hall, at 10 A.M., by the President, L. D. Packard, M.D.

The report of the Treasurer, Dr. H. C. Clapp, was received and with that of the Auditor, Dr. F. D. Stackpole, was accepted.

The following candidates were then elected to membership: Winthrop T. Talbot, M.D., Boston; John P. Rand, M.D., Worcester; Fred S. Canedy, M.D., Winchester; Mary L. Swain, M.D., Boston; P. J. Wardwell, M.D., Beverly; Grace E. Cross, M.D., South Boston; Charles W. Garey, M.D., Quincy; T. M. Strong, M.D., Boston; W. Newell Emery, M.D., East Boston; Fred L. Emerson, M.D., Dorchester; Robert Chalmers, M.D., Woburn; J. B. Hines, M.D., Boston; George J. Searle, M.D., Marlborough; John F. Worcester, M.D., Clinton; Emily C. Bruce, M.D., Boston; Edward D. Fitch, M.D., Worcester; Helen S. Childs, M.D., Jamaica Plain; George B. Rice, M.D., Wollaston; Lottie E. Sampson, M.D., Malden.

The Necrologist, Dr. Charles L. Farnsworth, reported on the death of Drs. Wild and Brooks.

At 10:30 the polls were declared open for the election of officers for the ensuing year.

REPORT OF THE COMMITTEE ON CLINICAL MEDICINE.

A. J. French, M.D., Chairman.

1. The Power and Evolution of Thought. O. S. Sanders, M.D.
2. Supplemental Alimention as a Factor in the Treatment of Morbid Growths. C. W. Morse, M.D.
3. An Extraordinary Case of Scarlet Fever. W. H. Lougee, M.D.
4. Action of Zinc in the Treatment of Hydrocephalus. G. F. Forbes, M.D.
5. Cholera and Its Management. A. J. French, M.D.

DISCUSSION.

Dr. Scales reported his personal experience with cholera while in Washington many years ago, and was happy to say that he owed his recovery to homœopathic medication.

Dr. Leslie, referring to the use of zinc, prefers the oxide to

any other preparation, because he has obtained from it the most satisfactory results. He uses it low, (2x trit.) and values it very highly.

Dr. H. L. Chase doubts if Dr. Forbes's cases were genuine hydrocephalus. Thinks that zinc is more applicable where there is general tremor instead of for the automatic movements and encephalic cry of true hydrocephalus. Is of the opinion that it is hydrocephaloid which is cured with zinc.

Dr. L. D. Packard asked Dr. Chase if he would regard as true hydrocephalus, a case where the effusion was so great as to separate the sutures, and said he had seen two such cases recover.

Dr. Scales also reported a similar case which recovered.

Dr. Lamson A. Allen reported a case with tonic convulsions which was cured with cuprum acet.

Dr. Moore reported a case of actual hydrocephalus following basilar meningitis, the result of la grippe. He prescribed at first bell., and cold baths, etc., without result in reducing the temperature; by the use of phenacetine, one grain every two hours, he was able to keep the temperature at 102°. Brain symptoms supervened and hydrocephalus developed, effusion being evidenced by dilated pupils, automatic motions, etc. This was two weeks ago and zinc has given such relief as to lead to the hope of complete recovery.

REPORT OF THE COMMITTEE ON DISEASES OF CHILDREN.

J. H. Sherman, M.D., Chairman.

Subject: — The Early Care of the Infant.

1. Some advances in the Early Care of the Infant. James Hedenberg, M.D.
2. The Early Care of the Infant. Anna B. Taylor, M.D.
3. Physical Diagnosis in Children's Diseases. Eloise A. Sears, M.D.
4. Commonplace Remarks on the General Care of the Infant. J. H. Sherman, M.D.

DISCUSSION.

Dr. Sears thinks the pinning blanket an abomination, and the same of all waist-bands. There has been reformation in woman's dress and there should be in that of children.

Dr. Newton condemns the many and tight clothes with which the infant is usually burdened.

Dr. Mosher wished to go on record as heartily in favor of the daily bath.

Dr. Rand wished to protest against the common practice of winning the good-will of a child by feeding it sugar pills.

Dr. May told of a child eight months old who had been fed

on crackers and milk three times a day only, and was perfectly healthy.

Dr. Colby reported the following case: Boy two and a half years old. In May last, when eighteen months old, he fell, producing a complete transverse fracture at the juncture of the middle and upper thirds of the femur. The leg was put in a plaster bandage with extension from one and a quarter pounds weight. The limb was kept in this apparatus for forty-one days from the time of the accident. Union was perfect and power and motions of the leg complete. No shortening. The limb was used perfectly up to about two months ago, when the parents noticed that the child did not walk well with it, nor stand firmly on that side, and there appeared to be some shortening. On inspection by Dr. Colby two or three weeks ago, he found that through rachitic softening of the bones the femur was bending at the site of the united fracture, producing an angular curvature antero-posteriorly and resulting in a practical shortening of the femur. The epiphyses of the long bones were much enlarged, typical of rachitis. Dr. C. wished to make use of some appliance to straighten the femur while the bones were yet soft, and thus prevent the future necessity of a refracture.

Under suspension of the order of exercises the following report of the Committee on Change of By-Laws was presented by the Chairman, Dr. E. P. Colby:

SECTION I. The Secretary shall prepare and send to all members at least sixty days before the annual meeting, a list of officers nominated by the Executive Committee, and also with the notice of the annual meeting an official ballot with the names of candidates, as follows:—

- a. The names of the existing officers marked with a *.
- b. The name of a candidate for each office, selected by the Executive Committee, marked with a †.
- c. The name of a candidate for each office, provided such may have been selected at a caucus of members, and certified to by at least ten members, who were present at said caucus, and who approved of said candidates, marked with a ‡.
- d. The names of candidates for each office shall be arranged in alphabetical order.
- e. When the same person is nominated for an office by more than one authority, the name need not be repeated, but the *, † or ‡ may be placed before the name to indicate the source of nomination. If any candidate decline the nomination, previously to the printing of the ballot, it shall be so indicated on the ballot.

SECT. 2. The caucus must be held and the names of the candidates thus selected must be placed in the hands of the Secre-

retary, at least one month before the time of the annual meeting.

SECT. 4. Members shall prepare their ballots by making the sign x against the name of the person for whom they desire to vote. If more names are thus marked upon any ballot than there are officers to be elected, the ballot shall not be counted as regards the office for which such excess is marked. This shall not, however, invalidate the ballot for the other offices.

SECT. 4. Ballots must be deposited in the ballot box by members in person, and a check-list shall be kept of all members who vote. Those votes only will be received and counted which are prepared in the official manner herein provided for.

SECT. 5. The notice of the annual meeting shall specify the time during which the ballot box shall be kept open, which shall be at least three hours on the day of the annual meeting.

SECT. 6. The persons receiving the highest number of votes shall be declared elected to the respective offices.

This report was accepted and the recommendations unanimously adopted.

REPORT OF THE COMMITTEE ON NERVOUS AND MENTAL DISEASES.

E. P. Colby, M.D., Chairman.

1. The Care of the Insane in Asylums. W. R. Perkins, M.D.
2. Neurasthenia with Morbid Fears. E. P. Colby, M.D.

DISCUSSION.

Dr. N. Emmons Paine being called upon said that he agreed with Dr. Perkins that for the best care of the insane, men were needed who had received the preparation for their specialty afforded by general practice.

Under the head "New Business" an amendment to the By-Laws was offered by Dr. Talbot, providing that the notices shall be sent to members at least two weeks before the meeting. Referred to Executive Committee.

Dr. Lamson Allen then offered an amendment to the By-Laws as follows: "Ballots must be deposited in the ballot box by members in person, or by letter directed to the Secretary and delivered to him before the hour of closing the polls." Referred to Executive Committee.

The meeting was then adjourned.

At 2 P.M. one hundred and fifty members sat down to a most satisfactory dinner at Hotel Thorndike, and after coffee had been served, the President delivered his annual address, which was greatly appreciated by those present.

Dr. A. H. Powers then announced the list of newly-chosen

officers as follows: President, Alonzo Boothby, M.D.; Vice-Presidents, John P. Sutherland, M.D., E. P. Colby, M.D.; Corresponding Secretary, J. Wilkinson Clapp, M.D.; Recording Secretary, Frank C. Richardson, M.D.; Treasurer, Herbert C. Clapp, M.D.; Librarian, Horace Packard, M.D.; Censors N. Emmons Paine, M.D., Herbert A. Chase, M.D., A. J. French, M.D., L. D. Packard, M.D., S. A. Sylvester, M.D.

The retiring President then introduced Dr. Boothby, the newly-elected president, who responded in a few well-chosen remarks.

Final adjournment at about 4:30 P.M.

FRANK C. RICHARDSON, M.D. *Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held at the College Building, East Concord street, Thursday evening, April 6, 1893, at 7.45 o'clock. The meeting was called to order by Vice-President N. Emmons Paine, M.D. The records of the last meeting were read and approved.

The names of Lucy C. Hill, M.D., of Fall River, and W. H. Sawyer, M.D., of Roxbury were proposed for membership.

The following names were proposed as corresponding members: H. A. Whitmarsh, M.D., of Providence, R. I., and P. R. Watts, M.D., of Stafford Springs, Conn.

A motion was made by Dr. I. T. Talbot, that a committee of two from this Society be appointed to confer with committees from the State Society, the Alumni Association, and the College Faculty, regarding the establishment of a medical library. Carried.

The chair appointed the following physicians to serve upon this committee:— H. E. Spalding, M.D. and A. J. Baker-Flint, M.D.

The chairman of the Bureau of Pathology and Therapeutics announced the subject of "Pneumonia" for the May meeting.

SCIENTIFIC SESSION.

The President, Walter Wesselhoeft, M.D., in the chair.

Dr. Horace Packard presented photographs of a patient, from whom he had afterwards removed a large sarcoma of the left shoulder. The case was operated upon by incision along the clavicle, one-half of that bone having been removed together with the scapula of that side. The left subclavian artery having been previously ligated.

The operation was performed Feb, 25, 1893, consuming 45 minutes. Patient was discharged from the hospital, Mar. 21, 1893, the wound having healed by first intention. The interest

in the result of the operation was greatly augmented by the exhibition of the patient. Microscopical sections of the tumor were also presented.

SECTION OF SURGERY.

Horace Packard, M.D., Chairman; A. H. Powers, M.D., Secretary; W. J. Winn, M.D., Treasurer.

An interesting paper on the "Ætiology and Pathology of Appendicitis," with diagrams showing the comparative anatomy and development of the appendix cæci; and anatomical specimens were presented by Dr. W. T. Talbot.

Dr. J. W. Hayward, of Taunton, presented a pleasing and highly instructive paper on "Appendicitis with Reports of Cases."

"Deductions from Personal Experience in the Treatment of Appendicitis" was the title of a paper by Dr. N. W. Emerson.

An excellent paper entitled "Varicocele and its Surgical Treatment" was presented by Dr. W. S. Smith.

A paper on "Asepsis and Antisepsis," was given by Dr. James Krauss.

Dr. Carl Crisand, of Worcester, read a paper on "Dilatation of the Cervix Uteri."

Dr. I. T. Talbot offered a paper on "Medical Therapeutics in Surgery" in which he spoke at considerable length upon the remedies introduced by homœopathy.

He referred to those remedies specially useful in purely surgical conditions. Among these he classed *arnica*, which fifty years ago was hardly known in this country, but which since its introduction among homœopathic remedies has become one of the most widely-known and universally used drugs; its value was forcibly described by Wilkinson in his article on "War, Cholera, and the Board of Health;" *calendula* of acknowledged value in sprains, bruises and open wounds; *hypericum* of such great importance in the symptoms following severe surgical operations and the shock of serious injuries; and *symphytum* in cases of injuries to bones.

Another class includes those remedies for those symptoms arising from or accompanying surgical affections, as *aconite* in fever; *apis mel.* in œdema, urticaria, erysipelas, and many other affections; *belladonna* in headache, sore throat, ophthalmia, etc.; *bryonia* in rheumatism, pleurisy and certain cardiac complications; *cantharis* in dysuria, ischuria; *castoreum* in flatulence and gastric derangement; *ignatia* in nervous excitement; *ippecac* in nausea, retching, vomiting, *nux. vom.* in symptoms arising from colds, neurasthenia and constipation; *phosphorus* in pneumonia; *pulsatilla* in gastritis; *rhus* in rheumatism and

cutaneous eruptions ; *sanguinaria* in bronchitis and spasmodic cough ; *spongia* in croupous conditions ; *veratrum* in weakness, cramp and vomiting ; *sulphur* in eruptive affections and a large number of conditions indicated by its provings ; while every substance in the whole materia medica is applicable to symptoms for which it is specially indicated. This gives to the physician a wealth of resource in every individual surgical case which may be accompanied by pains or symptoms of disease.

In many surgical conditions there are remedies which may do much to assist either in arresting or hastening accompanying affections. The valuable effects of *mercurius* in arresting the suppurative process in its early stage was referred to, while the action of *hepar sulphur* in hastening this process is well-known to every homœopathic physician. The great power of *pulsatilla* to arrest hordeola or styes in the early inflammatory stage, and of *mezereum* to prevent their recurrence is well-known to the profession. *Thuja* also shows direct power in arresting certain abnormal growths, as warts and tumors of its class. The power of preventing glandular development, especially of tonsils, is exhibited by such substances as *graphites*, *baryta carb.*, *calcareo carb.* and *sulphur*, while even in diseases of malignant character, such as cancer, scirrhus and carcinoma we have valuable aids alike in preventing the development and in the relief of the symptoms in such remedies as *arsenic*, *conium*, *asterias* and *calendula*. The power of various remedies in preventing many diseases from reaching the stage of operative surgery is familiar in the practice of every homœopathic physician, and should be known to every member of the medical profession.

DISCUSSION.

Opened by the chairman of the Surgical Bureau, Dr. Horace Packard.

Every case of appendicitis is the result of fæcal lodgement in the vermiform appendix. In the operative treatment we do not always discover a fæcal calculus, as it is often washed out and lost. The finding of fruit seeds in the appendix has not been verified. Dr. Packard admitted that in the lower animals there is no distinction between the cæcum and the appendix. Yet in the human subject there is a distinct structure, the appendix vermiformis. All inflammatory conditions previously known as typhlitis, perityphlitis, cæcitis, have their origin in the vermiform appendix.

The pathology of appendicitis which interests us is not only the changes which occur in the appendix itself, but also those which take place in adjacent structures, as the head of the colon, neighboring loops of the intestines, the parietal peritoneum, etc.,

as well as that fatal condition which sometimes occurs —general peritonitis.

In every case of appendicitis which goes on to suppuration, violent inflammation of the covering of the cæcum occurs, simply from contact with pus and septic infiltration. The protecting wall which nature frequently throws around a suppurating appendix, through agglutination of adjacent loops of intestine, often confines the septic process to a very limited space, thus saving the patient from general peritonitis and death. The sequel to such a course in this disease is either penetration of the intestinal wall and discharge of the accumulated pus by rectum; a burrowing through and pointing in the groin, with final absorption and recovery, or general septicæmia and death.

I envy the fortune of certain physicians, who in their large and extensive practices can make the statement that they "have treated many cases of appendicitis and never lost one." However, we do find cases which in the course of four or five days result in the death of the patient.

Recurrence.—Cases of severe appendicitis when there has been extensive suppuration and probably entire obliteration of the appendix, do not recur. Less severe cases where there has been only partial destruction, usually recur.

I have never failed to find the appendix when I have persistently sought for it. Regarding the general medical therapeutics, I can most heartily endorse Dr. I. T. Talbot's remarks, the homœopathic remedies being vastly superior to the Old School treatment with cathartics and narcotics.

Dr. Packard then moved that the courtesy of the floor be extended to visitors present.—Carried.

DR. J. K. WARREN, of Worcester, came to absorb, rather than impart knowledge. Has had cases of appendicitis which yielded readily to remedies, others whose inception was less severe, eventually came to operation. One case of uncontrollable nausea and vomiting, with subsequent symptoms of appendicitis revealed at the autopsy a foreign body in the appendix.

DR. P. R. WATTS, of Stafford Springs, Conn. — Our knowledge of appendicitis has but recently arrived at its present position. Many of our failures are due to lack of courage, which in turn is attributable to lack of knowledge. We must know thoroughly our anatomy and pathology, and then dare to operate and to succeed.

DR. J. P. RAND, of Worcester. — Has at present a case of appendicitis under treatment. Was very much interested in the case of amputation exhibited by Dr. Packard, but hardly could understand how the doctor knew which portion of the patient to preserve. He thinks the time is coming, with the advanced

therapeutics of homœopathy, when homœopathic surgeons will lead the van.

DR. D. E. BROWN, of Brockton, expressed interest in the papers presented and thanked the Society for its courtesy.

DR. W. T. TALBOT presented a plea for a change in phraseology. "There is no such organ as an appendix. It is a part of the caecum." Believes that the term typhlitis covers the entire ground.

The meeting adjourned at 10.30 P. M.

J. EMMONS BRIGGS, M.D., *Recording Secretary.*

REVIEWS AND NOTICES OF BOOKS.

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A COMPENDIUM OF MATERIA MEDICA, THERAPEUTICS AND REPERTORY OF THE DIGESTIVE SYSTEM. By Arkell R. McMichael, M.D. Phila. : Boericke & Tafel. 359 pp.

This handsome quarto represents much painstaking and earnest labors on the part of the compiler. Its aim is the saving of work to student and practitioner, by bringing together under one head, material which must ordinarily be sought under several heads. The system employed is that of the "parallel column," so that the reader is enabled, with little expenditure of time to compare in the two divisions of Part I., the symptoms, pathogenetic and clinical, of a hundred and thirteen drugs, so far as these symptoms relate to the stomach, to appetite, thirst, taste, tongue, mouth, teeth, nausea, vomiting, eructations and flatulence, together with a repertory founded on these symptoms. Part II. gives the symptoms of the same drugs, as related to stool, rectum, anus, abdomen, hypochondria, umbilicus and hypogastrium, and a repertory founded on these symptoms. The clinical symptoms are, in all cases, printed in a separate column, and their empirical origin, as opposed to the pathogenetic origin of other symptoms, thus kept ever before the student's mind; an arrangement distinctly in the interests of science. A curious feature of the work is the exclusion of all symptoms, of however well-established pathogenesis, which lack clinical confirmation; an arrangement which does not strike us at all in the interests of science, since the homœopathist is thus cut off from remedies with which, under his rule of practice, it is important for him to be acquainted; while in the "clinical" column he is confronted with endless suggestions of empirical origin, and of whose value he had no means whatever of satisfying himself. The lack of reference to authorities is a very serious drawback to the acceptability of the work as a whole. The reader is

entirely at the mercy of the compiler's judgment, as to the worth of the pathogeneses from which the guiding symptoms are drawn. For the rest, the reliability of the symptoms once taken for granted, the work is most convenient for quick consultation; every symptom being catalogued under a great variety of captions, thus, — to quote the instance given by the author in his preface, — the symptom "rumbling in abdomen, with emission of much offensive flatus," can be found under all the leading words of the phrase: Rumbling, Abdomen, Emission, Offensive and Flatus. By such exhaustive and purposeful repetition the bulk of the work is of course greatly augmented.

The work is in *edition de luxe*; — quarto pages, heavy paper, wide margins and handsome binding.

DISEASES OF THE NOSE AND THROAT. By Horace F. Ivins, M.D. Phila.: The F. A. Davis, Co. 1893. 507 pp.

Dr. Ivins certainly has the courage of his convictions and of his experiences. The treatment recommended in his work is largely homœopathic; yet in the preface he briefly but decidedly states that many of the homœopathic remedies traditionally recommended in diseases of the nose and throat, he has found, on repeated and careful trial, to be inoperative; and it is therefore his practice and his counsel, if a prescription cannot be worked out on the "broad lines of the nearest similar," to resort to alternation or empirical prescription, rather than "neglect either, at his patient's expense." Thus, after mentioning several homœopathic remedies as of use in paræsthesia, he also mentions the application, locally, of chloride of zinc; and adjuvants of various nature are frankly and freely recommended. The illustrations, which include many colored plates, are largely from original drawings made by the author. The style of the work is excellently direct and simple and the press-work highly satisfactory.

A SYSTEM OF DISEASES OF THE EAR, NOSE AND THROAT. Edited by Chas. H. Burnett, A.M., M.D. Vol. I. Phila.: J. B. Lippincott Co. 1893. 789 pp.

The editor, in his concise and modest preface, justly says so close are the anatomical and pathological relations existing between the ear, nose and throat, that a knowledge of the morbid processes in all of these organs is necessary, alike to the specialist and the general practitioner, for the proper treatment of special maladies in any one of them. With this fact in mind, the present "system" has been compiled; its aim to present within a moderate compass and at a single view, all necessary facts as to the diseases which effect these closely-allied organs. The first volume of the work is in two parts: Part I., on Dis-

cases of the Ear, comprising thirteen essays. Part II., on Diseases of the Nose and Naso-Pharynx, comprising ten essays. Among the contributors are Drs. Robert Barclay, Samuel Sexton, Frederick L. Jack, Clarence J. Blake, Carl Seiler and John N. Mackenzie. The many subdivisions of the general subject ensure the minute and exact information on points of detail, impossible to single treatises. Thus "Acute Rhinitis" is treated by Dr. Bosworth, "Chronic Hypertrophic Rhinitis," by Dr. Seiss, and "Cirrhotic Rhinitis" by Dr. Mackenzie. A very large number of full-page colored plates, and of smaller engravings help to elucidate and impress the teachings of the text. The work is substantially and handsomely gotten up.

DISEASES OF THE NERVOUS SYSTEM. By Dr. Ludwig Hirt. Translated by A. Hoch, M.D. and F. R. Smith, M.D. New York: D. Appleton & Co. 1893. 683 pp.

Dr. Hirt's treatise commends itself on several grounds to the specialist and to the general practitioner. It is thoroughly up to date in its pathology and — from the old school standpoint, of course — in therapeutic suggestion; it is the work of a keen observer, who has enjoyed large practical experience, and the plan of the work is a fortunate one. The diseases of the nervous system are classified with reference to the anatomical position of the parts dealt with. A practical and easily comprehensible view of the subject is thus secured. The sections are brief and concise, facilitating reference, the views on treatment are at once advanced and conservative. A very interesting chapter is that on treatment by hypnotic suggestion. The history of hypnotism is given at considerable length, together with the various methods of inducing the condition, and the pathological states amenable to its influence. Dr. Hirt remarks, incidentally, that hypnotism has a value by no means as yet appreciated, in mitigating the pains of labor.

The translation is accurate and graphic. The value of the work is increased by a full bibliography, and by a great number of illustrative cuts, whereof an unusual proportion are entirely original.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY. Edited by Prince A. Morrow, M.D. Vol. I. New York: D. Appleton & Co. 1074 pp.

The first volume of the three which are to make up this encyclopædic work, confirms the assurance of the prospectus, that its important field will be covered in the most thorough, exhaustive and interesting manner. The present volume deals with the diseases of the genito-urinary systems. It is made up of

thirty-two articles, all written by specialists who, by research and by practical experience are fitted to speak authoritatively on their chosen themes. The paper on Endoscopy, by Dr. Herman G. Klotz, and that on Cystoscopy, by Dr. W. Meyer, fully illustrated as they are, with drawings of all the instruments used in these valuable aids to diagnosis, are very modern, very interesting and significant contributions to the literature of exact scientific investigation. Among the other contributors are to be noted Drs. Jos. D. Bryant, John A. Fordyce, S. Lustgarten, Lewis A. Stimson, W. W. Van Arsdale, John A. Wyeth, and many others, not less well known. The subjects treated cover every division of the volume's chosen field; among the most excellent of the papers, where all may justly lay claim to praise, are Dr. Jos. Andrews' essay on Gonorrhœal Ophthalmia; Dr. Bryant's, on the Functional Diseases of Micturition; Dr. Fordyce's, on Urinary Fever; and Dr. Bryson's on Tuberculosis Uro-Genitalis.

The work is offered in the perfection of form its publishers have long taught us to expect in anything bearing their imprint. "The composite treatise represents to-day the ideal method of medical book-making;" says the editor, in his preface. And of the composite treatise, the present work offers a valuable, and attractive example.

A MANUAL OF PHYSICS. By Wm. Peddie, D.Sc., F.R.S.E.
New York: G. P. Putnam's Sons. 501 pp.

This little volume is frankly intended for the use of advanced students. It is exceedingly condensed and scientific to a degree. Its most distinctive feature, as compared to like treatises, is its dwelling on the value of scientific hypotheses. As furnishing the university student with a clear and reliable *resumé* of the teachings acquired by him, in greater detail, from lectures and from more bulky treatises, it has, undoubtedly, a field of usefulness, and will find a kind welcome.

Among the noteworthy contributions to the May CENTURY a clever little fantasy by T. B. Aldrich, which he calls "The Chevalier de Resseguier;" a very beautifully illustrated paper on "Decorative Painting at the World's Fair," by W. Lewis Fraser, and continuations of Mr. Janner's "An Embassy to Provence," and Mrs. Harrison's brilliant serial, "Sweet Bells Out of Tune." New York: The Century Co.

A charming account of "Japanese Home Life," with many characteristic illustrations, opens the POPULAR SCIENCE MONTHLY for May. It is written by Dr. W. Delano Eastlake, who has had opportunities for observing the life of the people

such as are not open to most foreigners who sojourn in this garden land. Herbert Spencer continues his argument as to "The Inadequacy of Natural Selection." Mr. G. W. Littlehales, of the United States Hydrographic Office, has an article on "The Growth of Our Knowledge of the Deep Sea." New York: D. Appleton & Co.

Among the noteworthy contributions to the May issue of LIPPINCOTT'S MAGAZINE, are "Mrs. Romney," a complete novel, by Rosa Nouchette Carey; "The Society of the Cincinnati," by John Bunting; "A Pastel," by Cornelia Kane Rathbone; "Kühne Beveridge," by Gertrude Atherton, and "Colonel Pope and Good Roads," by Prof. L. M. Haupt. Phila.: J. B. Lippincott Co.

PERSONAL AND NEWS ITEMS.

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WITH the graduation of the Class of '93, Dr. Frank Kraft withdrew from the Faculty of the Cleveland Medical College.

MARY STAMPER HORNBY, M.D., has settled at The Denmark, Dudley Street, Dorchester. Hours until 9 A. M., 3 to 4 P. M.

MAUDE EVELYN STOWELL, M.D., has settled at The Denmark, Dudley Street, Dorchester. Office hours until 9 A. M., 2 to 3 P. M.

GEORGE G. SHELTON, M.D., has removed to 521 Madison Avenue, New York City. His office hours are 9 to 11 A. M., 4.30 to 6 P. M.

THE eighth annual meeting of the Kentucky Homœopathic Medical Society will be held at Danville, Tuesday and Wednesday, May 16 and 17, 1893.

THE retiring president of the Massachusetts Homœopathic Medical Society, Dr. L. D. Packard, has abundant reason to congratulate himself on the fortunate history of the Society under his kindly reign. The last meeting was the most largely attended one in its history; the number of applications for membership has rarely been exceeded; the experiment of an evening session preliminary to that of the usual day of work, has been tried, with such signal success as to pass, at once, into established custom. And it is pleasant to add that the Society and its friends rest assured that this pleasant record will be in nothing lowered during the administration of its popular and energetic president-elect, Dr. Alonzo Boothby.

CLIMATE AND CONSUMPTION. — The Congress of Medico-Climatology will convene in the Art Building in Chicago, May 29th, continuing one week. A choice programme has been arranged and many of the most noted climatologists have promised to be present. This Congress promises to be one of the most interesting that will meet during the World's Fair year. Thursday, June 1st, has been appointed a Field Day for the discussion of the causative and curative relations of Climates to Consumption. Reports from all parts of the world will be presented. All physicians are cordially invited to be present. John A. Robinson, M.D., T. C. Duncan, M.D., L. B. Hayman, M.D., Programme Committee.

THE Homœopathic Medical College of Missouri conducted its thirty-fourth annual commencement, March 23rd, at Pickwick Theater. Dr. W. C. Richardson, Dean of the College, presented his report. He referred to the past year as one of the most prosperous in the history of the college. The institution, he said, is planning to increase its usefulness by the erection of a hospital, to be managed in connection with the college, during the coming summer. The degrees of Doctor of Medicine were conferred by Dr. W. A. Edmonds, President of the Board of

Trustees. The address on behalf of the Faculty, "The Graduate," was delivered by Rev. George E. Martin of the First Presbyterian Church. The exercises were interspersed with musical selections. At the conclusion of the commencement exercises the Alumni Association and lady friends repaired to the Lindell Hotel, where the twentieth annual banquet was held. Covers were laid for about eighty. Dr. S. B. Parsons spoke on the "Rise and Progress of Homœopathic Surgery"; "How We Got There, or The Days Gone By," was discussed by Dr. C. H. Goodman; "Our Sprouts," was left to Dr. C. A. Hart; Dr. Mortimer Ayers of Rushville, Ill., replied to the toast of "The Country Doctor"; Drs Edmond and Scott responded to impromptu toasts.

LICENSE TO PRACTICE. — Prof. Osler, in an address delivered before the Minnesota Academy of Medicine, says (*North-western Lancet*): "The United States is the only country in the world which commits the mistake of thinking that the doctorate should carry with it the license to practice. It never should. Canada has the best plan of all. There the medical profession manages its own affairs. Each province is divided into districts. In these districts representatives of the profession to the number of forty, are chosen or elected by the physicians, and they constitute a board of control over medical matters which absolutely determines the question of license to practice. This body appoints an examining board, before which all applicants to practice in the district, whatever diploma they may hold, must come. This board may include members of teaching faculties, but no teacher can examine a candidate upon his own branch of instruction.

"Difficulties have, of course, been encountered in the development of this plan. The first came when the homœopaths demanded representation on the boards. This was bitterly opposed, but the Legislature refused to grant any privilege in which all schools did not have an opportunity to share. I do not think that this issue with the homœopathic school is a real one to-day. Men are brimfull of prejudices. But, after all, the homœopaths only differ from the regulars in therapeutics. There is no homœopathic anatomy or physiology; no homœopathic surgery; no homœopathic midwifery; no homœopathic pathology; no homœopathic practice; there is only in therapeutics a special difference, and I do not differ more from my erring homœopathic brethren in the matter of therapeutics than I do from many of my regular brethren, who write shot-gun prescriptions a yard long, and fire them indiscriminately at their suffering patients. The way to sift out any medical error is to pass all candidates through the same portals of the profession. Mistakes will be minimized when men are taught alike in the essentials of anatomy, physiology and pathology." — *Phila. Polyclinic*.

OBITUARY.

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HOMER BROOKS, M.D.

Dr. Homer Brooks, a well-known homœopathic physician of Haverhill, Mass., died of consumption, Tuesday, April 4th, 1893. His illness was a long one.

Dr. Brooks was born at the Brooks farm in Franconia, N. H., Aug. 1, 1855. He received his early education in Littleton, and his collegiate training at Dartmouth College whence he was graduated in 1877. He immediately began the study of medicine, at first with Dr. Childs of Bath, N. H., and later with Dr. Worcester of Peabody. After graduating from the Homœopathic Medical College of New York in 1881, he commenced practice in Haverhill, and since that time he has been closely identified with the best interests of the community. He married, in 1881, Miss Minna Needham of West Peabody. His immediate surviving relatives are his wife, four young children, his mother and one sister. He was a member of the Masonic Fraternity and of the Jr. O. U. A. M., and has been a member of the school board for some years. These simple records of his life would be incomplete without some mention of the tenderness and loyalty which made him a strong and valued friend to those who knew him best, and the high purpose and deep interest in all educational and progressive movements, which made him a citizen of great worth. A skilful physician, a sincere friend, a most honorable man, by his death the community and homœopathy suffer a marked loss.

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EDITORIAL.

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DIETETIC HYGIENE VS. CULINARY TRADITION.

The case of dietetic hygiene *versus* culinary tradition promises to become a *cause célèbre* in the court of scientific appeal. Hygiene, advancing as it has in the last score of years, with long and resolute strides, has overset in its course many and long-cherished domestic manners and customs. Nowhere, however, has it worked more daring revolutions than in the old-fashioned kitchen; nowhere discovered more hurtful and habitual sins against health than in the manners and customs of that kitchen; nowhere met with more stubborn resistance than in its efforts to correct these evils. It is at once somewhat amusing and somewhat horrifying, if what dietetic hygiene to-day is telling us be true, to find what enemies we have been, for a century or two, putting in our mouths to steal away not only our brains, but our powers of digestion, and our hold on health generally. It is scarcely less amusing or less horrifying to speculate as to how many familiar and toothsome articles of diet we shall have left to eat, with the permission of our scientific conscience, if the forbidding ukases of dietetic hygiene continue to be issued at the alarming rate that has obtained in the last quarter century.

Pie, the omnipresent, the indispensable pie, the defended of Emerson, philosopher and seer, has been called down from its pedestal at the summons of one of the ukases mentioned. Once the *pièce de résistance* on the average table for all three

meals of the day, it is now looked upon as a barbarity at breakfast, and is barely tolerated at tea; while at dinner it is made welcome only very occasionally. Pork, ham and sausage cause us to glance apprehensively in the direction of the microscope, as we politely pass them by. Buckwheat cakes we eat only with the blinds shut. Tea and coffee, once consumed by the pint by New England's tender infancy, are now being slowly relegated to their proper place as stimulants of anything but harmless sort, which can be safely utilized only in cases of occasional need, definitely as stimulants, and by no means as habitual beverages. Milk, once looked upon as the most typically innocent of nutriments, is now, so to speak, carefully traced to its source, and the freedom of that source from possible contagion of all sorts, and assurance that that source is most cleanly fed, is demanded before even milk can be allowed place on our reformed and guarded tables. Milk did we say? Nay, water itself no longer, as in the phrase of the cheerful Sunday School hymn "is free;" on the contrary it is imprisoned in the strait limits of a patent filter, it is tested by chemists galore, it is bought by the bottle, with accompanying certificates stamped with many a seal, by those who would keep their scientific consciences entirely without stain. Beef tea, once the strong stay and sure dependence of the sick-room, is now known to be but the vehicle of starvation, the "seed that sows hunger." And latest on the black-list, comes gelatine, foundation of many delicacies dear to our souls; which we are now reminded is the chosen and most responsive culture-soil for every mischievous microbe extant and afloat; and sadly prone to sportively catch and cultivate microbes on its own account, when not employed to do so, by bacteriologists, in the way of business, so to say.

One single article of diet comes to us, *en revanche*; condemned by the old-fashioned kitchen, rescued and commended by modern dietetic hygiene; welcomed by every sensible person who realizes the immensely important part it plays in building up and maintaining health. We refer to fats of various sorts; butter, chief among them. Until within a few years butter, oil and the like were most sparingly used in the average kitchen and on the tables it supplied; with what results in the

way of nerve-starvation let physicians' case-books tell. We owe dietetic hygiene an undying debt of cordial gratitude for changing all this. The free and rational use of fats marks one of the most significant advances in culinary science made since that science was established.

But where, we ask once more, are these direful discoveries, these annihilating forbiddances to end? Will the dignified butler of the not distant future announce at the drawing-room door, "Madame, the chemists, the analysts and the bacteriologists have finished their inspections and prepared their certificates, and — Dinner is served!"

EDITORIAL NOTES AND COMMENTS.

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THE PROPOSED TAX ON BICYCLES seems to us singularly ill-advised, and very like putting a tax on the public health, since, assuredly, it makes toward prohibition of what has proved a most powerful adjunct in promoting public health. No form of exercise has ever taken so swift and sure a hold on the public favor as has "cycling"; witness the almost innumerable clubs, the country over, formed in its interest, the space accorded it in journals and magazines, the enthusiasm of its million devotees. At this late day, the benefits of cycling need no dwelling upon. It is susceptible of abuse, capable of producing harmful effects; so is the eating of bread and butter; nothing so good but has, potentially at least, its seamy side. But whether regarded as an aid to muscular development, or as a lure to out-door life, cycling must look far to find its peer. One of its greatest recommendations has been that it was, unlike its kindred sports riding and driving, not a pleasure for the rich alone. In these days of the instalment-plan, a little thrift and economy and ambition are quite enough to secure a bicycle to wage-earners of any but the very lowest classes. Once secured, no money need weekly be set aside for its "keep"; it never requires the costly services of the veterinary, rarely the less costly ones of the mechanician. And hitherto it has never been taxed. There seems to be no especial reason why it should be taxed. A city can hardly afford to purchase municipal income at distinct cost

to municipal health. There is no manner of doubt such would be the effect of the proposed measure. Very many would-be cyclists, prepared to meet the first cost of the machine, would hesitate before pledging themselves to however slight a certain annual out-put for its maintenance. And very many workers would thus lose the tonic effect on the body, the inspiring relaxation and broadening of the mind, which wait on the daily exercise and change of environment that cycling means. It would put money into the pockets of doctors as well as into the municipal coffers, this proposed foolish measure; but as to whether it would pay anybody in the long last, there can hardly be two opinions.

Is bicycling a luxury, and, therefore, taxable as such? Very well, so in the strict sense of the word is the hobby-horse a luxury, which one child may ride and another may not; why not impose an annual tax on the possessors of hobby-horses? It would be a measure to which would be quite equally applicable the immortal Mulvaney's phrase concerning a "Solomin of a regulation"; and it would not work a millionth part of the mischief which would follow the taxing of bicycles.

A SHOCKING INSTANCE OF DEPRAVED COMMERCIALISM is the traffic in infant lives directly promoted by the English system of "Infant Life-Assurance;" somewhat ironically, it would seem thus named. In a paper read before the British Homœopathic Medical Society, Dr. Frank Shaw sets forth certain facts concerning this traffic which are so appalling that, reading them, one feels the wheels of civilization to be turning backward. The system, in brief, is the insurance by certain companies, of the lives of very young children, for sums varying from two to ten pounds, the money to be payable on exhibition of the death-certificate signed by a physician in good standing. Although the insurance companies are perfectly well aware that the fact of such insurance is, in hundreds of cases annually, a direct incentive to child murder, yet they spare no effort to popularize their methods among the working classes who alone, under the law, are allowed to avail themselves of the insurance. The results can be told in Dr. Shaw's own words. He reiterates.

strongly the statement made before Parliament on this subject, several years ago, that no less than *one thousand* helpless infants and little children are annually sacrificed, under this most iniquitous system, to depraved commercialism on the one hand, and depraved money-greed on the other. And he classifies the child-murderers into :

1. The indifferent.
2. Those parents devoid of natural affection.
3. The deliberate child destroyers.
4. Those who are parents or guardians of illegitimate children.

1. *The indifferent*.— “Perhaps not such a very large class, who certainly would never become criminal, but for the temptation held out to them. The methods of this class to rid themselves of their children are nearly always passive ; they let things go ; they don't send for the doctor till too late, for it is the doctor's fee to *pay*, versus six pounds *to be paid to them*, a *loss* against a *gain* ; or, perhaps, they neglect to carry out the doctor's instructions, or to give the medicine when they have sent for him. If the child had not assumed a *financial value*, its life might have been saved.

2. *Those parents without any natural affection*.— A surprisingly large portion of the minority, a far more difficult class to deal with than the first, for their methods are coarser. The methods used to rid themselves of a nuisance, and to give them the means of satisfying their lusts, will be more determined and less passive. The children are starved or improperly fed. They know, as well as we do, that you may kill a child as effectively by improper food — such as an exclusive diet of bread, or biscuits, or by sour milk — as by withholding nourishment altogether. In fact, they are far too crafty to adopt the latter course. Medical aid is never sought until the child is *in extremis* ; the medicine is sure to be thrown down the sink, and the advice not followed. The only reason for seeking medical aid at all is that the “*papers*” may be all right. There is only one other method of these parents or guardians without natural affection, that I need mention ; it is their unscrupulous use of soothing syrups and powders.

3. *The deliberate child destroyers.* — I need say but very little of these; they belong usually to the most dissolute and debased portion of society. The money, to them, would not be the only inducement to rid themselves of the children, it would be only one more *added* inducement. Their methods are chiefly poison and wilful exposure of the children, scantily clad, during cold and inclement weather. And lastly:

4. *The parents or guardians (baby-farmers, etc.) of illegitimate children.* — Between fifty and sixty thousand illegitimate, and, therefore, *unwanted*, children, are born in England every year. The majority of them are a hindrance and a burden to their mothers, even before they are born into this world. Is it to be wondered at, therefore, that these children should figure largely in the death-roll of those let die, or deliberately killed for the sake of the insurance money? For the more virtuous portion of the community adds one more temptation to the already overburdened souls of these unfortunate mothers, in the shape of so many pounds, shillings and pence available upon the death of the child."

Dr. Shaw ended his paper with a most earnest and stirring appeal to his fellow-members of the Society to co-operate for the abolition of this frightful evil, in securing a repeal of the law permitting Infant Life-Assurance; and meanwhile to be most cautious in issuing death certificates where foul play, of no matter how indirect a sort, was to be suspected.

THE DANGERS OF AN EXCLUSIVE MILK DIET to the sufferers from renal disease are cogently dwelt upon by Dr. Martiny in a recent issue of the *Revue Homœopathique Belge*. He quotes the well-known physicians, Drs Lenorché and Talamon, who lately in *La Médecine Moderne*, entered their protest against what is becoming the almost routine practice of many physicians, to keep a patient on a rigid milk diet, so long as any appreciable amount of albumen is discoverable in the urine. They maintain that such a course is only justifiable in acute nephritis, and by no means in the chronic forms of the malady. Too long persisted in, a milk diet, Dr. Martiny tells us, is prone to produce a disease of its own, which may be called, "lactéal

anæmia ;" also a distressing and obstinate gastric catarrh, and a chronic dilatation of the stomach. He urges it upon physicians to closely watch patients under the milk regimen even temporarily, for the appearance of these symptoms ; and to be warned by them to modify that regimen before serious mischief is done by too long persistence in it.

TRAINED ATTENDANTS are the latest addition to the forces of medical progress. The "attendant" is a young woman who may be called to replace the trained nurse, when established convalescence makes the need for the latter no longer an imperative one. The "attendant" has received a brief but comprehensive and practical course of instruction — thirty lessons, we believe, is the number prescribed by the Massachusetts Emergency and Hygienic Association, with whom this capital scheme originated — in the lighter and simpler duties of the sick-room attendant, such as bed-making, bathing the patient, preparing attractive dishes and the like. The fees she pays for instruction, the time given to acquiring it, and the duties for which it fits her are so comparatively light, the "attendant's" weekly pay is of course much smaller than that commanded by the trained nurse. She is expected to be of pleasing address, neat, deft and cheerful. When the physician recalls how many chronic invalids, among his patients, need a constant and special attendance beyond that which can be furnished by their families without serious inconvenience and sacrifice, and the patients of slow convalescence, and the little children, too nearly recovered from illness to demand trained nursing, yet not sufficiently recovered to be trusted, in a mother's even occasional absences, to untrained service,— he will realize how ideally the "trained attendant" fits all these common needs, and will hail her evolution as filling a "long-felt want."

A FRIEND WE MISS, — and miss often and inconsolably, — is the "Doctor," pungent of speech, keen of insight, sound and sane in judgment,— whose "Talks," reported by "Selah," were so brilliant a feature of that esteemed contemporary, whose retirement closed a most fortunate Era of medical journalism.

The Doctor's keen eyes must still look out upon passing events with their old-time penetration: "Selah" must still have telepathic communication with him, now and again; why must we outside barbarians miss the wisdom that aforetime gladdened us? Throw off your mantle of silence, genial Doctor, and bid Selah tell us what lately you are thinking about many matters; the World's Congress, for instance; and the rumpus at Ann Arbor? The latch-string of the GAZETTE hangs hospitably out in your direction: come a-visiting to us, and through us to some, at least, of the old friends who miss your spicy speech and cordial company.

COMMUNICATIONS.

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REPORT OF SIX CASES TREATED BY INTUBATION OF THE LARYNX.

BY A. J. BOND M.D., ADAMS, MASS.

CASE I. — Friday evening, Oct. 8th I was called to see a German boy, seven years old, and found him with some fever, dry, hoarse cough, and patches of false membrane in the throat. He had attended school during the day. Saturday A. M. the membrane had increased, covering tonsils and posterior walls of pharynx, tongue coated yellow, hoarse cough and obstructed breathing kept patient awake most of the night; T. 102.4; P. 120.

P. M. Seems better every way except the breathing, T. 101, P. 124, R. 26. Sunday morning I found my patient had not slept any during the night, and was sitting up in bed gasping for breath, face turgid, lips blue, finger tips and nails dark, P. 140, R. 36. The respiratory murmur much decreased, almost absent over lower lobes of lungs posteriorly.

At 10 A. M. with the assistance of Dr. Riley, the appropriate tube was introduced, and at 10.30 A. M. patient was sleeping quietly and breathing easily, normal color having returned to face, lips and fingers; P. 124, R. 36. At 12 M., T. 104.6, P. 130, R. 32. Gave three grains of phenacetin and at 6 P. M. T. 100.5 P. 115, R. 30, breathing easily, no cough, eats and sleeps well, says he "feels good." On Monday at 9 A. M. only a small patch of membrane on posterior wall of pharynx remains. Tube removed twenty-three hours after its introduction. Three days later patient was sitting up, and about the room. Hoarseness continued about two weeks.

Gave spongia ix before operation, merc. bin., and phos. after, and used peroxide of hydrogen 1 in 4 as a gargle.

CASE 2. Nov. 30th. Boy three years old, patient of Dr. Boom, had been sick two days. There was a small patch of membrane present on left side of pharynx, labored breathing, sinking in above sternum and clavicles on inspiration, complexion dull but not cyanotic, respiratory murmur absent over back of chest; child appears much exhausted. Intubated at 12 M.; after a short coughing spell child breathed much easier and slept well during the night, waking only twice to cough. The tube was removed on Dec. 2nd, 4th and 5th, but had to be replaced on account of the dyspnoea attending its removal.

On Dec. 7th, the tube was removed for good, — 7 days 1 1-2 hours after its introduction — only a very small patch of membrane remaining on posterior wall of pharynx. The membranous deposit increased for the first twenty-four hours after intubation, and then gradually decreased. The child made a good recovery, hoarseness lasting a little over two weeks.

CASE 3. Dec. 1st. Boy two years, ten months old. Patient of Dr. Thuot. Membranous patches were present on the right tonsil, difficult breathing, retraction above sternum and clavicles and of epigastrium on inspiration, vesicular murmur absent on back of chest before, and present after intubation, which was done at 1.30 P. M. Dec. 8th, 2.30 P. M. Tube removed and patient made a good recovery with no aphonia or hoarseness following. The membrane in the throat increased for the first twenty-four hours after intubation, and then gradually disappeared. Patient had one or two spells of difficult breathing during the time, probably due to tenacious mucus partly filling the tube; but was able to throw it off without having to remove the tube which remained *in situ* 7 days, 1 hour.

CASE 4. Dec. 8th, 8 P. M. Was called to No. Adams to see a girl of nineteen months. No membrane was in sight but the croupy cough had been getting worse for the past four days. There was very little fever, apparently, (temp. not taken) and child seemed in good condition, but there was retraction above the clavicles and sternum on inspiration. The smallest sized tube was introduced making breathing much easier.

The tube was removed on the 11th, 14th and 16th, but had to be replaced again to relieve dyspnoea; on the 18th, at 10.30 A. M. it was removed and left out. On examination of the throat on the 11th, after removal of tube, a patch of exudate was seen on the left tonsil; three days later it had disappeared.

The dyspnoea was so great at this time that the patient became cyanotic within ten minutes after removal of tube. Reintubation gave complete relief, and my little patient smilingly waved a goodbye to me as I left the room. On the 16th the tube was left out five hours but as there was an increase in the

difficulty in breathing toward night I thought it best to replace it as a safeguard, as the patient was five miles away. On the 18th (nine days fourteen hours after its first introduction) it was removed and patient made a good recovery.

CASE 5. Dec. 25th was summoned to No. Adams by Dr. Carr to see a patient of his (a boy eight and one-half years old), who had been sick with croup symptoms for one week, but the breathing had not been labored until within a few hours. There were small patches of membrane in the throat, retraction above clavicles and sternum on inspiration, and absence of vesicular murmur over lower lobes of lungs posteriorly. Since the breathing had become more labored patient was very restless. Intubated at 1 A. M., using the 5 to 7 yr. tube; after that patient was more quiet and rested well until noon of the same day, then became restless and excitable, coughed and raised considerable purulent and stringy looking matter. I was called again in the evening and finding the above named symptoms, I removed the tube at 9.30 P. M. and introduced the 8 to 9 yr. tube, and in a few minutes the restlessness and irritation ceased, patient became quiet and appeared better, sleeping much of the time until 4 A. M., when he died without a struggle twenty-seven hours after its first introduction. The false membrane which was present at my first visit had increased very much, covering the epiglottis, left tonsil and posterior wall of pharynx, so that on passing the finger to the larynx the epiglottis felt more like a piece of leather than normal tissue.

CASE 6. Dec. 28th. Girl, three years four months old, patient of Dr. Boom. Breathing labored, membrane present in throat, very little vesicular murmur over posterior inferior lobes of lungs. Child had been sick only three days but appeared very much exhausted. Intubated at 2.30 P. M., portions of membrane were detached and thrown off at the time. At 11:30 P. M., Dec. 29th, P. 160, breathing easily, membranous deposit in throat increased.

Dec. 30th, 6 P. M., there was evidence of considerable obstruction to respiration; removed the tube, and breathing became still more difficult and face became cyanotic; reintubated and in so doing pushed down sufficient membrane to obstruct the lumen of the tube and produce apnoea, which necessitated its immediate removal by the string which was attached. A coughing spell followed and a complete cast of the larynx and trachea three inches in length was expelled. Dyspnoea continued as before but reintubation gave complete relief to dyspnoea. The child continued to get weaker, however, and died at 8.30 P. M., fifty-four hours after intubation.

Intubation may be indicated in all conditions where there is

obstruction of the larynx, whether caused by a pseudo-membrane, œdema glottis or to swelling due to injuries received in or about the parts, whenever the dyspnœa becomes great enough to endanger life or in any way retard the progress of recovery. In very young patients suffering from diphtheria or membranous croup delays are dangerous. Whenever the breathing becomes obstructed to such an extent that one gets the crowing sound with prolonged expiration, and there is retraction above the clavicles and sternum on inspiration, with absence or very much diminished vesicular murmur over the lower lobes of lungs posteriorly, do not delay but intubate at once. Do not wait until your patient becomes exhausted and the pulse becomes weak and irregular, for in so doing you will gain nothing and lose much valuable time.

SOME USES OF ELECTROLYSIS IN THE TREATMENT OF CUTANEOUS BLEMISHES.

BY F. W. ELLIOTT, M.D.

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

Electrolysis, as applied to the removal of superfluous hair upon the female face, has two unique claims upon the notice of the medical profession. It is the *only* operation that promises permanent relief. It is *always successful* in the hands of a competent operator. A failure in any instance is due to a lack of skill or patience, and not to a fault of the method.

In 1877, Dr. L. A. Duhring of Philadelphia, perhaps the leading dermatologist of America, after describing the abnormal growth of hair upon the face of a bearded woman, who at that time was on exhibition as a curiosity, concluded his remarks as follows: "In regard to the question which was asked me by the patient, whether the growth on the face could be successfully and permanently removed (and I need not add that it is to her a source of intense mortification and distress), I would say that the only justifiable means at our command is palliative, consisting either in the daily use of the razor, or in the employment of a depilatory powder." This, fifteen years ago, was an advanced opinion by the most competent authority. No more brilliant advance has been made in dermatology during the last decade, than the successful application of electrolysis to the removal of hairs.

Fourteen years ago Dr. Hardaway, of St. Louis, first employed the galvanic current for this purpose upon a living subject. Shortly afterwards Dr. Geo. Henry Fox of New York, after repeated failures, reported a series of successful cases; and since that time the reputation of electrolysis, thus em-

ployed, has become firmly established, until today it is recognized as the only sure and satisfactory cure for hypertrichosis.

This facial blemish is not merely a physical defect. It is a misfortune which often proves out of all proportion to its seeming importance. It not unfrequently involves a mental condition, which, in its morbid fears, its sensitive shrinking from the public gaze, practically condemns the patient to a life of seclusion, unfitting her for all social duties and enjoyments, and at times resulting in true melancholia. It does little good for the family physician to assure her jocosely that she will never die of the defect. No woman ever yet derived much satisfaction from the statement that ugliness was not fatal.

At the first call at the office, careful examination is made, and if the growth of hair is considerable, the patient is advised of the necessity of patience and persistence on her part, to effect a cure. Usually it will be found that she has tried an unsatisfactory course of treatment at the hand of quacks who advertise to remove all offending hairs without pain or delay for a nominal fee. To her cost she has made a thorough acquaintance with the effects of escharotic pastes and depilatory powders. She thinks that there is some mysterious virtue in electricity, and fancies that by holding the moistened sponge electrodes in either hand, the hairs will forthwith drop out never to return.

It is well to explain that the operation is long, and oftentimes tiresome, that each hair must be treated separately, and that the percentage of returns is not inconsiderable.

It is said that a man who acts as his own lawyer has a fool for a client. Very commonly we find a condition of chronic irritation, caused by the forcible removal of the hairs by the patient. A species of self-help (?) which much aggravates the original condition, and develops a morbid condition which must be treated before any attempt is made at removal of the hairs.

A current of requisite strength, from one to three milliamperes can be obtained from any standard galvanic battery. I have been accustomed to use a MacIntosh, employing from three to ten cells. A milliamperimeter is always an advantage to accurately measure the dosage. A current too weak will fail do to the work; if too strong then the escharotic action will produce an objectionable scar.

The needle is the finest size jeweller's broach obtainable, from which the temper has been drawn, and which is bent at an angle of about 140° for five sixteenths of an inch from the end. Depilatory forceps with jaws smoothly ground to grasp the hair in any position, and a Waite & Bartlett needle holder should also be provided.

The field of operation is thoroughly cleansed by soap and water, followed by the application of bichloride of mercury, 1-1000. The current is first tested by the operator, to make certain that the circuit is complete. The patient is placed in a good light, preferably in a Harvard chair. The positive electrode of polished copper, covered with absorbent cotton, moistened with dilute saline solution, is firmly grasped in the patient's hand. The needle connected with the negative pole is then carefully introduced by the side of the hair in the direction in which it emerges from the skin. A slight frothing appears, caused by the action of the caustic potassium hydrate. The salts and fluids of the tissues are decomposed by the passage of the current. The hydrogen liberated at the negative pole combines with the potassium and oxygen to produce the desired chemical effect. The slight resistance of the constricted neck of the hair follicle, by gentle pressure and by absorption gives way, and the needle glides easily to the bottom of the follicle, where it sticks and destroys the papilla. The hair is thus loosened from its sheath, and may be readily removed by the forceps. Too much stress cannot be laid upon the necessity of using no force whatever in removing the hair. If force is at all necessary, that is the best evidence that the papilla has not been destroyed. A hair that has thus been forcibly pulled from its bed, will most certainly return, to the disappointment of the patient, and not at all to the credit of the operator.

The pain of removal varies widely with the location of the hair, its size, and the idiosyncrasy of the patient. A current of three or four milliampères, sometimes necessary for the removal of course, stiff hairs, deeply and strongly embedded, is by no means painless. The chin, which is most often the field of operation, is the least sensitive, while the pain increases upon the neck, the cheek, and the upper lip, in the order named.

What may be termed the co-efficient of electric tolerance, also varies widely, and it is for the operator to learn in each individual case, the strength of current which will at once do the work, and produce the least discomfort. Generally speaking the pain is trifling, and is easily borne. This is especially true, if the hairs are in close proximity, as the current has a very appreciable anesthetic effect. This local anesthesia is readily understood, when we remember that the walls of the follicle are almost dry, thus insulating the current. As the needle glides down between its walls, little sensation is experienced until the papilla is reached, when a slight, momentary stinging is felt. If, however, the walls of the hair follicle be pierced, a twinge, and sudden shrinking on the part of the subject will inform the

operator of his own want of skill, and of the futility of further attempts at that time upon this particular hair.

Cocaine in solution, and in unguents of varying strengths, has been employed, but is now discarded. A current strong enough to demand its use, is usually so severe as to cause objectionable escharotic effects. It is far better to use milder currents, even at the expense of prolonging the operation. The length of the seances has been from thirty minutes to two hours. One hour has been settled upon as giving the best results. One week, as a rule, should at least elapse before a repetition of the treatment. From 30 to 300 hairs have been removed at a single sitting. Of late in the one hour to which the operation is limited, from 50 to 100 hairs have been successfully treated.

The lesion resulting from the removal of the hair, disappears within a few days under the application of the calendula toilet cream, an excellent cosmetic preparation of Otis Clapp & Son. Around each hair follicle a small scar is always left, but it is so minute as not to be visible to the unaided eye.

The percentage of returns depends somewhat upon the character and direction of the hairs, but chiefly upon skill, and experience of the operator. 60% of returns is not unusual for the first attempts at removal. A skilful operator may be satisfied with an average of 5% to 15%. A typical case is herewith appended :

Mrs. N. of Newton, presented herself at my office, May 23, 1892; housewife, age thirty-eight, brunette, three children, always enjoyed excellent health; hairs began to appear upon chin three years ago; have constantly increased in size and number, until now a source of much annoyance and mortification, being long and black, and scattered over chin and neck. She has constantly used scissors and tweezers the past year, to keep herself in a presentable condition. Removed at the first sitting, from the right chin, 75 hairs, from the left chin, 83 hairs; current, $1\frac{1}{2}$ milliampères, pain inconsiderable. June 13, removed from right chin 30, left chin 32, right upper lip 6, left upper lip 15. Oct. 4, expressed great satisfaction at the results of the treatment; removed from right chin 17, left chin 21, right upper lip 1, left upper lip 2. These were finer hairs than those at first removed.

Electrolysis furnishes also a safe and efficient means for treatment of various cutaneous blemishes, pigmentary and vascular naevi, moles, warts, and other hypertrophies. The method of operating may be illustrated by the following case: Mrs. E., German, widow, age sixty, tailoress, was much troubled by a prominent, hairy mole upon the right cheek. The hairs,

which were numerous, stiff and long, were first removed by the usual method. An interval of two weeks was allowed to elapse. Then the growth, which was considerably elevated, darkly pigmented, and with broad base, was transfixed by three needles upon the level of the skin, care being taken not to include normal tissue, and a current of five milliampères passed for one minute. The needles were then reinserted at right angles to the former position, and the dosage repeated. The tissues above the needles were blanched during the passage of the current. There was no hemorrhage, and little pain. Within twenty-four hours the growth had shriveled and become dark brown in color. The eschar dropped off in two weeks, leaving a vascular discoloration, which gradually faded, until only by the closest scrutiny, at the end of two months could the site of the growth be detected.

It is essential in treating hypertrophies, that the minimum strength of current be employed, for thus, only, are results avoided, which from a cosmetic standpoint would be disastrous. For the same reason the eschar should never be removed, until naturally displaced by the new skin which reforms under its protection.

It is believed that the galvanic current will be more generally employed in the treatment of cutaneous blemishes, when the profession becomes more familiar with the advantages and merits of electrolysis, as applied to this class of cases.

PRESIDENT'S ADDRESS.

BY LIBERTY D. PACKARD, M.D.

[*Delivered before the Massachusetts Homœopathic Medical Society, April 12, 1893.*]

At certain times, while at sea, the mariner will take an observation to ascertain his exact position, to test his compass, etc. He may have broken every record thus far, but this will only be an incentive for him to do better, if possible. It even may be necessary for him to deviate from a direct course in order to take advantage of a trade wind, or an ocean current, avoid the calm-belts, or not to get into the doldrums.

As members of the Massachusetts Homœopathic Medical Society, it is proper for us, also, to take an observation.

We are fairly off on our second voyage of fifty years. Our first was a success. May we not hope to do still better on this? We have set a pace for our competitors that has been difficult for them to follow, and one that has never been equalled. Now we have experience to guide us. We know the calm-belts, and can avoid them. The ocean currents and the trade winds of medicine are ours. We can take advantage of them. The

great improvements that have been made in medicine as in navigation are also ours. Shall we utilize them? One hundred years ago medicine and theology were in many respects similar. Large doses and heroic treatment were the rule with both. The only chance that the poor victim had in either case was, first, the belief that he could not die until his time had come, and, second, that when he did die the hope that it was fore-ordained from the foundation of the world that he would be eternally saved. This state of things could not continue forever, and Murray for theology, and Hahnemann for medicine appeared, and none too soon. It was natural, if not logical, that Murray should go to the other extreme in combating the doctrine that the Almighty, in addition to those ordained to eternal life, had been making millions of his children to feed the fires of hell, from which there was no escape, and should advocate the belief that there was no hell to which they could be sent, even if they deserved it. Time has rolled on and the followers of each concede that their opponents may be partly in the right. The most liberal Christian now thinks that some provision must be made for those who wilfully live and die in sin. On the other hand, the most rigid Calvinist will hardly admit that his own household will not be finally saved, somehow.

Hahnemann found heroic treatment the rule, and inaugurated a system directly opposed to the one then in vogue, and demonstrated, if he did not advocate, that a man was better off with no medicine at all, than with the massive doses of what he called the allopathic school. The result has been that the allopath has slowly, but surely, I wish I could say honestly, been adopting the methods of the homœopath, and, to-day, is advocating in many cases the use of a single remedy diluted to such an extent that even our own low dilutionists smile with incredulity. Hardly a journal published in their interest appears, but that it is gravely announced that Dr. A., Sir B., or Prof. C. has discovered that certain remedies are almost a specific for certain phases of certain diseases. These discoveries may be accidental, or they may be the result of provings on the healthy. I am inclined to think that the latter is the case, as many of them are the product of Hahnemann's own investigations. It is an easy thing to consult our *Materia Medica*.

What has been the experience, not to say the necessity, of our own school? Have we not found that something other than a diluted remedy sometimes is demanded?

The older members of this Society will remember the time when the medicated pellet was considered all-sufficient for any contingency, except a displaced or fractured limb. It was a bold homœopathic practitioner that dared to administer an

emetic or a cathartic. To give an opiate or an anodyne was to stamp him as no homœopath among his fellows, and a thief and hypocrite by the old school. Many remember the trial of Dr. Neilson, who was charged by one of his colleagues, among other things, with "giving drachm doses of ergot." (His accuser said "the pulverized root"). A few years ago a prescription said to have been written by a member was circulated at one of our meetings with the intention to throw discredit upon the writer. But those days have passed, and many of the strongest advocates of homœopathy admit that in some cases we need something that is not found in the Homœopathic Pharmacopœia, aside from Surgery, Hydropathy, Electricity, Anæsthetics, etc.

I know that some think differently, and we will not question their sincerity. But when one writes, as may be seen in a recent issue of one of our journals, that he treats diphtheria with the 30th of indicated remedies, and sprays the throat at short intervals with a five per cent. solution of carbolic acid, he should not criticise a brother who occasionally writes a prescription.

This Society was formed, as expressed by its Constitution and By-Laws, "to develop the materia medica, the proving of drugs, and administering the same in accordance with the formula, *similia similibus curantur*; to encourage special studies, calculated to improve its members in collateral branches of medicine; and it demands for its members absolute liberty in science," etc. Its members were, for the most part, members of the Massachusetts Medical Society, and never left it of their own accord, nor should they have done so; and were it not for the action of that Society in expelling them, admitted now by many of its prominent members as ill-advised, the probabilities are that a majority of the members of this Society would be also members of that Society to-day, with advantage both to us and to them.

They seemed to think that in expelling us they deprived us of all rights as physicians, except to prescribe attenuated medicines, and, perhaps, to attend an uncomplicated case of labor where a drachm dose of ergot would not be required. If they had had their way, they would have deprived us by legislation of this comparatively small part of a physician's duties.

Some of our school agree with them, and have gone so far as to advise, if attenuated medicines fail, to let the patients die a natural death, if, perchance, they are not subjects of treatment in that powerful modern adjunct of Massachusetts Homœopathy, the Surgical Department of the Massachusetts Homœopathic Hospital.

I have no desire to patronize or conciliate the old school.

We are getting on wonderfully well without their help. They have nothing that we want, and can use, but what belongs to us as much as to them.

In the centuries that have passed a great many good things have been discovered beside those discovered by Hahnemann, some quite recently. Does anyone hold a mortgage on them? Are they the exclusive property of any school or sect? If we choose to use them, to whom shall we say: By your leave; or to whom shall we apologize? It would never have been expected if we had not started out with the usual enthusiasm of young converts, or young practitioners, feeling that we had got it all, that there was nothing left behind we should ever need, and nothing more to be acquired.

The "Great Physician" of nineteen hundred years ago gave a "new commandment" which has revolutionized the world, and would seem to be about all that is needed to insure our spiritual health; but I fancy that there are a great many good things in the original ten that are worth remembering and practising.

The founder of the great Methodist Episcopal Church lived and died a member of the Established Church, and were it not that his followers were ostracised, as were those of Hahnemann, there might never have been two churches. No one doubts that the Mother Church has been greatly benefited by the daughter, and, we are told, would gladly welcome her back, even with her love-feasts and class-meetings, but she will not go. Has anyone ever questioned the right and the wisdom of the daughter in retaining the Apostles' Creed, the marriage ceremony, the hymns and the ritual of the Mother Church—at least until they can evolve something better? Our forefathers shunned everything that looked like Catholicism, everything the Catholics did they did not do. One would have hardly dared wish his neighbor, or his wife, a merry Christmas, except at a low breath. Now Protestants vie with Catholics in celebrating the day, and, perhaps, other days might be added, and still we should not be Catholics or heretics.

Our fathers thought that there was no need of English laws or customs, but we have never been able to do without Blackstone as a text-book, and English common law is the standard in our courts in the absence of statute law. I think that this position cannot be controverted. As physicians and members of this Society we have a right to investigate all collateral branches of medicine, and use them if we see fit to do so, no matter where we find them or who uses them. We claim the right to use anything that scientific men have found useful. As homœopaths do we need them? Let us see. Have we a

statute, I beg your pardon, a proven remedy for every phase of human suffering that as general practitioners we are called upon to treat? Shall we deny ourselves and our patients the benefit of remedies that have only a clinical proving, simply because they have been used, and are used by some other school, and are the common property of all?

Can we neglect any means which, after careful investigation, meets a want or condition for which we have not as yet found a proven remedy? Have we found anything that will take the place of anæsthetics, which are certainly not homœopathic, and are used internally?

Have we a remedy that will fill the place of the alkaloid of Peruvian Bark in some form in the treatment of intermittent fever? Are there not certain conditions when nothing known will take the place of that abused and abusive extract of the poppy, the sheet anchor of the old school? Dangerous? Oh, yes, in the hands of reckless and ignorant men; but there is also danger in allowing our patients to suffer needless pain, and danger to ourselves if we let them.

We have seen the case time and again when an emetic was needed, and, perhaps, it was given; it may have been nothing more than warm water, the index finger, or, in desperate cases, tickling the throat with a feather, but it was an emetic. If these measures fail, as they may, I have not as yet learned of anything but a clinically proved remedy that will do the work needed. In some conditions of the bowels, when our remedies and copious enemas fail, something different must be used, or we must lose our patients by death or transfer.

We have seen times when an opiate or an anodyne would have given our patients a needed rest, and ourselves as well, and could have done no possible harm, yet was not given as a matter of principle, or prejudice, or fear, perhaps, that some one in or out of our school of medicine would accuse us of heresy or eclecticism. It might be we did not know how. There are two classes of ignorant physicians: 1st, those who do not know how to use these remedies; 2nd, those who do not know how to use anything else. We should not be in either class. We are surrounded by those who have spent as much time in preparation and in the practice of medicine as we have. They are intelligent, aggressive and competent. They have no love for us. We should give them no advantage over us.

If Hahnemann had given nothing more to the world than the knowledge of how to use arsenic and cuprum, with camphor *ad libitum* in the treatment of cholera, he would not have lived in vain. Homœopathy has received for its treatment of cholera more crédit, perhaps, than for any other one thing. But how

about the next epidemic? The allopath has appropriated all that we know about cuprum and arsenic in that disease, as their lauded preparation of "arsenite of copper" will show. As for camphor, they had that before.

I trust that the special committee appointed by this Society will consider this matter as its importance deserves.

Pleurisy is treated by the old-school physician with a tight bandage and an opiate if needed. Why in addition to bryonia, or some other indicated remedy, may we not use the tight bandage, the wet bandage, or something to temporarily relieve the pain, until our remedy has had time to relieve the cause? In other words, while we are waiting for a remedy to act, make our patient comfortable?

Cholera morbus usually will work itself clear in a few hours. I have been proud many times that I could distance my old school competitors, and relieve it in forty minutes or less with homœopathic remedies, and, I beg your pardon, a hydropathic embrocation. But how does the matter stand now? My neighbors, armed with a hypodermic syringe, will relieve the patient in from five to fifteen minutes. A noted Boston preacher told his congregation, recently, that the world was moving, and if they did not move with it they would get left. I hope that there will be no occasion to choose that preacher as chaplain of this Society.

What we should claim for ourselves we should claim for those who come after us. Our students and young physicians should receive instruction for every emergency that is likely to arise. I know that our schools of a third of a century ago were not up to those of to-day. Students were graduated then with no more knowledge obtained at school of how to write an intelligent prescription or how to administer a dangerous drug that was in daily use by a large majority of the physicians of the times, than a schoolboy. Neither did they know such drugs by sight, taste or smell.

The chagrin, mortification and inconvenience they experienced are only known to those who have been there. I asked a professor what to do in case I should be obliged to resort to heroic measures. The answer was "I suppose you have common sense and can read." A wise hint, and one that has proved of great service to me.

May I give you an item from my own experience? In my first year of practice, one of my patrons was taken suddenly and alarmingly ill. Late in the evening I sent a carriage for council, the first I had ever called. When he arrived, after examining the patient, the following conversation took place: "What are you giving him, and what strength?" I told him,

“That is right. What are you using externally?” I answered. “Cold compresses.” “Entirely around?” “As far as I can get them.” “Better put them entirely around him.” That was all. He put on his coat, took his fee and started for the carriage. “But, doctor,” I said, “the man will die before morning under this treatment.” “He probably will,” was the answer, and he was gone. I remembered the reply of an old doctor when I asked him what he would have done had he been called in a certain case where a council had been convened, and decided that nothing could be done. His answer was: “God, I would have done something.” I acted accordingly. I did not discontinue the treatment he was then having, but a single dose of a single remedy, the nature, uses and dangers of which my Alma Mater should have taught me, but did not, relieved his pain and caused him to sleep, not with his fathers, but until morning, and the danger line had been crossed. But all this happened over thirty years ago. I was a beginner then.

In my office hangs a parchment which says in part that I was granted the degree of M.D.; also in consideration the additional degree of M. H. D. From the instruction I received the latter was the only one I ought to have had, and they had no moral right to give me anything else. But I should be the laughing stock of you all if I should use it or allow it to be used in connection with my name.

Our own Boston University School of Medicine has taken an advanced position, and the word homœopathic does not appear in its name, and in my judgment is as much out of place in the name of a school that makes physicians in the broadest sense as it is on the sign of a general practitioner, the custom thirty years ago, but now almost obsolete.

Is there madness in these methods?

Will it draw us away from homœopathy if the course I have mentioned, and which is advocated by our by-laws, should be carried out or lived up to? The contrary, I believe, is true.

We may find an illustration of the practical application of the principle for which I am contending in the School of Theology of Boston University. Dr. Warren is Professor of Comparative Theology and the History and Philosophy of Religion. This is a Methodist school, and makes Methodist ministers out of Methodist boys and, perhaps, girls. Its graduates are expected to leave it more firmly grounded in the beliefs peculiar to that denomination than they were when they entered, but it is believed they will not be well equipped for their work unless they have a comprehensive understanding of the truths that underlie all of the great religions of the world, and a clear idea of the differences that separate churches and religions, and a

knowledge of the philosophies which are antagonistic to all religions. It is expected by such training that they will become more intelligently loyal to their own creed, will profit by the good they find in others, and will be better able to defend their own position because of this thorough understanding of the principles and methods of their opponents. They find intensified in Confucianism the grace of filial affection ; the virtue of temperance in Mohammedanism ; the original society for the prevention of cruelty to animals in Buddhism ; and they learn that atheistic science teaches the correct methods of investigation. This belief is justified by the results of years of experience.

Will it have a tendency to unite the two schools? No. We have a system. They have none. They acknowledge that medicine is not a science. We claim that under our law it is. We have in our formula and system of proving, an alphabet, with which we can form any number of words. Like the Chinese, they have no alphabet. If they acquire anything by inheritance, observation or less honest measures, they are obliged, like the Chinese, in order to use it, or impart the knowledge to others, to invent a character or symbol. Here is a sample from a high allopathic source: A prescription for tonsillitis, containing aconite, belladonna, bryonia and iodide of mercury ; which shows where they got their information, and their manner of using it. It is impossible for the two schools to come together unless they change their methods. They may well say, in speaking of us, what David said in mourning for his child: "They cannot come to us, but we may go to them." All we should require of them would be "the expression of a willingness to act for the furtherance of the declared objects of this Society," and they are eligible.

Stick to the religion of your fathers, say our spiritual advisers. Amen, but not to that part that would burn at the stake, or expel from the State, those who differ from us in religious belief ; not to that that consigns without hope our own flesh and blood to eternal torment, but to all those great principles which experience has shown elevate the character and conduct of men. Stick to homœopathy and the teachings of Hahnemann, say the Nestors of our faith. Yes, verily, but not to the homoœopathy that claims that a large portion of the ailments that afflict us is the result of the destruction by sulphur ointment of disgusting human parasites ; not to that part that would forbid us knowing and using, if need be, anything that will benefit our patients and make us better physicians. But to that part which believes that our great law of cure is the safest, the surest and the best yet discovered, and practises accordingly, and makes it first and foremost in our schools, in our practice and in this

Society, and makes the use of all collateral branches of medicine the exception and not the rule.

In closing, may I, in behalf of this Society, speak a word of caution? We all feel gratified at the great strides surgery has made the past few years, and hope it will attain greater heights, but it should not take the place of medicine. Here is an opinion from the other State Society. "Formerly medicine occupied a more advanced plane than now, but latterly surgery has been so successful that it is displacing medicine a good deal in certain departments. Now it is all surgery, and no medicine." (Cheever.)

From our own Society: "Of late years in our Society, the tendency has been largely surgical to the neglect of matters pertaining to homœopathy." (W. Wesselhoeft.)

The chief aim of many young physicians seems not to prove a drug or to find the simillimum for Bright's disease, diabetes, or phthisis, but to make a laparotomy.

Formerly only men of large experience would undertake a capital operation. Now the "youngest entered apprentice" aspires, not like the young Indian brave to carry in his belt the scalps of his enemies, but to fill his office with the trophies of his skill in the shape of almost anything or everything that can be surgically removed from his patrons, not even overlooking those minute specimens from the infant department, of which the Jewish Rabbies hitherto have held the monopoly. While the efforts to advance surgery, gynæcology, electro-therapeutics and all other collateral branches of medicine should receive our care, study and hearty endorsement, we, as believers in homœopathy, and members of this Society, should remember that "the development of our materia medica by provings of drugs on the systems of men and animals, and administering of medicines thus proved in accordance with the formula *similia similibus curantur*" is our foundation stone, and should never occupy a secondary place. We are identified with it, with it we must stand or fall. Our loyalty to it should never be questioned.

There are heights and depths, lengths and breadths yet unexplored for which mankind is suffering. We have not yet reached the place, and never will, when, like Alexander the Great, we can sit down and weep because there are no more worlds to conquer.

Much has been done, and well done. The five talents left in our care by our great leader have gained five talents more in the hands of many of his followers. Some have gained nothing, and, if not like the one who received the one talent and kept it laid up in a napkin, have been content to use only what they have received from others who have devoted their lives to the building up of homœopathy.

There never has been a time in its history when the opportunities for its advancement have been as favorable as the present.

True to our principles we have given collateral branches of medicine a fair chance. Surgery, many believe, has almost reached its zenith. Gynæcologists are finding out that external or local treatment, indispensable, perhaps, in many cases, should only be used as an adjuvant to suitable homœopathic medication.

Experience shows that hydropathy, electro-therapeutics, etc., have only a limited range. But in homœopathy we find possibilities that are unlimited. We hardly know them as yet. The field only needs to be cultivated to produce almost everything that is demanded.

A century ago, and even less, we as Americans were largely dependent on foreign countries for the common necessities of life; but we are learning that we can produce nearly everything that we need within our own borders. We can even build a war-ship without foreign help or material, except the nickel for the armor plates, and until we can produce something better, we shall probably buy and use all of that article we need, or anything else that we do not produce that will help us to make stronger and better ships.

So with homœopathy. It should be our aim and endeavor to advance and perfect it until but very little outside of it will be necessary.

Until that Golden Age when we have completed our *materia medica*, and found the *simillimum* for every morbid or diseased condition, when chemistry is a lost art, and our competitors shall cease to experiment, observe and appropriate, we shall not be entirely independent, and as physicians will do well to remember Paul's advice to the Thessalonians: "Prove all things; hold fast that which is good."

CIMICIFUGA IN PREGNANCY.

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

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

An exhaustive proving of *cimicifuga* has never been made; in fact the same may be said of the great majority of substances in the *materia medica*; and we may yet hope for the time when the pathogenetic action of drugs on the human system, will be so studied by the light of advancing science that their present most obscured, uncertain effect upon the human system, both organic and functional, may be understood.

So far as we can understand, *cimicifuga* has a marked and positive action on the muscular system in general, and in prov-

ings which have been made it seems to exercise a special influence upon the female organs of generation. The following symptoms indicate this action upon the muscles: "stiffness of large muscles of the neck; drawing and pulsating pain in lumbar region; dull, heavy aching in the small of the back, relieved by rest, increased by motion; stitches in the back aggravated by motion or respiration; cramping in the muscles of the neck on moving the head; rheumatic pains in the muscles of the neck and back; feeling of stiffness and contraction in muscles of the back; muscular rheumatism, especially in the large muscles; dull pain in right arm deep in the muscles; a sensation of weight and bearing down in the uterine region, with a feeling of heaviness and torpor in the lower extremities; labor-like pains during pregnancy; dysmenorrhœa with aching in the limbs; severe pain in the back, down the thigh, with heavy pressing down, labor-like pains; cramps; uterine inertia during and after labor; spasmodic, painful and intensely powerful but intermitting [uterine] contractions." Now all these symptoms and many others which I have not quoted would seem to indicate a special effect of this drug upon the muscular system, and it has in numberless instances, proved a valuable remedy in removing muscular rheumatism and the muscular inertia which follows this disease. Its efficacy has been often shown in removing pain of motion in muscles that have been over-fatigued, strained, or have for a long time remained inactive. Thus in cases of fracture where muscular action has been forcibly restrained for weeks, there is perhaps no remedy which will so quickly remove the severe pain following motion. In many cases of pregnancy the great pressure and distension gives to the abdominal, as well as uterine muscles an inertia or irregularity of action often amounting to severe pain. In fact this condition is always exhibited to a greater or less extent, and from careful observation in the matter I have found this drug to exert a marked influence in removing this condition. It is not done by a single dose or in a few days, but as the producing cause is continuous so the action of the remedy should be continuous for some days or even weeks. In a large number of cases the administration of *cimicifuga* every morning and night, in the third attenuation, has not only relieved the soreness and unnatural muscular contraction during pregnancy, but has left the muscular system, especially of the abdomen and uterus, in a more healthy and active condition at the time of parturition, so that labor comes on more naturally, speedily and with less suffering or other complications. I have had marked cases of this where persons in several preceding labors have suffered severely, but after the use of this drug for several weeks prior to confinement, have had a

comparatively easy labor. It would be easy to emphasize this paper by enumerating cases, but I prefer to leave it for other physicians to gain experience from the ideas suggested.

APPENDICITIS.

BY J. W. HAYWARD, M.D., TAUNTON, MASS.

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

Not many years ago I met my friend, who was rejoicing in the success of his maiden operation for appendicitis. He assured me that he had captured an appendix and left a family rejoicing in a living member, who had been given up to death; and by way of proof of his statements he exhibited for my inspection, a seedy looking mass of dried fecal product which he had gathered in with the appendix. This was so early in the history of appendicitis as a surgical disease, that I was anxious to know how to proceed, and so asked this question, "When do you operate, doctor?" "Just as soon as I can make the diagnosis clear," was the reply, and I had not time to ask more.

Now this was so early in the history of appendicitis as a disease *per se*, that I felt uncertain of *my* ability to diagnose it at all. I was very busy, consequently without time to "read up," and with this long, hard, undefinable word constantly before me, you may know I was very uneasy — like a child walking in the night, constantly expecting a bear or some savage beast to spring upon him from the dark. While in this state of trepidation I was brought face to face with the following case:

An adult, robust male, seized with sudden pain in abdomen — not localized — several loose movements of bowels, nausea and vomiting, face flushed, tongue moist and clean, skin very moist, pulse 100, temperature 100, the whole abdomen slightly sensitive to pressure.

2nd day, A. M. — Diarrhœa ceased, vomiting continued at longer intervals, pain dull, heavy, constant in r. iliac fossa, with marked sensitiveness to pressure in same region; pulse 100; temperature 110. P. M. — Vomiting ceased; pain continued; tenderness confined to smaller area; deep pressure showed a hard swelling as large as hen's egg.

3rd day, A. M. — Pain less; slept some during night; tenderness confined to small area; tumor in r. iliac fossa approaching surface, larger and more easily defined than yesterday; moves in bed with difficulty; pulse 104; temperature 101. P. M. — Conditions of A. M. unchanged.

4th day, A. M. — Pulse 100; temperature 100 1-5, otherwise conditions of last evening unchanged.

5th day. — pulse 96 ; temperature 99 2-5 ; area of tenderness smaller ; tumor unchanged.

6th day. — Bowels moved : no pain ; tenderness very slight ; tumor only felt on deep pressure, flattened and smaller ; pulse 88 ; temperature 99.

7th day. — Tongue clean ; pulse and temperature normal ; no tenderness on pressure ; no tumor felt ; patient pronounced convalescent, and has continued well to present time. Thus was my first diagnosed case of appendicitis thrust upon me, and by the time I could “make my diagnosis clear,” and while I was making ready to do my duty by my patient and the profession, I noticed slight signs of improvement, and the following day still more, and almost before I knew it the patient was well. I was so suddenly relieved of my great anxiety that I was dazed, and I had barely regained my equilibrium when a second case occurred, quickly followed by a third, then an interval, and another crop of three all down at the same time ; thus they ran along through the two or three years, until I could count up twenty-two (22) cases so like the first that it would be tedious to describe them. In a few instances the temperature reached to 103, and in as many more it did not reach 100 ; a few were sick two weeks, and one ran through its course a few hours quicker than the case mentioned. All received belladonna, and all recovered. But one has recurred and that after a year’s interval.

Jan. 25, 1893, while I was suffering from an attack of winter cholera, a gentleman called to get some medicine for his son who was a pupil in the High School. The father’s statement was something like this, “While at school this morning Ned was taken so ill that he was dismissed and came home ; he complained most of pain in his bowels, has some diarrhœa and feels a little sick at his stomach ; he ate veal for breakfast, and I suspect that has something to do with his sickness.” I prescribed accordingly. On the following morning the father called again to say that Ned was no better — in fact thought he had rather more pain and seemed sore about his abdomen ; the diarrhœa and vomiting had continued, and he complained that it hurt him to move in bed. At this time I also learned that just before being attacked by pain he had been accidentally struck in the abdomen by a boy’s elbow, and the father and boy both thought that might have something to do with the sickness.

Instead of sending medicine again, I called upon the boy. I found him with flushed face, moist tongue and skin ; pulse, 80 ; temperature 99 ; abdomen universally tender, with a suspicion of increased tenderness at the McBurney point. He had constant pain in the whole abdomen, with occasional colics followed

by a loose movement of the bowels ; occasional easy vomiting, without much nausea ; little thirst. I prescribed, with instructions to call if he seemed to get worse in any respect. The following morning, Jan. 27th, I called and learned that they thought him better. Vomiting and diarrhoea had ceased ; slept a little and complained less of pain ; pulse 90 ; temperature 100 ; face flushed ; constant pain in bowels ; tenderness confined to right abdomen ; every movement caused exquisite pain.

28th A. M. — Pain continued ; area of tenderness, radiating from the McBurney point (which was exquisitely sensitive), could be easily covered by my hand ; felt uncertain about the "cake" ; tongue clean and moist ; facial expression, happy ; pulse 96 ; temperature 99.2 ; P. M. — pain less ; area of tenderness diminished ; quite sure there was deep swelling ; pulse 92 ; temperature 99 ; was quite happy, and could move more easily.

29th, A. M. — But slight pain ; area of tenderness but one-half the size of yesterday ; could move easily in bed ; pulse 94 ; temperature 99 ; face pale ; P. M. — pulse 96 ; temperature 99 3-5 ; face pale ; tongue moist.

30th, A. M. — Passed restless night ; face pale ; expression anxious ; more pain ; area of tenderness increased ; pulse 100 ; temperature 99 4-5. I telephoned to my friend Dr. Packard, who with Dr. Briggs, responded at once. Dr. Packard made a careful examination of the case, and pronounced it ripe. Dr. Briggs administered ether with Dr. Packard's new inhaler, and Dr. Packard in the presence of Dr. Dwinell and myself, deftly harvested the appendix. Upon opening through the abdominal wall, considerable quantity of stinking pus escaped. The pus cavity was thoroughly washed with boiled water, double rubber drainage tubes inserted, wound closed with silk interrupted sutures, and the whole dressed with dry carbolyzed gauze. The temperature rose to 100 on the 2nd, 3rd and 5th days. On the 9th day from normal it shot up to 100 3-5 ; on the morning of 10th it dropped to 97 4-5, and rose to 100 in P. M. The following A. M. it dropped to 98, and ranged between 98 and 99 until 15th, when it became normal and remained so until discharged cured on the 21st.

By Dr. Packard's directions the wound was carefully washed through the drainage tubes twice daily with boiled water, and about one-half ounce of per-oxide of hydrogen, thrown into the tubes and left.

On the 3rd day after the operation, the pus was very offensive, almost unbearable, and remained so until the 7th day, when nearly all the sutures had sloughed and revealed a healthy granulating surface. On the 21st day the wound was filled with granulations, and on the 29th it was pronounced sound,

and the patient allowed the liberty of the house. He has resumed his work, and appears well and sound.

Since this case has recovered, I have been treating another. A robust adult, between 60 and 70, called at my office, complaining of continuous soreness and pain in abdomen. His business was in Boston, and he was in the habit of travelling by rail back and forth each day. After taking medicine two days, he returned to inform me that my medicine was "no good" as it had not cured him. He was just as sore as ever. I examined, and found a large cake, with marked tenderness at the McBurney point. I advised absolute rest, and I would see him at his house. Accordingly I called the following day, and found him dressed and reclining upon a lounge. The cake was deep, large, firm and very tender. Some diarrhœa, no vomiting; pulse 90; temperature 99. He informed me that he had been to Boston the preceding day, but would rest in the future if I said so. The cake continued firm for about six days, gradually approaching the surface; his temperature did not rise above 99, nor pulse above 94. On the 7th day both dropped to normal, and the cake began to subside, and he is now apparently sound.

A STUDY OF TWO THOUSAND SEVEN HUNDRED SURGICAL CASES AT THE ROXBURY HOMŒOPATHIC DISPENSARY.

BY A. H. POWERS, M.D., BOSTON, MASS.

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

The Roxbury Homœopathic Dispensary was organized and began its work early in 1887. At the request of Dr. W. L. Jackson I consented to serve as surgeon with two other physicians. However, from the hours arranged for the clinics and others causes, I was the only one of the trio who actually began the work; and from then till now I have been the "surgical staff" of the Dispensary. Hence the 2,700 cases here reported have, with very few exceptions, been seen and treated by me and the success of the work is only the result of my efforts and the failures rest on my own shoulders. And first a few words as to the methods and means used in the work.

The hour for work has been from 3 to 4 P. M. nominally, but usually for the past two years I have remained till 5 or even later. For a year I was present on Mondays and Thursdays but since then on Tuesdays, Thursdays and Saturdays. As the statistics given later will show, the work was very small at first but has grown to demand much time and effort.

For a small beginning the dispensary was well supplied with instruments and appliances, and I must here express my thanks

to those who have charge of it for promptly supplying any supplemental articles I have wished. I have tried largely to treat my cases on the basis of antiseptic surgery; for among this class of patients I find cleanliness not any too common, and antiseptics are necessary to obtain the now much praised condition of asepsis. Carbolic acid has been the agent most used in cleansing instruments and wounds; in strength for 2% to 5% on small surfaces or old septic wounds. And here let me say that the utmost care is needed in cleansing wounds, if the best results are to be obtained. A small focus of pus left undisturbed will often, yes usually, infect the whole field. Other antiseptics for wounds and instruments, which have been used, are bichloride of mercury, nitrate of silver, ether, alcohol and boiling water. For dressings I have used gauzes, plain mercurial or iodoform and absorbent cotton. Locally also, iodoform aristol, boric acid and hydrastis powder have been used. In the dressings of wounds I prefer at least a few layers of gauze, followed by absorbent cotton, dry or wrung out of an antiseptic solution. Silk has uniformly been used for sutures. Whenever necessary ether has been administered either for diagnosis or operation. I have frequently been assisted by the other members of the dispensary staff and occasionally by some of the students from Boston University School of Medicine. With these preliminary words I think we can better discuss the classes of cases here presented.

I shall follow the alphabetical order in this article for the obvious reason of its simplicity, and I desire to make a running comment on the more interesting classes. Some of the cases are purely diseases of the skin. These appear with the rest for they were recorded with the others, many of them being severe cases which the other members of the staff preferred that I should treat.

Abscess stands first on the list and near the first in number of cases treated. I have been interested to note that over 25% of the cases were located on the neck and I infer that many, if not the most, of these were tubercular. The breast comes next in frequency as the point of election. The treatment has been to poultice when pain was considerable, and after evacuation, if there was much induration. Most were opened by the scalpel, the contents evacuated, and the cavity very lightly packed with iodoform gauze. Only a few have been curretted, for few would allow or could afford the expense of an anæsthetic. Hepar, merc. bin., merc. viv. and cal. carb. or phos. were the remedies most used.

Acne was usually treated by looking after the general health, and locally by a stimulant shampoo. In some cases this sham-

poo was made with a solution of myropetroleum, and in others with tr. sapo. vir.

Adenitis was a very common trouble and demanded much care. This occurred mostly in children, and in a large per cent. of the cases the cervical lymphatics were the ones involved. The treatment was to stop the cause if possible and to treat the patient rather than this single condition.

Bruises were found in large numbers and were treated by rest if that was possible, and hot arnica compresses. The degree of injury, of course, largely determined the duration of the trouble, but many appeared only once, not needing to make a second visit. In the treatment of *bursitis* I have followed a plan original with myself, so far as I then knew, but doubtless published sometime before I had adopted it. The integument is scrupulously cleansed with a carbolized lotion, and with a clean scalpel the sack is punctured quite freely and the contents thus evacuated, pressure being kept up so that the air shall not enter it. A pad and bandage firmly applied for ten days to two weeks completes the treatment.

Of forty-three *burns* the records show that the upper extremity was the seat of the lesion in more than half the cases, and these were equally distributed on the arm and the forearm and hand. Nearly one-half the cases were under fifteen years of age. The treatment was as varied as the cases, the principle being to protect and keep from becoming septic.

The *dog bites* were a class of cases for which, as a rule, I feel I did little, except as I quieted the patients and their friends by cauterizing each wound, though several hours had intervened in many cases.

In none of the cases of *erysipelas* did an abscess or a phlegmon develop, but they were well marked cases, with malaise, nausea, and a considerable rise of temperature, the face being the favorite point of attack.

Of the twenty-nine cases of *felon*, five did not report a second time, hence we can say nothing of these; but twenty-four cases were under treatment, on an average, eleven days, the extremes being three to forty-six days. Those which were the longer were the neglected cases which had been going on from six to sixteen days before advice was sought. Free incisions early and poultice for a short time seems the kindest method of treatment.

Of the *fractures* treated, the clavicle was the seat of the lesion in 40% of the cases. The radius came next in frequency with eight fractures, five of them being Colles' fractures.

Of the comparatively rare trouble *hammertoe* three cases are recorded. Two of these were especially well marked and pre-

sented themselves within a few days, thus illustrating the saying that, "rare cases come in pairs."

The average age of those presenting themselves with *hernia* was four years. Of these cases seven were umbilical and five inguinal. I cannot be sure, but express it as my belief that all were congenital. I followed the dictum of a celebrated surgeon who says, do not operate before seven years of age, and the cases of umbilical hernia all improved or were cured when last heard from. For the umbilical hernia, a pad held by adhesive straps, eight to twelve inches long by one and one-half to two inches wide, was the uniform treatment. In some of the cases of inguinal hernia a truss was recommended, while in others waiting was advised.

Many of the cases classed as *rheumatism* were where pain continued in or near a joint long after an injury, and some fractures were feared by the patient. These cases are troublesome and not satisfactory to either patient or surgeon, if I am to judge from my own experience.

The *septic wounds* include a variety of suppurating lesions. Success in treating them has been attained by cleansing carefully and applying *clean* dressings. In a few cases poultices have been ordered and drainage of pus cavities needed, but to explain the treatment would require more than the limits of this paper.

The intention has been to remove all septic material and prevent any reaccumulation of it.

The *sprains* as a class have been treated by rest, bandage, and local use of hot or cold water. The results were good but the patient as a rule thought they recovered much too slowly. The lay mind can hardly grasp the idea that ruptured ligaments are as serious lesions as broken bones, and "only a sprain" may mean the disobedience of all orders as to rest or treatment.

Syphilis is certainly not a rare disease among the poor people who visit dispensaries. The cases which came under my care were on an average thirty-four years of age, and if we exclude two cases of congenital syphilis, none were more than fifty or less than twenty-five. In fact most were from thirty to forty. The one aged twenty-five had an initial lesion on her finger, and was the only initial lesion seen in this series. Most were in the late secondary or third stage. I feel that many cases exist which are not recognized, and that too much study can hardly be given to the diagnosis and treatment of this unfortunate class. There is an abnormal sensitiveness among physicians on this point, the younger ones especially, and if we are to reach the truth, we must accept this sad diagnosis in all walks of life.

Among the cases of *trichophytosis* there were some cases of

severe trouble, one especially requiring months for recovery. Sulphur ointment the officinal strength, and the milder mercurials were used as the agent for recovery. Had the cases been more frequently under observation and more time given them, the recovery might have progressed more rapidly.

The group classed as *various* includes many single or pairs of cases, interesting for their rarity. Some of them are probably not duplicated in a private practice of a quarter of a century. Following are some of the compiled statistics which I trust are self explanatory, and show better than words the features of the work.

Abscess,	127	Ivy Poisoning,	9
Acne,	14	Mastitis,	5
Adenitis,	83	Meibomian Cyst,	2
Bitten by Dog,	10	Necrosis,	3
Bruise,	128	Orchitis,	3
Bunion,	3	Papilloma,	3
Burns,	43	Periostitis,	6
Bursitis,	8	Phlebitis,	10
Cancer,	2	Phymosis,	7
Carbuncle,	2	Psoriasis,	8
Cut,	70	Punctured Wounds,	13
Cysts,	3	Purpura,	2
Cystitis,	2	Ranula,	2
Dislocations,	7	Rheumatism,	27
Ecthyma,	17	Scabies,	6
Eczema,	115	Septic Wounds,	149
Epithelioma,	8	Sprain,	90
Erysipelas,	14	Syphilis,	22
Exostosis,	3	Tonsilitis (chronic)	2
Fatty Tumors,	3	Tongue-tied,	7
Felon,	29	Trichophytosis,	23
Fistula,	2	Tuberculosis,	12
Fracture,	31	Ulcer,	70
Furuncle,	14	Undiagnosed,	159
Gonorrhœa,	15	Ulcerated Tooth,	6
Hammertoe,	3	Urticaria,	5
Herpes,	14	Vaccination,	1123
Hydrocele,	5	Varicosis,	30
Impetigo,	15	Various,	71
Ingrowing Nail,	11	Veruca,	12
Total,			2700
Vaccinations,	1123	Re-vaccinated 2nd time,	1
Re-vaccinated,	30	Returned for certificate,	431

Average number of patients present each clinic in 1887,	3.7
“ “ “ “ “ “ “ 1888,	5.
“ “ “ “ “ “ “ 1889,	6.7
“ “ “ “ “ “ “ 1890,	8.8
“ “ “ “ “ “ “ 1891,	12.
“ “ “ “ “ “ “ 1892,	14.

Average number of prescriptions made for each patient for whole period, 2.4.

Average number of prescriptions made for each patient for whole period, exclusive of vaccination, 3.15.

Number of patients who were only seen once, 1,326.

Number of patients who were only seen once exclusive of vaccination, 634.

Number of patients exclusive of vaccinations seen more than once, 943.

Of these recorded as cured, 188; recorded as improved, 351, no record as to course, 404.

NUMBER OF NEW PATIENTS.

Year.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
1887	—	1	2	7	15	8	3	14	10	11	12	12	95
1888	6	10	19	20	40	29	17	37	56	28	15	17	294
1889	19	10	37	30	47	28	22	46	62	50	22	18	393
1890	23	24	41	51	74	26	30	62	124	67	47	32	601
1881	39	28	44	58	94	48	30	58	163	57	46	40	705
1892	39	55	51	76	106	51	54	66	114*	—	—	—	612

NUMBER OF PRESCRIPTIONS MADE.

Year.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
1887	—	1	2	12	18	10	15	30	20	23	18	13	162
1888	13	39	74	71	108	57	45	104	88	50	48	51	748
1889	69	58	100	103	94	74	53	43	106	119	98	93	1010
1890	70	90	78	112	147	55	76	105	214	145	132	92	1316
1891	112	110	128	130	159	154	110	130	309	173	155	125	179
1892	131	183	141	185	224	143	140	146	205*	—	—	—	1498

Carried only to September 16th.

TWO CASES OF EPILEPSY HOMŒOPATHICALLY TREATED.

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

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

It is a recognized fact that we as physicians, dislike to enter into a combat with epilepsy; and yet, of all the so-called functional nervous diseases, this condition merits great attention because it is most grave. I have listened with great interest to cases reported to me by the laity as cured, and used to wonder how much truth there was in those statements. Now I wonder

whether the diagnosis was correct. We all have our methods of diagnosing between epilepsy, cerebral congestion, apoplexy, uræmia, hysteria and organic lesions of the brain.

It has been my method to diagnose by exclusion, using the above conditions as a basis for observation and questions. The reason for the above diagnosis from a single statement of treatment given, is that the case was reported to me as being diagnosed at different times as uræmia and hysteria; therefore I will give symptoms as recorded in my book.

There came to my office under date Jan., '91, Mr. R., age thirty-five, laboring man, full habit. Born in the state of Conn. of healthy father, scrofulous mother. Perfectly healthy until twenty-five years old. In the spring of '91 had a severe hemorrhage from the nose, followed by light attack of what he termed unconsciousness. About two months later fell from a team he was driving, (thought he fainted) received a severe scalp wound over the left parietal bone. Lost a large amount of blood. No other attack until July 4, '83. While out west he had several attacks, and consulted a physician who told him that it was uræmia; was comparatively free while under his care. Gave up medical treatment. Mr. R. became very careless in his care of himself, such as indulging in late suppers and light wines. In '84 the attacks returned, recurring as often as every four weeks. This continued until '85. Meantime another physician had informed him that the attacks were hysterical. He claims that this physician was "of no use." An eminent specialist in N. Y. diagnosed it as epilepsy, but he did not put himself under his care; instead he wandered from one physician to another, and then he gave the quacks and mind curers a chance. As a last resort he resolved to try homœopathic treatment. When he came to me in '91, he was having an attack about every two weeks. As bromides in different forms seemed to be his latest remedies, and as late suppers and high wines were freely indulged in, I prescribed *nux. vom.* 3 x, and very light suppers; no wines. At the end of a week he reported two attacks. Changed the remedy to *cuprum* 3 x, no improvement; *ignatia* 3 x, etc., basing my remedies on the symptoms preceeding the last sickness. At the end of three months, instead of having attacks every two weeks he said that I had succeeded in increasing them to twice a day.

The question now came up, was this the result of the homœopathic remedies, or was it the progress of the disease. A suspicion came into my mind that the remedies taken before he came to me might have had some influence over him. So I suggested that it would be a good idea for me to have the advice of one or two specialists whom I named, but he decidedly

refused to see them, saying that he wished me to keep the case until he dismissed me. About this time he was troubled with a poor digestion, and so I decided to try borax 1 x, three times a day. At the end of two weeks, to my astonishment he reported only four attacks. This was in May, '92. Since that time they have diminished in frequency and severity.

His wife writes: "My husband has had only one attack since last August, and that was a very light one." "We ascribe much to his avoiding late suppers and wines, yet perhaps it would be best to keep up the powders a little longer."

Under date August '92, Miss D., age thirty, stenographer, born in Cambridge, Mass., of consumptive father and nervous mother. In habit thin, pale, nervous, irritable. About eight years ago had an unconscious, convulsive attack, coming first about every three months, then increasing to one about every two weeks. Has had physicians advice occasionally, but never has placed herself under any one's care until she came to me.

She said she could eat very little, as it gave her the heart-burn. Have been using borax 1 x in her case before each meal, and advising good substantial food. She has had some other remedies, but the main one has been borax. Last Friday she reported no attack for six weeks, and feels much stronger, because her stomach has been enabled to take care of more food.

Although these are not complete cases, yet I feel that borax has been of sufficient aid to be worth reporting.

POLYDACTYLUS PEDES.

BY J. H. SHERMAN, M.D., SOUTH BOSTON.

[*Read before the Massachusetts Surgical and Gynecological Society.*]

On Dec. 28, 1887, I was called to attend Mrs. W., in confinement with her first child. The labor was a normal one, but when the nurse washed the child, she discovered it had six toes on each foot. When the child was a week old, I seized the superfluous toe of one foot with artery forceps, applied as close to the foot as possible, then tied a rubber cord tightly around the toe between the forceps and the foot; the circulation was immediately suspended, and the toe withered and came off in a week or ten days, without giving any apparent discomfort to the child. It left no deformity that was not entirely obliterated when I saw it fifteen months later. After the successful trial with the first toe, I treated the other in like manner, and with the same result. I report this case because of the rarity of the occurrence, and because I think it is an unusual method of

treating such cases. It certainly is not *Secundum Artem*. Surgical works speak of the great difficulty there is in ligating the artery after amputation with the knife, and I imagine it would be a difficult operation for the ordinary practitioner to perform.

APROPOS OF A SLANDER—AN OPEN LETTER.

In the *Homœopathic Physician* of October, 1892, Dr. J. R. Haynes, without the least provocation, brings insulting charges against me as the translator of the *Organon*. To these I replied in the *Homœopathic Recorder*, of November, 1892, challenging Dr. Haynes to prove any error he might find. He utterly failing in this as I had predicted openly, there appears another scurrilous attack in the *Homœopathic Physician* preferring grossly libellous charges against me. It is a continuation of slander and defamation begun by Hering and Lippe because I would not knuckle to them, and interpret the *Organon* in accordance with their spiritistic suggestions.

Urged by friends to reply to above insults, I take this opportunity to decline to say more, or to continue a discussion with opponents of the above order. I do so with deep sorrow that any journal of our school has sunk so low as to admit such dastardly slanders into its pages without an editorial protest.

Perhaps the suggestion may find approval that editors of homœopathic journals should agree upon certain rules of propriety, the breaking of which would be followed by exclusion from respectable associations.

An honest, impersonal discussion of facts is one thing; vulgar abuse without argument, is another thing. The latter must mean dissolution and disintegration in the near future, for it is not I who am insulted but the whole homœopathic fraternity. If this is willing to tolerate such conduct in its midst unrebuked, I of course am powerless to prevent it.

C. WESSELHOEFT, M.D.

THE USE OF "WOOD-WOOL" IN CUSPIDORES—PRAUSNITS (*Centralbl. f. klin. Med.*) says the use of sand or sawdust for filling cuspidors has been generally condemned as permitting the sputum to dry and escape in the form of dust. The use of water or of a disinfecting fluid is an improvement; a portion of the sputum, however, does not reach the fluid, and for the destruction of tubercle bacilli not only is a strong disinfectant necessary, but a long time is necessary for its action. The use of "wood-wool" (long, slender wood shavings, used for packing fragile articles) for filling cuspidores is recommended, as it rapidly absorbs the sputum, preventing escape of the bacilli, as a firmly clinging crust is formed. Disinfection is accomplished by simply casting the ball into the fire. The material furthermore, is cheap—*Epitome of Medicine*.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the society was held at the College Building, East Concord Street, Thursday evening, May 4, 1893, at 7.45 o'clock, the president, Walter Wesselhoeft, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were elected to membership: Lucy C. Hill, M.D., of Fall River, H. A. Whitmarsh, M.D., of Providence, R. I., and P. R. Watts, M.D., of Stafford Springs, Conn.

The following names were proposed for membership: Carl Crisand, M.D., of Worcester, Mary S. Hornby, M.D. and Maude E. Stowell, both of Dorchester.

The resignation of Dr. James Hedenberg was read, and by vote of the Society laid upon the table.

Voted, That the next meeting of the Society be postponed from June 1 to June 15, in order that reports from the American Institute of Homœopathy may be presented.

The following delegates to the American Institute of Homœopathy were appointed: I. T. Talbot, M.D., Boston University School of Medicine; Conrad Wesselhoeft, M.D., Boston University School of Medicine; Horace Packard, M. D., Massachusetts Homœopathic Hospital; Walter Wesselhoeft, M.D., Boston Homœopathic Medical Society; Alonzo Boothby, M.D., Homœopathic Medical Dispensary; Julia Morton Plummer, M.D., N. E. Moral Reform Society; Geo. S. Adams, M.D., Westborough Insane Hospital; John P. Sutherland, M.D., N. E. MEDICAL GAZETTE; W. P. Wesselhoeft, M.D., The Chas. N. Mellen Hahnemannian Hospital; J. Emmons Briggs, M.D., Consumptives' Home.

SCIENTIFIC SESSION.

Dr. Alonzo Boothby presented a recent specimen of fibroid tumor which he removed on May 3rd by total extirpation of the uterus. The uterus was considerably enlarged and contained a mass which probably originated as a sub-mucous fibroid, but at present had only adhesive attachments.

SECTION OF PATHOLOGY AND THERAPEUTICS.

H. C. Clapp, M.D., Chairman; H. E. Spalding, M.D., Secretary; W. T. Talbot, M.D., Treasurer.

Dr. James R. Cocke was absent, hence his paper on "Gastiodiaphany" was omitted. A few remarks were made by Dr.

H. C. Clapp, W. T. Talbot and Horace Packard upon this subject.

"The *Ætiology of Pneumonia According to the Latest Ideas*" was ably presented by W. T. Talbot, M.D. A micro-photograph of the *Pneumococcus* was exhibited with the stereopticon.

Mr. F. F. Strong read a highly instructive paper on "The *Micrococcus of Pneumonia*," illustrated by several microscopical slides of the *Micrococcus Pneumonæ Cruposæ* with a culture of the same, and the thoracic viscera of a guinea pig, showing solidification of the lower lobe of the right lung with infarction and grey hepatization, the direct result of ultra-pleural injection of 2-10 c. c. of fresh pneumonic sputum.

Chas. Sturtivant, M.D., presented a paper on the "Peculiarities of Pneumonia in Young Children."

"Pneumonia Followed by Empyema," was the subject of an able paper by Annie M. Selee, M.D.

S. Calderwood, M.D., read a paper on "Iodine in the Treatment of Pneumonia."

The paper on "Diet in Pneumonia," by F. A. Davis, M.D., was read by title, the writer being absent.

"Embolic Pneumonia Preceded by Fracture of the Fibia and Heart Clot: Recovery," was the subject of remarks made by H. C. Clapp, M.D.

DISCUSSION

Opened by the Chairman of the Section of Pathology and Therapeutics, H. C. Clapp, M.D. Dr. Clapp claimed that it is of the utmost importance that a correct diagnosis of "Empyema" be made at an early date, as nothing so materially influences the success of the operator as its early performance. That if this is done, in the great majority of cases resection of a rib is unnecessary and unadvisable, and certainly should not by any means be resorted to in a routine manner in every case. That there are some (exceptional) cases where the ribs are quite close together, where resection of an inch or so is necessary to secure proper drainage. That good drainage should be secured at all hazards, first by mild measures, but next, if these are not sufficient, by harsher ones.

That many years ago he had entirely discarded a reliance on aspiration to cure the disease in all cases excepting in children under six years of age, several of whom he had cured by this method. That for the last three or four years, in consequence of unfavorable results in other young children, he had gradually come more and more to the belief that even in them the radical operation should be resorted to instead of trusting to aspiration. That if these rules are adhered to, very gratifying success can be attained. That he had never known of another case like that

described by Dr. Selee, where, a year ago, after recovery a small abscess appeared at the place of incision. It must have been a local affair and not intra-pleural.

DR. HORACE PACKARD. — Dr. Selee's case was one of very great interest, a number of such cases having come under my care. The result in the case cited seems most fortunate. In very many cases, where aspiration is performed, the persistence of an abscess cavity has occurred, with permanent collapse of the lung of the affected side. Aspiration is unsatisfactory as it affords no permanent drainage. The operation of paracentesis without excision of a rib is also inadequate. The only operation which can be relied upon to sufficiently drain the cavity is the excision of from one to two inches of the rib at the point of election. Where the lung is compressed beyond all possibility of restoration, the operation for a radical cure consists in removing the bony cover of that anterior portion of the thorax covering the abscess cavity. The soft tissues, previously dissected up, are now allowed to fall in, and with the subsequent formation of granulation tissue, obliteration of the abscess cavity occurs.

DR. W. J. WINN. — To show how cautious we should be in giving a prognosis, I report a case of pneumonia in a man sixty years of age, who had always indulged in alcoholic stimulants to excess. Temperature at first visit, 103° F. I made a very unfavorable prognosis. The patient became delirious, arose in the middle of the night, and went out into a severe snow-storm. Later he had a prolonged chill, temperature nearly 106° , with pulse and respiration in proportion. A fatal result was prophesied. Forty-eight hours later, temperature and pulse were normal. Uninterrupted recovery ensued.

DR. W. T. TALBOT recommended the use of disinfectants in the case of patients suffering from pneumonia. It is from the sputum that infection occurs. He advised that pneumonia patients expectorate upon small pieces of cloth which should be immediately burned.

The meeting adjourned at 10.20 o'clock.

J. EMMONS BRIGGS, M.D., *Recording Secretary.*

A SAD and unusual accident is reported to have occurred recently in the operating theatre of one of the London hospitals. One of the surgeons was engaged in sewing up the wound after a laparotomy, and, while in the course of doing so, he seems to have given a flourish to the needle in his hand, which penetrated one of the eyes of his assistant. The latter continued for some moments to attend to his duties, but was afterward compelled, owing to the pain in his eye, to leave the side of the operating table and sit down on one of the benches in the theatre. As soon as the operation had been completed, the surgeon examined the injured eye of his assistant, and found that the lens was lying outside the organ, the sclerotic extensively torn, and the vitreous protruding. — *Med Record.*

GLEANINGS AND TRANSLATIONS.

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A DANGEROUS HOUSE.—A family of nine in Paris occupied a house inhabited ten years previously by two tuberculous patients. A short time after, although the whole family had always been in splendid health, three among them showed symptoms of tuberculosis. They used the same bedroom as the former tenants. Dr. Ducor had pieces of the wall paper examined, and dust from the ceiling and walls was also examined. In both cases the tubercle bacillus was found. The former occupants had been uncleanly in their habits; the sputa dried on the walls, and the bacillus, as M. Vignal has shown, retained its vitality, and was not destroyed by disinfection.—*Med. Review.*

THE USE OF FLAME IN SURGICAL WOUNDS.—M. Felizet brought this subject under the notice of the Société de Chirurgie (*Boston Med. and Surg. Jour.*), alluding more especially to the difficulty experienced oftentimes in thoroughly eradicating tuberculous tissues in operations. The method of applying extreme heat which he adopted was the rapid passing over the tissues of a blow-pipe flame. Micro-organisms are thus destroyed, and healing hastened; the tissues become dehydrated completely but never cauterized, unless the action of the flame upon them be prolonged beyond what is proper. During this proceeding the lips of the wound are to be protected by moistened compresses. There is commonly no reaction, no pain nor loss of blood; union may be expected by first intention; if suppuration occur it should be taken as indicating that the “flaming” has been incompletely carried out.

THE TREATMENT OF SO-CALLED INGROWING TOE NAIL.—After witnessing a number of operations for this frequent and painful affection, and examining the nail, or portions thereof after removal, one cannot but think the term is a misnomer.

On first inspection you see what is apparently a deeply incurved or ingrowing nail, but, if you compare it with its fellow of the opposite toe and take into consideration the hypertrophy of the adjacent soft parts, you will at once see that it is the hypertrophy and not the nail that causes the deformity.

The disease begins at the margin of the nail as an abrasion of the skin caused, perhaps, by pressure from a tight fitting shoe. From this focus of inflammation comes the proliferation of cells and the consequent hypertrophy until the whole side and end of the toe is involved in the inflammatory process and is exceedingly painful and tender.

With a knowledge of the value of continuous pressure in the

relief of inflammation, especially when it is superficial ; witnessing the effect of Martin's bandage on varicose ulcers of the leg, with their consequent induration, first led me to think of the elastic bandage for the removal of the hypertrophied mass overlying the toe nail.

The method I have used for several years is as follows. Dust over the granulations at the bottom of the sulcus with aristol or iodoform and on top of this put a small piece of lint or cotton.

Take a piece of rubber bandage one-half inch wide and twelve to fourteen inches long, and, if it is the inside of the toe that is affected, carry the bandage over the nail toward the inflamed structure. This, as you will observe, will have a tendency to carry the mass away from the nail.* Beginning at the extreme end of the toe, carry the bandage back, with such pressure as the patient can comfortably stand, until the whole area of inflammation is included. Fasten it by means of a light gum band or tapes fastened to the end of the bandage.

The patient is then able to wear his shoe and attend to his ordinary duties.

The bandage can be removed at night and re-applied by the patient himself, if desirable, the first thing in the morning.

At the end of a few days you will notice a marked reduction in the size of the toe, and at the end of a short period be able to demonstrate for yourself whether an "ingrowing toe nail," is in reality, an ingrowing toe nail.—*Dr. Batton in Phila. Polyclinic.*

REVIEWS AND NOTICES OF BOOKS.

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A TREATISE ON THE THEORY AND PRACTICE OF MEDICINE.
By American Teachers. Edited by William Pepper, M.D.,
LL.D. Vol. I. Phila: B. W. Saunders. 1893. 909 pp.

It is proposed to cover, in two substantial volumes, whereof the first is now before us, the field of modern medicine, as viewed from the old-school standpoint. Teachers than whom none stand higher in scientific reputation, speak each on his chosen specialty, the work is keenly up to date; the last word on bacteriology, on preventive medicine, on treatment by inoculation, is here to be found in clear and authoritative statement. The first volume opens with a long and admirable monograph on Hygiene, by Dr. John S. Billings. The subject is treated under many heads; as the Predisposing Causes and the Mental Causes of Disease; Micro-Organisms; Disinfection; Food; Exercise; Clothing and Bedding; Occupation; Habita-

tion; Water Supply; Sewage Disposal; and so on. The paragraphs on exercise are noteworthy for their good sense; advising against the accustoming the body in youth — as is the case with many college athletes, — to an amount of exercise which cannot be kept up in after years, and thus creating a type of heart which must later, at grave risk of disease, readjust itself to more sedentary conditions. Dr. Pepper treats of various sorts of fevers. His recommendations in typhoid fever run rather to adjuvant measures, — cold bathing, and the like, — than to any extensive use of drugs. He especially cautions against overdosing with anti-pyretics. Dr. James Whittaker treats of the eruptive diseases. Dr. Wood and Dr. Osler write of diseases of the nervous system. Dr. Wood's paper on the General Symptomatology of Diseases of the Nervous System, is uncommonly practical and comprehensive. The work up to its present point of completion, recommends itself by its comprehensiveness and bright modernity. It is offered in handsome and substantial shape.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS, with especial reference to the clinical application of drugs; in two volumes. By John V. Shoemaker, A.M., M.D. Second edition. Revised. In two royal octavo volumes. Philadelphia: The F. A. Davis Company, Publishers.

The exhaustion in but two years of the first edition of a work of such bulk and importance as Dr. Shoemaker's two volume treatise on materia medica, speaks much for its worth and its adaptation to the needs of the profession. It is far beyond most works of its kind, adapted to the uses of the entire profession, irrespective of shades of therapeutic opinion, since one entire volume is given up to description of "remedial agents, not properly classified with drugs," such as electricity, masso-therapy, the rest-cure, the various preparations of oxygen and ozone, hydrotherapy, hypnotism, the therapeutic uses of heat and cold, climatology, antiseptis, and so on. It also includes several chapters on pharmacology from the standpoint of the practical needs of the physician. The second volume is devoted to drugs, and includes all latest "discoveries" in this singularly and rather perilously fertile field. Among them Koch's "tuberculinum" and "tuberculocidin," Prof. Klebs' modification of the lymph as originally experimented with. Dr. Shoemaker's views of Koch's discovery are, it may be noted, far from optimistic. His comments throughout are conservative, and founded on accepted experience. A few minor changes and additions mark the second edition. It will doubtless attain all the popularity earned by the preceding one.

THE DISEASES OF THE STOMACH. By Dr. C. A. Ewald. Translated by Morris Manges, A.M., M.D. New York: D. Appleton & Co. 497 pp.

This is one of those fine instances of specialized study and research, the publication of which is a distinction of the medical century. In it the diseases of the stomach are considered from a truly scientific standpoint, which is, after all, that of an exalted common sense. The opening chapters treat of methods of examination; the use of the stomach-tube; the administration of the "test breakfast" and the "test dinner;" the subsequent securing, by the use of the tube and of abdominal pressure, or "expression" by the Ewald method, a sample of the contents of the stomach for exhaustive analysis; exact experiment, thus, it will be seen, taking the place of theories and guess-work. It is significant of the swift advance of medical science along these lines, that since the publication of even this exceedingly modern and up-to-date work, translumination by means of the electric lamp has added a new and possibly valuable aid to our means of diagnosis. Following instructions for examination and diagnosis, we have practical chapters on diseases of the stomach. The sections on neuroses of the stomach are of much originality, suggestiveness and value. The style of the work is clear, graphic and unaffected. It is enriched with many illustrations, most of which are from original drawings, and is fully indexed. It is, as a whole, much to be commended as giving thorough-going, reliable and most useful counsel on all connected with its chosen field.

INTERNATIONAL CLINICS. Edited by John M. Keating, M.D., LL.D., J. Deland, M.D., J. M. Bruce, M.D., F. R. C. P., and D. W. Finlay, M.D., F. R. C. P. Third series. Vol. I. 1893. Phila: J. B. Lippincott Co. 361 pp.

Among the noteworthy contributors to the initial volume of the third series of these standard and popular volumes, are Drs. David W. Finlay, Wm Pepper, Sir Dyce Duckworth, John Ashhurst, Jr. and Paul F. Mundé. The clinical cases brought forward for our instruction, cover, as usual, a wide pathological field. Thus Dr. Moore presents a case of exophthalmic goître, with a serious affection of the eye accompanying the more usual symptoms. He refers to the fact that high altitudes are sometimes accused of causing goître, and sometimes recommended as curing it, as an instance, — though we fear an ironical one, — of *similia similibus curantur*. Dr. Brouardel, of Paris, tells us of the toxic symptoms of carbonic oxide gas. His remarks on the mental symptoms caused by the slow poisoning from stoves throwing off small and unrecognized quantities

of such gas, are most instructive and interesting. He notes amnesia, as among the most universal and persistent of such symptoms. Dr. Mudd, of Washington University, reports the only case yet on record of complete recovery from operation for *ecthinococcus multilocularis* of the brain. The patient was a girl of twelve years old, who had contracted the disease from a pet shepherd-dog. The operation was a delicate and complicated one, including the free opening of the dura mater, and the subsequent reduction of cerebral hernia.

The above are but random hints of the value and the interest of a volume which affords, in such condensed and practical shape, an insight into the experience, opinions and methods of work of so many clinicians of world-wide fame.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1892. Vol. XXVII. Edited by the Secretary, John S. Moffat, M.D. 489 pp.

This bulky and admirably edited volume contains the record of much energetic and fruitful work. Among the more original and significant papers presented at the forty-first meeting of the Society, whose proceedings this volume chronicles, is "Sulphonal, Homœopathically Considered," by Dr. H. Percy Jenks, of Brooklyn, in which the writer details many cases of poisoning from the drug, which would seem to hint its homœopathic usefulness in vertigo, cerebellar disease, ataxia and chorea. Other essays of marked interest are those discussing the management of the perineum in labor, by Drs. Hallock and Winterburn. The former reports remarkable results in the way of the preservation of the perineum from laceration, by the use of liquid vaseline injected warm, around and above the descending head.

Dr. Fiske's presidential address is a radical and interesting plea for State legislation against the marriage of consumptives, alcoholists and those suffering from hopeless inheritances of kindred sorts. As has been said, the volume is admirably edited.

MANUAL OF CHEMISTRY. By W. Simon, Ph.D., M.D. Fourth Edition. Phila: Lea Bros. & Co. 1893. 493 pp.

The edition immediately preceding the present one of this already standard work, has been exhausted in a twelvemonth, which certainly speaks eloquently for its popularity. It has been revised and brought up to date in many minor details. The former divisions of the subject still obtain: The seven sections treating of I. Fundamental Properties of Matter; II. Principles of Chemistry; III. Non-Metals and Their Combinations; IV. Metals and Their Combinations; V. Analytical

Chemistry; VI. Organic Chemistry; and VII. Physiological Chemistry. There are many illustrations, including seven colored plates. The work is both exhaustive and practical, and will doubtless run through many more editions with undiminished popularity.

Among the noteworthy articles in the June issue of the POPULAR SCIENCE MONTHLY are: "The Inadequacy of 'Natural Selection,'" by Herbert Spencer; "The Ceremonial Use of Tobacco," by John Hawkins; "Ethnology of the Yuruks," by A. T. M. d'Andria; "Modern Miracles," by Prof. E. P. Evans; "The Phenomena of Death in Battle," by George L. Kilmer; "The Revival of Witchcraft," I., by Dr. Ernest Hart; and "Why Grow Old?" by Dr. N. E. Yorke-Davies. New York: D. Appleton and Co.

The complete novel in the June number of LIPPINCOTT'S MAGAZINE, is "The Translation of a Savage," by Gilbert Parker, author of "The Chief Factor," "Pierre and his People," etc. The Athletic Series is continued in an illustrated article on "Amateur Rowing," by John F. Huneker. In the Journalist Series, Theodore Stanton descants on "The Foreign Correspondent." Phila: J. B. Lippincott Co.

MISCELLANY.

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HE: How the trees are moaning and sighing to-day.

SHE: So would you if you were as full of green apples as they are.—*Life*.

Life is real, life is earnest,
But it might be more sublime
If a man were not kept busy
Dodging microbes all the time.

—*Om. Clin.*

No person affected with syphillis should be permitted to play football, as cases are reported in England that were infected during a game.

OBLIGING FELIX. — "Donn' yo' know, Miss Caprin, dat yo' will ruin yo' teeth eatin' dat candy?"

Miss Caprin. — "Is dot so? Den I will take 'em out." — *Judge*.

ONE ON THE DOCTOR. — Doctor (handing receipted bill) — "Now you will be a perfectly well man if you can be persuaded to diet yourself for a couple of weeks."

Patient (as he pays over his last dollar) — "Persuaded to diet myself! Lord, doctor, I'll have to!"

M. NAPIAS, says an exchange, has pointed out that the attitude of the body during work has a great influence on health. The sitting position congests the digestive organs; the bent position (like that of boot-makers) leads to cardiac affections. The standing position (imposed on shop girls and women) is productive of much suffering and disease, and should be forbidden those who serve in them. What shall we do? If we must not work sitting or standing, and it is of no use to try to work lying down, there seems to be nothing for it but to knock off work altogether. Those who can afford it will doubtless take this course. — *Sanitary Era*.

A SPECIFIC FOR RHUS AND IVY POISONING. — A. H., aged 60, came to my office with an inflammation of the skin of the hands and fore-arms, extending to the middle of the arm. Beginning with lotions of lead-water, I tried the most effective remedies for rhus poisoning, which careful inquiry into the patient's habits proved this to be, and was much chagrined to find that nothing gave relief to the itching and burning, or held in check the inflammation. As a *dernier resort*, a strong decoction of chestnut leaves (*Castanea Fagus*) was used, bathing the inflamed parts every three or four hours. In twenty-four hours all the distressing symptoms had subsided, and the patient was discharged cured. Since using the above, which was in August, 1888, I have prescribed the castanea treatment for all cases of rhus and ivy poisoning, and in all stages of the inflammation, with the single result in every case of perfect relief from all symptoms in from twenty-four to seventy-two hours, I do not find this treatment in books on diseases of the skin which I have read, and therefore offer it to the profession. — *Dr. S. B. Stanley, in Times-Register.*

EATING FRUIT AND GOUT. — In a recent number of his *Archives of Surgery* Mr. Jonathan Hutchinson says that he has for many years been in the habit of forbidding fruit to all patients who suffer from the tendency to gout. In every instance in which a total abstainer of long standing has come under his observation for any affection related to gout, he has found on inquiry, that the sufferer was a liberal fruit-eater. Fruits are, by no means, all equal deleterious; cooked fruits, especially, if eaten hot with added sugar, are the most injurious, the addition of cane to grape sugar adds much to the risk of disagreement. Fruit eaten raw and without the addition of sugar would appear to be comparatively safe. Natural instinct and dietetic tastes have already led the way in this direction; few wine-drinkers take fruit or sweets to any extent, and Mr. Hutchinson suggests as a dietetic law that alcohol and fruit-sugar should never be taken together, and he believes that the children of those, who, in former generations have established a gouty constitution, may, although themselves water-drinkers, excite active gout by the use of fruit and sugar. — *Brit. Med. Journal.*

PERSONAL AND NEWS ITEMS.

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DR. T. GRISWOLD COMSTOCK has removed to his new residence, 3401 Washington Avenue, St. Louis.

DR. J. C. BUDLONG has removed from 142 High Street to 604 Westminster Street, Providence, R. I.

DR. FLORENCE N. ROBINSON, class of '89 B.U.S. of M., has moved from Manchester, N. H., to Lawrence, Mass.

DR. EDWARD B. RICHARDSON, class of '91 B.U.S. of M., has moved from Dennis, Mass., to Everett, Mass.

DR. A. B. NORTON and DR. GEO. A. SHEPARD have removed to No. 16 West Forty-fifth Street, New York City.

AT a recent commencement of the Chicago Homœopathic Medical College, the honorary degree of Doctor of Medicine was conferred upon Dr. T. Griswold Comstock, of St. Louis.

THE meeting of the Alabama and Tennessee State Homœopathic Medical Societies, which were to be held jointly at Huntsville, Ala., on May 16, has been postponed without date.

SARAH M. HOBSON, M.D., B.U.S.M., 1890, has been appointed assistant physician at the Family Dormitory, 75th Street, which with Hotel Endeavor will accommodate three thousand daily during the Chicago Fair.

WANTED. — An energetic, homœopathic physician to take a \$3,000 country practice in Vermont. Can transfer a good business at once. Address "Practice," care OTIS CLAPP & SON, Boston, Mass.

DR. WESLEY A. DUNN, of Chicago, has associated with himself, Dr. Robert C. Block. Their address is New Marshall Field Building, corner Wabash Ave. and Washington Street, suite 927 and 929.

HOMŒOPATHIC PHYSICIAN WANTED. — The office and list of a deceased physician will be rented, with additional room or rooms if desired. A practitioner of experience preferred. Call or address

MRS. L. M. WILLIS, 347 Main Street, Charlestown, Mass.

THE annual report of the surgical operations performed by Dr. Horace Packard, in the year 1892, is just at hand. Two hundred and forty-eight cases are included in the report, with but thirteen deaths. The method of anesthetization by etherated air is dwelt upon, and its excellent results chronicled. Brief and interesting notes on special operations, — such as skin grafting, restoration of sunken noses, symphysiotomy and the like, add value to the pamphlet.

EMMA C. GEISSE, M.D., B.U.S.M., 1885, has been appointed Homœopathic Resident Physician of the Illinois Woman's Emergency Hospital and Training School Exhibit at the Columbian Exposition. This hospital is under the charge of a staff of the ablest women in the country, and they will aim to make it a most complete model hospital, and will be of importance to all interested in hospital construction and management. To our physicians a most cordial reception may be assured from Dr. Geisse.

DR. MARTHA A. SHELDON writes to a friend, from Pithoragarh, E. Keemann, India, as follows: "This year I was transferred from Muttra to Pithoragarh among the Himalaya mountains. It was thought best, partly for a change of air, still there are magnificent opportunities for work here, and I am not unhappy. I am nine days' march from the plains. I am living a good deal of an out-door life, going into villages to teach, preach and practice. Have a tough little pony from the land of Bhot near Thibet. I have been ten mountain miles to-day. Shall have a dispensary and hospital here soon. With best regards.

MARTHA A. SHELDON.

THE twenty-third annual report of the Massachusetts Homœopathic Hospital contains much that is highly interesting and encouraging. For the year ending in December last, the death rate was but four and a half per cent., though the number of patients treated—789—is the largest in the history of the institution. The immensely increased facilities for service, secured by the addition to the Hospital which was opened during the year, receives congratulatory mention. The proportion of surgical to medical cases treated, was 574 to 215. The financial condition of the hospital is on the whole satisfactory; though its needs are still so far in excess of its resources that donations, bequests and annual contributions will be most gratefully welcome.

"CLINICAL REPORT IN DEPARTMENTS OF SURGERY, ABDOMINAL AND CRANIAL."

Excerpt from paper read before the Iowa State Medical Society, Des Moines Ia, May 19th, 1892, by T. J. Maxwell, M.D., Professor of Surgery, Keokuk Medical College, Keokuk, Ia.

After giving the preparatory work essential in abdominal surgery, Professor Maxwell follows with rules for after-treatment.

"The patient should be turned from back to side as often as comfort requires. If vomiting is troublesome, sips of hot water are given or teaspoonful doses of Tarrant's Hoff's Malt, which I have found more effective in allaying nausea than any other medicine."

LAPAROTOMY.

"CASE 4. Appetite variable. Some nausea during the thirty hours subsequent to operation. Retching and vomiting was controlled by small doses of Tarrant's Hoff's Malt. The incision of abdomen healed by first intention, etc."

"CASE 5. Mrs. R. Ovarian Cyst. There was no vomiting following the operation; first twenty-four hours nothing in the way of drink or food was given except hot water and Tarrant's Hoff's Malt."

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EDITORIAL.

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NOTES ON THE WORLD'S HOMŒOPATHIC CONGRESS.

The World's Homœopathic Congress of 1893 has written itself down a success. The place selected for its convening was, thanks to the great Exposition, the most attractive that could have been chosen in the United States. The attendance at the Congress was large and representative, the enthusiasm was hearty and sustained, the papers presented were thoughtful and suggestive. It speaks much for the devotion to our cause, on the part of the physicians present, that though many of them, pursued by their professional work, had but an exceedingly limited time to be spent at Chicago, the superb attractions of the Exposition lured them but seldom from the scientific session of the Congress.

The conditions of material comfort attendant on the Congress were admirable. Airy and spacious rooms were provided for all meetings, general and sectional; and individual members, despite the enormous drain made on the resources of the hospitable city by the torrent of guests daily flooding in to demand food and lodgment found, without difficulty, comfortable quarters and excellent services of all necessary sort, at by no means exorbitant rates. Which fact certainly redounds greatly to the credit of the local committee of arrangements.

Far-away lands were well represented at the Congress by reports and papers read by proxy, though the foreign personal

representation was somewhat smaller than had been hoped for. Many distinguished homœopathists from other countries were, however, present; prominent among others, Dr. Chas. S. Fischer, of Sydney, Australia; Dr. C. Bojanus, of Samaria, Russia; Dr. P. C. Majumdar, of Calcutta, India; Dr. A. E. Hawkes, President of the British Homœopathic Congress, of Liverpool, England; and Dr. E. Vernon, President of the Canadian Institute of Homœopathy, of Hamilton, Ont.

The venerable Dr. Bojanus was a distinguished and welcome figure at every session of the Congress. Following the addresses and debates, as swiftly interpreted to him by his accomplished wife and constant companion, Madame Bojanus, with the liveliest interest and contagious enthusiasm. Many of the foreign delegates made brief and pleasant addresses of greeting and congratulation at the opening session of the American Institute, conveying to our representative national body, the good wishes of their own.

The morning sessions of the Congress were given up to general addresses, the afternoon sessions to sectional meetings, with papers on special branches of medicine and surgery. Among the more noteworthy of the general addresses delivered, were those on "Surgery in the Homœopathic School," by Dr. William Tod Helmuth; "The Farther Improvement of Our Materia Medica," by Dr. Richard Hughes; "Homœopathy in the Medical Colleges and Hospitals of the United States," by Dr. I. T. Talbot; "Historic Development of Homœopathy in Germany," by Dr. A. Von Villers; "Homœopathy and Prophylaxis," by Dr. P. Jousset; and "The Value of Effort To Enlighten the Public on Homœopathy," by Dr. Alfred C. Pope. Dr. J. P. Dake delivered an address on "The Future of Homœopathy," many of whose statements were characterized by refreshing width of horizon, candor, daring and sound sense; take, for example, the following:

"Unquestionably the future has in store more exact methods of observation and clearer lines of reasoning, which must lead to a more definite understanding of the cases of disease amenable to the homœopathic remedy.

1. Taking this view my first proposition is that the true field

or sphere of the homœopathic law will be more clearly defined.

The first and one of the most important questions presented to the physician, in assuming the care of a patient, is as to the particular department of the healing art from which help must come. Is it a case for surgery, for chemical antidotes, for anti-parasitics, for change of residence or occupation or diet — or one admitting of palliatives only — or is it one requiring the homœopathic remedy ?

It is possible for a case to require help from two or more of these departments at one and the same time. In that case the agencies employed must be such as may co-operate with and not antagonize each other. But, in determining the question whether a homœopathic remedy is required, the physician must very definitely and clearly understand what affections come under the homœopathic law or within its domain. It is a childish view to suppose that the physician calling himself a homœopathist is, in all cases, bound only to search his own materia medica for the needed remedy, and it is criminal for him to shut his eyes to other means, where the homœopathic remedy is not required and can do no good. Diseases, according to the help required, very readily fall into classes ; and the homœopathic class is made up of all such as are similar to those producible by pathogenic means, existing in organisms having the integrity of tissue and re-active power necessary to recovery, the essential cause having been removed or having ceased to be operative in the case.

For this class the homœopathic law is supreme and universal, while for all others it has no application and no meaning."

Dr. Talbot's address was marked with the breezy directness, the fearless loyalty to the ideal, and the sturdy belief that "where there's a will, there's a way," which in the past have so often made his words a beacon-light, guiding to high achievements. His suggestion of a five years' medical course, though radical at first hearing, time may prove less impracticable than it appears.

The sectional meetings were very fully attended, and a rich harvest of practical suggestion was reaped from the papers and

discussions. Among so many brilliant contributions, selection, even by title, seems invidious ; but how rich and varied was the feast spread may be gathered from these few instances of speakers and subjects treated: "Surgical Treatment of Pedicles," by William Tod Helmuth, M.D. ; "Aural Therapeutics," by Henry C. Houghton, M.D. ; "Progress of Obstetrics," by Sheldon Leavitt, M.D. ; "Neurasthenia, with Therapeutic Indications," by Conrad Wesselhoeft, M.D. ; "Functional Diseases of the Liver," by F. H. Orme, M.D. ; "Pre-Natal Medication," by Millie J. Chapman, M.D.

The American Institute of Homœopathy held brief daily sessions, for business purposes only. Among the business disposed of, was the selection by a very large majority of votes of Denver, Colorado, as the next place of meeting ; the adoption of the new by-laws, which embody, in permanent form, much of the legislation, in the form of "resolutions," which has been done by the Institute in recent years ; and the very sane and sensible referring to the Board of Seniors, for their consideration and counsel, the question of the difficulties at Ann Arbor between the dean of the homœopathic branch of the college on the one hand, and his faculty and the local and state homœopathic medical societies on the other. It is precisely in such matters as these that the counsels of the Seniors have golden worth. Their deliberations weighty, mature, dispassionate, cannot but result in suggestions fraught with good.

There were several purely social functions connected with the Congress, which proved exceedingly entertaining ; a sail on the lake ; a visit to the famous Armour stockyards ; a reception, matronized by Dr. Julia Holmes Smith, Mrs. Potter Palmer, and a committee of well-known ladies, who welcomed the many guests, with tact and cordiality. An interesting and significant feature of the social side of the great assembling at Chicago, was the formation of a "Woman's Social Union," concerning which *The Medical Century* says :

"An association has been formed consisting of wives, daughters and ladies in the immediate families of the members of the American Institute of Homœopathy. The organization takes

the name of The Woman's Social Union. Its object is to promote sociability and provide entertainment for the ladies accompanying the members of the Institute. The officers elected are: President, Mrs. Emily Talbot, Boston, Mass; 1st Vice-President, Mrs. Wm. Todd Helmuth, New York, N. Y.; 2nd Vice-President, Mrs. T. Y. Kinne, Paterson, N. J.; 3rd Vice-President, Mrs. F. H. Orme, Atlanta, Ga.; 4th Vice-President, Mrs. S. H. Talcott, Middletown, N. Y.; Recording Secretary, Miss Emily F. Paine, 105 State Street, Albany, N. Y.; Corresponding Secretary, Mrs. C. S. Hoag, Bridgeport, Conn.; Treasurer, Mrs. C. E. Fisher, 227 47th Street, Chicago; Chairman of Executive Committee, Mrs. C. S. Hoag; Chairman of Reception Committee, Mrs. C. G. Higbee, St. Paul, Minn. Ladies become members of the Union by registering their names and addresses in full, and paying the annual assessment of one dollar. Application for membership should be made to either of the Secretaries or to the Treasurer."

The Union inaugurated its gracious service to the cause of mutual enjoyment and sociability, by giving a delightful afternoon tea, whose graceful hospitalities were widely enjoyed and appreciated.

An association which promises to do work of great practical value, was formed by the women of the Institute, for the purpose of proving drugs on their own sex. Dr. Martha A. Canfield was elected President. Drs. Elizabeth McCracken, Chicago, Millie J. Chapman, Pittsburgh, J. K. Culver, Boston, M. A. McMaster, Utica, N. Y., Sarah J. Millsop, Bowling Green, Ky., were elected Vice-Presidents. Dr. Sophia Penfield, Danbury, Conn., was chosen Secretary. The association is to be called the International Provers' Union.

A bit of journalistic enterprise on which homœopathy has reason to congratulate itself, was the issue, during the Congress, of a daily edition of *The Medical Century*, containing a schedule of all the work done at all the sessions, with many of the more important addresses in full; together with many brief notes, social items, etc., of piquant interest. The issues, taken together, form an invaluable souvenir of a memorable occasion.

COMMUNICATIONS.

:O:

SOME OBSERVATIONS ON NEURASTHENIA: AND ITS TREATMENT.

BY C. WESSELHOEFT, BOSTON, MASS.

[Read before the World's Congress of Homœopathic Physicians and Surgeons.]

When, thirty-five years ago, the writer first made the acquaintance of what is now called neurasthenia, it was known as spinal irritation, and the best of modern researches have been unable to give a better definition beyond a functional disturbance of the spinal and cerebral nerves, dependent on a morbid process for which "irritation" is as proper a term as any. As deaths do not occur, autopsies throw no light on the subject. Briefly stated, neurasthenia, when observed from the beginning through its chronic course, has a period of prodromal symptoms, followed by a protracted acute, and succeeded by a still more protracted chronic stage, between the end of which and the beginning of convalescence, there is a very vague, often indiscernable boundary-line.

The prodromal symptoms are quite indefinite and very variable, pointing to nothing in particular. Loss of appetite, irregular sleep, excitability, alternating with lassitude, etc., are often overlooked, especially when the second stage, the display of unusual mental and physical energy, without subsequent fatigue, becomes apparent. This is often mistaken for a sign of unusually good health. When a young girl or mature woman, married or unmarried, finds that she can study ten hours a day, and devote half of the night to pleasure or business, when, besides much mental occupation, she begins to rejoice in long walks without fatigue; that is the time when the mischief is going on without exciting timely suspicion. Relief is at last sought when the functional disorder of the nerves has gone to the opposite extreme, and becomes manifest in what is properly and popularly termed, "nervous prostration," when, instead of having no sense of fatigue, the least bodily or mental effort seems intolerable, in grave cases rendering the patient a helpless being, completely dependent on the unremitting assistance of others whom she (it is usually a woman) rules with the inexorable power of the *vis inertiae*.

During this usually very protracted period of the disease, convalescence usually sets in, but so imperceptibly that the physician alone can sometimes estimate its progress, which is unnoticeable to others toward whom the patient acts as she has for months or years. This is the time for action, too often

delayed from motives of misplaced sympathy on the part of relatives and friends.

The affection is in many instances limited to the spine, the mind becoming only secondarily tired. In other cases it is spinal and cerebral, in others again, chiefly cerebral. The line between this and insanity is always clearly definable. Though a neurasthenic patient may become insane, and probably the reverse, yet both are distinct conditions.

Books speak of this disease as common to men and women, yet in this region, in small towns as well as in large cities, the cases of neurasthenia in women are preponderatingly great.

Hypochondria and hysteria stand in peculiar relation to neurasthenia. They may be regarded as different species of the same genus, that is, more or less deeply seated functional disturbances of the cerebro-spinal system in which the sympathetic system is probably indirectly involved, as many functional disturbances presided over by the great sympathetic system, often testify. Hypochondriasis, pure and simple, as occurring in men, is easily distinguishable by its striking characteristic of introspection and despondency, occasioned by abnormal sensations, without marked physical weakness and tiredness. Pure hypochondriacs are often energetic and conscientious workers.

In hysteria there is neither great tiredness nor tendency to introspection, but a paroxysmal or prolonged absence of the power of self control, in grave cases associated with tonic or clonic muscular spasms and loss of consciousness. While neurasthenia in its uncomplicated forms is free from these symptoms, it is often complicated, as ample experience teaches, with both of the preceding forms to such an extent that it is often very difficult to tell which is primary, and which secondary. The symptoms known as introspective hysterical aberrations of the emotions, and neurasthenic sense of exhaustion, are their distinctive manifestations, and constitute most important indications in the selection of remedial and dietetic measures.

The following are some observations of peculiarities observed in a large number of cases :

Introspection.— The neurasthenic patient invariably expresses her desire for relief, not so much in a direct appeal, as in a supplicating, subdued tone of voice and manner. She rarely asks, "what can you do to relieve me?" but almost invariably, "what is the cause of this or that sensation?" If she is introspective, that is hypochondriacal, she has become a noso-maniac, watching acutely every one of her numerous distressing sensations on the unremitting analysis of which her mind dwells. In marked cases she is quite unable to think of any-

thing outside of herself, and in many cases dislikes to do so, preferring to rivet her attention on herself. Attempts to divert her, annoy or anger her. Friends and relatives implore the physician to divert the patient, but all their attempts are in vain, because quite misdirected.

Positive and Negative Will.—It seems sometimes as if the patient delighted in her self-inspection, and that she preferred her condition to speedy recovery. This is not the case, for the patient will always assure the physician of her wish to get well during the acute stage—a long, yet definable period—though this wish and longing cannot well be utilized, for the long and ill-defined period of convalescence must first be awaited. Here we shall always discover that the *wish* and the *will* of the patient are two very different mental conditions. The desire or wish for recovery is entirely unattended by any will effort to accomplish the desired end. The injunctions and directions of the physician are resisted by the same unconquerable power of negative force, or *vis inertie*. The patient, having been unable to exert the will, now thinks herself unable to use it.

Numerous Symptoms of Patients.—To physicians in search of indications for medicines, each statement of the patient concerning a sensation is apt to be considered as a symptom. Many years ago when resolved to get at the key-note of a patient's case, the writer determined to allow the patient to detail all her symptoms as long as she chose, and to take accurate notes of each one till the right one should be disclosed; and this was to be done regardless of time and exertion.

The patient—one who needed no urging to describe her "symptoms"—began in an almost inaudible voice, detailing one sensation after another with an unrivalled degree of clearness and vividness of expression; as she proceeded the voice became stronger, her face slightly flushed, and the most perfect descriptive language flowed in an endless stream. Each word was written down, page after page was filled, still she went on with unmistakable signs of satisfaction at being able to pour her pent-up emotions into willing and sympathetic ears. If for a moment the flow of language was interrupted, a simple question would reanimate it to proceed with renewed energy. Feelings seemed to beget feelings; their complexity gave the patient no trouble, her intellect was equal to the occasion of unravelling the most complicated sensations, separating them into their component parts, and spreading them out before the mind of the listener. A glance at the watch showed that nearly two hours had passed during which the feeblest of neurasthenic patients had talked incessantly. The note-book was full, the keynote was this: "Neurasthenic patients have innumerable

sensations, and exhibit no signs of fatigue after talking incessantly for nearly two hours."

Great Endurance of Neurasthenics.—The instance just related, which is one of many, illustrates two things. One is that it is not the kind of sensation described, but the fact that neurasthenics have innumerable sensations that constitute the symptom. The other thing is that many neurasthenics are capable of great exertion without suffering disagreeable after-effects from fatigue. This is illustrated by other cases of which I have notes. A highly neurasthenic young lady consented to camp out for her health near a lake. She was induced to join a party for a short walk along the lake. By trying what they thought a shorter road the party lost their way, and took a very long walk of about four hours through bogs and over fences. The neurasthenic was less fatigued than some of the others. The interesting observation was subsequently made that the patient had become interested in a young man of the party. She recovered her health within a year from that time. Other cases of this kind will appear under the head of therapeutic suggestions.

Neurasthenic Patients Crave Sympathy.—This is one of the most formidable obstacles to the curative management of such cases, for the kind of sympathy such patients crave is the expression of condolence, and more or less deep affliction at so much suffering as the patient expresses. Such sympathy is most natural and does honor to the feelings of parents, sisters, brothers and husbands, but it is unfortunate that the deeper their expression of affliction, so much the more profound will be the mental dejection and weakness of the patient. Almost every case which has come under the writer's observation has been much hampered, if not made hopeless, by this condition of things, against which no remedy suggests itself that would not be construed as "unkind."

The origin of this very formidable and refractory nervous disease, like that of most diseases usually termed chronic, is either hereditary or acquired as the histories of many observed cases plainly testify. Either the father was a hypochondriac or the mother neurasthenic, or both parents were of unsound nervous constitution.

Dipsomania on the part of parents produces neurasthenia in the children, as readily as it will be followed by any other form of nervous disease, according to the individual predisposition of the offspring. The excessive use of tea and coffee is another very active factor in the history of neurasthenics. Where fathers incline to alcohol, mothers are addicted to tea or coffee which, while its immediate effects do not obtrude them-

selves upon our notice, are none the less insidious in their more remote consequences.

The acquired forms of neurasthenia are of utmost interest to the therapist, and the sources of acquisition are readily stated. They are much brain work with insufficient food and sleep. Such conditions obtain chiefly in women (only less frequently in men) of fine intellectual ability, conscientiousness and ambition. Physical overwork with unintellectual women has no such effect. Quite analogous to the above are the conditions of care and sorrow, especially in women who are able to conceal and control their emotions. The usual consequence of such states of mind is disregard of food and insufficient sleep. Instances of acquired neurasthenia are presented in families of several girls and boys, where one or more of the former are neurasthenic, while the latter are vigorous and athletic. Boys delighting in vigorous exercise do not as in the case with girls, lose appetite and sleep.

The effects of nervous exhaustion in boys are usually much less grave than in girls; as a rule, such effects are manifested in mental, not in muscular tiredness, and they are relieved by air and exercise, while in girls and women those influences are shunned because they seem to increase the tiredness.

Predisposition. — The temperament, or what in modern phraseology is called the personal equation, plays a visible but uncontrollable part in the progress of neurasthenia, as temperament greatly determines the other imperfectly known condition known as predisposition. Where the disease is hereditary, it is easy to say that the predisposition is due to that source; where there is no history of heredity and where neurasthenia exists in the last member of a generation it may be attributed to an acquired predisposition, which needed only the exciting cause to establish the disease in its most typical form.

One of the most common forms of neurasthenia, often quite intractable, results from a serious defect in our public school system, and which affects chiefly girls from twelve to fourteen years of age. The following is a brief example. The child rises late with no appetite for breakfast, and no time to eat it if so inclined. The lessons, however, have been learned the evening before, and the school work is begun with an ambitious will and a crammed mind, and continues with an intermission of often not more than ten minutes for two or four hours. The pupil arrives at home ravenously hungry, eats too fast and too much of injudiciously prepared food, too long in digesting to leave room for an appetite for even a light evening meal, or even for a breakfast the next morning.

In another case the girl or boy grows desperately hungry

while at school ; but being unprovided with food (lunch) goes on with the school exercises, at the end of which the sense of hunger has vanished and has become replaced by an aversion to normal food, with a possible craving for something pungent and indigestible. This observation can easily be made in many instances, and will in as many cases, be seen to lead to nervous prostration which is then treated by vile patented concoctions consisting largely of whiskey under the name of "tonics," while the patient needs only the best that a legitimate market affords, prepared in a sensible manner.

Typical Cases Ending in Rapid Recovery. — Curative results have already been indicated in what has been said above, and further indications for treatment may be gathered from a few cases of extremely rapid recovery of apparently incurable cases, to which brief allusion will here be made. A woman of forty had been a victim of grave neurasthenia for five years ; in the absence of an inclination to exert herself, she had during that period been mostly confined to her bed or lounge, in the meantime giving birth to two children, going through gestation and confinement normally, without recovering from neurasthenic prostration which, in the course of some years more, rendered her entirely helpless. Her condition was associated with a feeling of "dropping to pieces" unless supported and braced by a harness of wood, iron and leather, in which she "sat up" for several hours each day, spending the rest of the time in bed. Having left the patient in this condition, it was reported before the writer's next professional visit that Mrs. — had been cured and that she was able to go out like other people. A visit to the house confirmed the report. The patient came to the door herself and in a quiet manner entirely without the least expression of joy or wonder at her release, stated that having heard of a famous "magnetic physician" she summoned him, was ordered by him to arise and stand ; protesting that it were impossible, she was raised to her feet and again ordered to stand, then to walk. Fearing that she would fall, she begged the magnetic doctor to support her, which he peremptorily refused, saying she might fall if she liked. Instead of falling, she had to walk about the room ; was then placed upon a lounge, subjected to a severe treatment of rolling and pummelling, and then ordered to dress and sit up till tired, to remain up and about like other people, and to call on the doctor in future as he would not come so far to the patient again. This happened about twenty-five years ago, and the patient has been in very fair health since ; not, however, without occasional relapses which were finally arrested by insisting that all professional visits by the writer or any other physician to whose sympathy

the patient could appeal, must cease. This injunction was carried out conscientiously with the best results by the husband of the patient. Perhaps we may learn from this that sometimes, at least, the familiar motto is reversed, and angels rush in where fools fear to tread.

Profiting by this experience, another neurasthenic woman, unmarried, but of most intractable, antagonistic temperament, confined to her bed, in and out of hospitals for years, wearing out the strength and means of her relatives and the patience of many physicians, was at length abandoned by them.

It was a case of spinal and cerebral neurasthenia complicated with hypochondriasis in its most trying form of introspective maunderings and endless description of symptoms. She tormented her advisers by her endless tirades, the indulgence of which invariably aggravated her condition, and were, therefore, avoided, till once her physician yielded to the patient's importunities, when finding her in her usual abject state of protraction, guided by experience derived from cases like the one first described, he assisted the patient to her feet and marched her, will you nil you, up and down the room till he, at least, was thoroughly tired, and then departed with the promise never to do so again. The patient on her part made a number of her unamiable promises but kept on her feet, and left the doctors alone. Though not cured of deeply-rooted, morbid mental faults, the neurasthenic phase of her condition had yielded to the change in the antagonistic element of her character from passive to very practical activity.

A third very serious case of this kind occurred in the person of a girl of fifteen, of selfish character, who gradually became bedridden with spinal and cerebral neurasthenia, and tormented with the usual multifarious, painful sensations, none of which, on the most painstaking physical examination, resulted from demonstrable organic disease of genital or abdominal organs. The patient was most tenderly cared for by her mother, who in the course of years became so imbued with the idea of yielding to every wish and whim of her patient that at length remonstrance became useless. The mother, though recognizing the importance of persuading or urging her daughter to depend more on herself, admitted that she had yielded so long that now she must continue to feed, dress, and assist her charge in the most trivial things. Her food had to be placed into her mouth, the position of a hand or foot changed by some one else, although the patient did so spontaneously when she chose. This went on for fifteen years, when the mother growing old and feeble, died. Her maternal support being gone, the patient at once proved her ability to walk, to dress, to feed herself and to

seek light employment. Though far from well, she is equally far from being a helpless, bedridden invalid.

A fourth case, still very vividly impressed on the writer's mind, was one of a healthy, romping girl of fourteen, who, as happens in this remarkably capricious disease, in the midst of perfect health, one day took to her bed and remained there with all the symptoms of neurasthenia, involving first the spinal, and finally the cerebral nerves. This patient was very amiable, conscientious and sensible, never loquacious, and not troubled with hypochondrical thoughts or sensations. Tiredness was the only expression she used in describing her feelings. There was literally no variation from this condition which confined her to her bed for years, till she grew from a girl to a woman; eating and sleeping well, and improving perceptibly in personal appearance and character, yet she lay on her couch tired and watched over with unremitting care by a most anxious mother, showing her solicitude and sympathy in every feature. Once in the second year of the disease a favorable interruption occurred. The mother, still a young woman, gave birth to another child. During her confinement the neurasthenic patient was in charge of the mother's nurse, assisted by other servants. The nurse while devoted to the daughter, agreed with the writer that excess of sympathy was injurious, and used her best and judicious endeavor gradually to persuade the patient to make some physical effort at walking and standing. In this she was so successful that in two weeks she accompanied the girl on half-mile walks up and down hill, finally without assistance; thus recovery seemed assured, and everything was favorably progressing towards it, when the mother, having fully recovered, again took charge of her daughter, with the result that she at once took to her lounge, and remained there two years longer. About that time other advice was urged and gladly acceded to, with the result that the case was diagnosed by an eminent surgeon as spinal paralysis in consequence of concussion, though it could never be shown when and where it occurred. Salves, plasters, bandages, nervines, and electricity did no good, but effectually destroyed appetite and digestion which hitherto had been good. So this adviser resigned in favor of a third, who being a younger and less prejudiced man, agreed perfectly with the writer's original opinion; he advised return to moderate exercise, avoidance of drugs, and less display of sympathy. This, though formerly rejected as "unkind," was now acceded to as coming from a nerve specialist fresh from Europe, at that time very rare. Still attending the other members of the family, the writer had ample opportunity of observing the course of the case. Improvement was very slow and uncertain till

financial misfortune overtook the family. Almost with a bound our patient left her couch, and organizing a kindergarten, strove energetically in supporting herself and assisting her mother. The change came about in less than three weeks, and resulted in perfect recovery.

At this point another very instructive case of very speedy recovery after six or seven years of neurasthenic prostration, deserves to be mentioned. A woman of thirty-five had been in bed and on the lounge most of the time for nearly seven years, at the end of which time she became my patient, her regular medical attendant having gone to Europe. She was of very amiable disposition and as sensitive as she was weak. Her symptoms, like the other cases, were instantaneous exhaustion on the least physical exertion. She could give herself up to no mental occupation beyond directing her household affairs, the education of her son and the rehearsal of her numerous sensations. She had not been my patient long when her husband failed in business so that the family was reduced from very comfortable circumstances to a condition which made it necessary for the patient to make her own living and that of the family. This she almost at once proceeded to do by setting aside all other considerations, and establishing a boarding house where she did most of the work herself. This she has done now for ten or twelve years without a serious relapse. The time involved in the period of convalescence was scarcely more than three weeks, although her work may be said to have began at the moment her resolution was taken.

Prognostics. — From these and other cases in and outside of the writer's practice, it is safe to say that the majority of cases of neurasthenia recover, though years may elapse before this period. We learn furthermore that recoveries, especially of very inveterate cases, depend on conditions beyond the control of the physician, as was the case in the above recorded instances where circumstances forced the patient to cease to wish for recovery, and to make an effort of the will; this having been once accomplished, self-confidence, for a long time in abeyance, was permanently restored.

Curability further depends very much on the temperament of the patient, whether amiable, tractable, and confiding in the honest endeavors of the physician, or whether refractory, suspicious, untruthful, selfish and antagonistic, of a disposition impossible to win over on account of unnatural distrust of every well meaning person. The degree of intelligence of patients also has a pronounced influence on the result. The most readily curable cases are those acquired without hereditary predisposition, where the cause is found in the absence of food and sleep;

also, where sorrow and anxiety can be averted or counteracted by judicious conduct of near relatives and friends.

Dietetic treatment or medicinal treatment must be governed by the stage at which the case comes into the physicians hands, whether yet in its prodromal, its acute or its chronic phase.

The prodromal stage of the disease has no very decided pathognomonic signs. The most that can be recognized in this stage is that the patient's habits or duties are of a kind which will eventually lead to obdurate neurasthenia, if not arrested in time by removing the exciting causes. Too much pleasure as well as too much care, especially in girls and women, tends to neglect of food and rest, in the absence of which, excitement, whether of pleasure or care, begets a state of unrest in which repose is disagreeable. With such a condition comes a list of incipient casual complaints of headache, imperfect sleep, notional ways of eating, working or playing.

A few questions will determine whether the patient is living according to normal or abnormal habits with regard to appetite, sleep and occupation. Where these are found their alteration to normal ways must be insisted on. It is unnecessary to say that this is easier said than done; for it will probably meet with serious objections on the part of the patient, if not on that of her relations, for most likely she has examinations for college to prepare, involving several months of close and careful study at night, and the patient cannot waste time in sleeping and eating while cramming that little excited and ambitious brain; a failure in the examinations would be as much of a disappointment to parents as to patient, who proves, as usual, that this appellation is a misnomer. She accordingly goes on as she pleases, impelled by an increasing morbidly ambitious impulse, and the result is likely to be the mournful satisfaction on the part of the physician of being obliged to say, "I told you before what would happen;" of course all regret the now evident nerve prostration; while, if the doctor had succeeded in enforcing his rules, he would in many cases experience the still more painful reproach of having been too severe. Nevertheless, absolute firmness and a kindly but unflinching exertion of his will without the least compromise, reward the physician with the best results in such cases.

When the case after the stage of excitement and untiring restlessness (at which it would still be speedily curable by simple dietetic rules), has, after weeks or months, entered upon the phase of painful prostration, in which are encountered backache, oppressive headache and absolute loss of mental or bodily endurance, generally some local pain, measures of dietetic management are much less effective, and much more difficult to find.

It is at this stage that slight rise of temperature will occur, especially toward evening ; then the backache and headache disappear, the pallor is replaced by a flush of color, the eyes lose their listless look, and the patient is inclined to enter upon some diversion or excitement, followed by a restless night, and a morning of exhaustion and renewal of all painful sensations. Most of such patients feel much better in the evening when they are ready for some entertainment, while in a normal state this would be the time of relaxation and repose.

The treatment of this stage is methodical rest. In severe cases the patient will do well to remain in bed for several days or even for weeks. It is well to shorten this period as much as possible, and to insist on walking about, or at least sitting for a specified time every day. This may be varied by equally specified periods of rest in the recumbent position.

Irregularities of eating are at this and at all times to be superseded by the most rigid regularity of meals. The traditional and conventional three-meal system, however well adapted to the needs of a vigorous man or woman, does not agree with the neurasthenic patient. It is much better that these should eat oftener ; four times a day is best in most cases, for the simple reason that in this way a patient while eating less at a time, consumes more food in the aggregate.

As neurasthenic patients are rarely troubled with absolute aversion to wholesome food, they are generally able to consume a liberal quantity, about which it is only needful to remark here, that the food should be selected from among the articles and dishes which the patient likes, provided they belong to the order of good normal articles of food, to the exclusion of those which simply please the taste without being digestible. A diet entirely of meat or "animal food" is as far from being a good diet for neurasthenics as one consisting entirely of "vegetable" food. As a rule, the diet-list should comprise one-third of nitrogenous material and two-thirds of carbo-hydrates. Together with these it is a great mistake to neglect the fats, such as good butter and the fats of meats ; and lastly every patient of that kind should be made to drink some water often, a dietetic feature too often neglected.

During this stage actually fatiguing exercises of body and mind should be avoided, while on the other hand the patient's mind should be directed away from herself, in which she is much assisted by withholding a certain kind of emotional sympathy, quite as natural as it is difficult to repress on the part of affectionate persons. Of this a few words further on.

There is no definite time for the duration of this stage which, however, depends largely on the time during which the exciting

causes have acted, either aided by or without a predisposition. It is certain, however, that the sooner it is recognized, and the exciting causes eliminated, so much the sooner recovery will begin. But here is a stage at which the best of experience and judgment often fail, especially in very inveterate cases. If the case is one of a patient whom the physician has had opportunity of watching, at least since the earlier stages, the difficulty is not as great as it is in old cases of many months or even of several year's duration, which come to treatment late. In these the line between the immediate stage and incipient convalescence cannot be drawn. The patient is as neurasthenic and hypochondriacal as ever, cannot bear the slightest mental or bodily exertion, not even a look or a word without signs of apparent exhaustion, while nearly the whole time is spent in bed under anxious care of sympathetic attendants.

In such cases, having become assured by careful physical examination of the absence of organic disease, seeing the patient generally well nourished and in fair muscular condition, the physician is warranted in assuming that the disease has run its course, that whatever morbid (pathological) process there may have been progressing in the nervous system, has now come to an end, though it may have left the patient's mental condition habituated to the moods of the past months or years, and fixed, as it were, indelibly in the memory. It is then the habit that now remains, not the disease.

If reasonably sure of this, and calling to mind the rapid recoveries and the circumstances attending them as above detailed, the physician is now safe in ordering a more energetic treatment, calculated to arouse the self-reliance of the patient. All visible signs of sympathy must now be set aside, the actions and demeanor of the attendants should from this time, if not before, be changed so as to give the patient the impression that she is no longer an invalid but expected to rely on her own exertion. Instead of being fed, the food should be placed where she must go for it, and eat it. She should now be expected to dress and attend to her natural wants without assistance. This with some temperaments is almost impossible, with all extremely difficult. The best course to pursue is to remove each patient from sympathetic relatives or friends, and to place them in charge of kind, reliable but eminently practical nurses.

The first effect of this may be to throw the patient into a state of helpless dispondency which, again appealing powerfully to the sympathies of those nearest to her, often frustrates the physicians' plans, which if firmly but kindly adhered to would, ere long, prove their superiority by signs of returning self-reliance and absence of complaints on the part of the patient. A

second form of effect may be that occurring in patients of obstreperous, selfish disposition, whose opposition and even anger is aroused by being thrown on their own resources, after the removal of depressing and unpractical sympathy. This opposition or temper, often manifested in all sorts of intrigues and subterfuges on the part of the patient, if not supinely yielded to by sympathetic persons, will finally be replaced by a more rational disposition. On the whole, anger or active opposition are signs of returning energy, which once coming to the consciousness of the patient take the form of self-reliance. It is in this way that the cures of chronic cases above related can be explained, and physicians should profit by each experience for the benefit of their patients.

The general management now readily follows from what has been said, and needs only a few general modifications. The first duty of the physician will be to test the degree of reliance to be placed on the patient and her friends, and to win them over, if possible, to his plans, and his success will be in proportion to the degree of confidence he is able to inspire. This personal confidence should not degenerate into a mere personal liking or attachment of a sympathy-craving neurasthenic, who should discover henceforth that all sentimental expressions of sympathy are about to take a practical form, aiming at a definite result—the patient's health, which she wishes but cannot exert her will to attain. The best, and often the only way, is do away with sentiment, and to teach practical kindness, is to remove the patient from home influences, and to place her in a hospital or elsewhere, under the management of competent nurses who, without being selfish, know how to exert a certain amount of wholesome push as fast as the patient can bear it. Without the removal of sentimental sympathy all efforts at counteracting the purely hypochondriacal side of neurasthenia are useless.

In such cases of neurasthenia as yet uncomplicated with the hypochondriacal element of introspective nosomania, there is only one unconditional rule to be followed, especially in acquired cases whose evident cause was incessant, conscientious work of mind and body, together with insufficient food and sleep. Such cases come on very insidiously, the loss of strength—that is the actual waste of nerve-substance being but a trifle greater than the quantity restored, the patient unconsciously using up a minute amount of her capital every day. Here the rule should be to reverse matters by insuring a supply of nourishment and time for its assimilation, greater than was the case heretofore.

The cases of young school girls belongs in this class. The time of food and rest should be carefully controlled at home, the duty of the physician being to educate indifferent and igno-

rant parents up to an application of the nature of the case. It is generally not difficult to open their eyes through the medium of their anxiety concerning their children's health. Having thus insured sufficient rest and food at home, the physician's next object of attention should be the regulations of the school. Here is the point where teachers have an opportunity of exerting their most practical influence. It should be made obligatory on the part of teachers to institute inquiry as to whether pupils have had their meals before coming to school. This they could often ascertain without a question, by reading the pupils condition in her emaciated form, pale face, and nervous manner. To guard against neglect at home, it would be an easy matter to insist that all pupils of public and private schools should bring with them some proper food. The few who do so generally bring sweets, an apple, orange or a few dry crackers, when a piece of good bread and slice of cold meat would be what they actually need. All pupils should pass inspection, and if remiss in this important particular the delinquent should be dismissed with several marks against her. To expect this of teachers, would be a great advance in the place of futile innovations of endeavoring to send forth from our common schools graduates in arts and sciences.

Sudden Effects. — A large number of cases of neurasthenia, especially those complicated with inveterate hypochondriasis, are frequently traced to some sudden occurrence, having the effect of a mental or physical shock. In one patient a vigorous girl, used to romping, climbing and running like a boy, the cause was supposed to be a slight thump she received during a game of blind-man's-buff. She thought nothing of it at the time but it was suggested long after the patient's illness began. In another case some mental shock of joy or grief not very severe and such, as is often experienced in every person's life, is the beginning of months of nervous prostration.

There is quite an array of evidence that neurasthenia which has entered upon a hypochondriacal stage or complication with or without a strong hysterical admixture, is curable by sudden impressions in the form of a shock, or more gradually by frequent repetition of an impression. Such cases as I have shown above, occur most commonly in the stage when, what may be considered the essential pathological disturbances of function, have run their course, and have left the patient in a state of mental disturbance, which indicates that the patient's recovery depends entirely upon her volition. But there is none, and so far nothing has succeeded in arousing it. Persuasion is as useless and irritating as argument would be in a case of insanity with a fixed illusion. The resemblance between this and the

state of mind of a hypochondriacal neurasthenic is very close. She cannot move nor think; exhaustion overcomes her and keeps her its victim for years, when suddenly the scene changes, and a few days or weeks suffice to restore the patient to activity. In one instance it is attributed to medicine, in another to "mind cure," in a third to "Christian science," in still other cases massage has done it, in others, again, "magnetic influence," in others, the very powerful factor, "necessity."

It is certain that cases of this kind produced by sudden effects on the mind of a predisposed person, are also cured by such effects. Whatever the visible form of these effects may be, whether that of "Christian science," joy, grief or absolute inexorable necessity, there is always to be noticed a certain force and condition involving the modern idea of *suggestion* which comes to the patient in an irresistible degree, and now sets the function of the will in motion again.

Experience teaches that it is by no means a matter of indifference which of these forms of effect are brought into action. In one case it is the professional Christian scientist's method, in another the almost brutal exertion of a person's will combined with some physical force. In either case the patient is aroused from her inertia, and discovers her powers of mental and bodily ability to act.

A deplorable result is that recoveries after such effects are attributed in the popular mind to supernatural causes. That such is not the case, may be gathered from instances occurring in very sensible and intelligent patients, whose reason is scarcely ever so far disturbed and weakened that they do not resent the proposition of trying e. g. Christian science or mind cure.

Nevertheless, it is the mind cure which the intelligent patient needs quite as much as the ignorant and superstitious person; the difference is only the form in which the influencing force is applied. While in one case it is obedience to the candidly expressed instructions of the physician, in the other case (mind-cure) the result is due to mystification. In either case it is the powerful stimulus of hope and aroused confidence that recovery will be realized.

The definition of suggestion does not fully convey the meaning, because the influence employed is greater than mere suggestion. The physician's plan of action should be straightforward assurance of recovery, a direct appeal to hope, and a willing endeavor to arouse the self-reliance of the patient, not so much by verbal exhortations as by a manner and deportment, from which the patient learns more readily than from words what is expected. If the attitude of the physician is appreci-

ated and seconded by the relatives and attendants, a favorable result is much more certain to follow.

Hypnotism is not advisable. There are now existing ancient neurasthenic invalids dating from the times of spiritualism when there were famous "mediums." Hypnotism weakens the will and nervous endurance, and produces a predisposition to emotional nervousness with an intractable, erotic admixture. The suggestions sought to be instilled into a hypnotized patient, amount to nothing. The mental influence of mystical treatment administered while the patient is awake, is much more powerful in awaking hope and confidence than the uncertain effects of an abnormal state like that of hypnotism. Mystification, again, though sometimes unavoidable with the best intention, is less powerful than direct and intelligible encouragement. While resort to mystification should be avoided by reputable physicians, the question arises, what shall be done with the many who from lack of intelligence or education are entirely beyond the reach of honest common sense, and who will persist in mystifying themselves, who remain neurasthenic invalids in spite of the best regulations of the physician, and who do not recover unless their encouragement follows some mystical formalities which alone arouse their "faith" and finally their confidence and will-power? For the present there is no way out of the dilemma but to submit such patients to the suggestive methods of what is popularly known as mind-cure and Christian science. In doing so physicians should use their influence as far as possible in selecting the most honest persons of this class.

This article having grown to a greater length than at first planned, may find its continuance at some future time, when it is the writer's purpose to designate the indications for a number of medicines, whose provings exhibit a strong array of symptoms bearing upon neurasthenia.

It need not be urged, but may be accepted without argument that careful selection of certain medicines should accompany all mental and moral treatment. But relation of the experiences derived from very numerous trials of medicines must be deferred to some other time, and as papers in medical societies are, for want of time, read only by title, so shall a number of medicines be named here, of which in future more shall be said in detail, especially as several of them have rarely, if ever, been coupled with neurasthenia.

The *umbelliferæ* furnish the most important group, which if not botanically, is at least medically lead by *conium maculatum*. Next in order follows *cicuta virosa*, *c. maculata*, and *phellandrium aquaticum*. The *helleborinæ* in their order of *ranuncu-*

laceæ include *helleborus niger*, *pulsatilla*, etc.; in another order *aconitum napellus* (a much more important "nervine" than is generally supposed); also *hydrastis* and *actæa racemosa* or *cimicifuga*. Among the *menisperms*, *cocculus* is of great promise, as is *agaricus* among the *cryptogams*. Among the *Loganiaceæ*, *nuxvomica* and *ignatia* are old acquaintances, which, together with the above, shall form a study, the results of which are as yet uncompleted.

THE MICROCOCCUS OF PNEUMONIA.

BY F. F. STRONG.

[Read before the Boston Homœopathic Medical Society.]

"*Micrococcus pneumoniæ cruposæ*" is one of the many names given to the microbe known in most bacteriological literature as "*micrococcus lauceolatus capsulatus*." It has been satisfactorily demonstrated to be the principal cause of fibrinous pneumonia, but under other circumstances it may also give rise to epidemic cerebro-spinal meningitis, to endocarditis, peritonitis, abscesses, or to a general septicæmia. It will be seen therefore that in calling this germ, "*mic. pneum. cruposæ*" we are hardly doing justice to the somewhat extensive rôle which it plays in the production of disease.

In 1880 Sternberg discovered that a fatal septicæmia could be produced in rabbits by subcutaneous inoculation with healthy human saliva, and that a certain encapsulated diplococcus could be obtained in pure cultures from the blood of the infected animal. It was shortly afterwards discovered by Pasteur in the same manner. In 1884 Salvioli and Fränkel demonstrated the presence of a diplococcus in pneumonic exudate, and a year later Fränkel proved this so-called "*pneumococcus*" to be identical with the above-mentioned "*micrococcus of sputum septicæmia*" of Pasteur and Sternberg.

In 1886, Foá and Bordoni-Uffreduzzi isolated a diplococcus from epidemic cerebro-spinal meningitis, which proved to be identical with the above.

The cocci of pneumonia generally occur in pairs, the members of which resemble a lancet, each pair being surrounded by a capsule of hyaline material. Under certain conditions however, the microbe may grow out into long chains, the members assume a more or less spherical form and the capsule disappear; such a condition is sometimes seen in the sputum of the later stages of pneumonia, and has given rise to some confusion on account of the resemblance of the chains of cocci to the *streptococcus pyogenes*. That the two are not identical is seen by inoculating a susceptible animal with the sputum, and in the

blood the typical lance-shaped encapsulated diplococci will be found. It is interesting to note that the more nearly this germ approaches the form of the streptococcus, the more harmless it becomes.

The cultivation of this microbe outside the body is a matter of some difficulty as it grows only at body temperatures and in specially prepared media. The culture which I have here this evening was grown in a beef-peptone-agar medium containing 7% of glycerine, with the addition of 30 drops of an approximately 1-10 normal Na OH solution to every 5 c. c. of the culture medium. As you will see, the growth consists of transparent droplets which are hardly visible to the unaided eye. It dies very quickly in cultures, and must be transplanted daily. Its virulence also suffers attenuation in artificial culture media, and can only be maintained by occasionally inoculating a mouse with the old cultures and making fresh cultures from its blood.

When injected subcutaneously this germ produces a rapidly fatal septicæmia, with great enlargement of the spleen. This, however, only takes place in susceptible animals such as the mouse and rabbit. In these animals we cannot readily produce a pneumonia by inoculation through the thorax or trachea, for the animal will invariably die of septicæmia before any local effects occur. If, however, we use some less susceptible animal like the guinea pig, we can in many cases produce typical pneumonic lesions. I have on the table the thorax of a guinea pig, into the right pleura cavity of which I injected 2 c. c. of fresh pneumonic sputum. The experiment took place at 10 A. M. on Tuesday, the pulse before the inoculation being 280, and the respiration 96. Twelve hours afterwards the little animal was sitting dejectedly in the corner of its cage, refused all food and moaned if touched in the region of the right thorax. Its pulse was 360 and the respiration 192, short and rattling. After thirty-six hours the symptoms were the same except that the pulse was 345 and the respiration 180. At 4 o'clock this afternoon the animal was chloroformed and the thorax and abdomen exposed. The spleen was apparently normal and the liver greatly enlarged and congested. There were pleuritic adhesions on the right lung and all the appearances of a pneumonic condition. In the pleuritic exudate the characteristic diplococci were found in considerable numbers. By comparing the appearance of the right and left lungs the effects may be readily noticed.

WHO makes the kittens, Jackie?"

"Why, God makes them Ethel. He doesn't make them as he does babies, one by one, but He just says, "Let there be kittens," and there are kittens.—*Life*.

THE PECULIARITIES OF PNEUMONIA IN YOUNG CHILDREN.

BY CHARLES STURTEVANT, M.D., HYDE PARK, MASS.

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

In considering for the few moments allotted to me this evening the subject of "The Peculiarities of Pneumonia in Young Children," I desire to preface my remarks by a total disclaimer of any expectation of presenting new ideas or original methods, either in diagnosis or treatment. I shall only make a simple effort to collect a few facts which, from their long service and frequent repetition, may have become old and commonplace, and liable for that very reason to drop out of sight.

Pneumonia or inflammation of the lungs differs but little either in form or phenomena in children over three years of age from that witnessed in the adult. In those under three years of age it is, as a rule, a secondary affection, and confined to a portion of one lobe. The first point to which I would call your attention is the suddenness and violence of its development, challenging from the outset the best and most persistent efforts of both physician and nurse in its successful management.

And here another obstacle in its treatment to a successful issue is encountered, namely, difficulty in exact differential diagnosis, on account of inability to communicate directly with the little patient. Since he cannot locate with any degree of exactness the worst of his distress, nor make known any ameliorations or aggravation of his symptoms from one examination to another, it rests with all the more responsibility and importance upon the physician to make a careful, patient and intelligent examination of the case.

I beg your kind indulgence for a moment while I digress from the subject under consideration to enter my protest against a custom which seems to be growing worse with every succeeding year, and that is exaggeration in naming diseases. The time for simple, continued fever seems to have gone by, and many a case which formerly was correctly named as such, is now reported from the outset as typhoid fever, while aphthous tonsillitis would seem to be a disease of the past, and cases which in former days were classified under that title, are now reported to the Board of Health as diphtheria, and the white card is displayed which throws a whole neighborhood into a panic, and as effectually quarantines the household where the little sufferer lies, as the red flag of small-pox was wont to do.

To be sure if this patient recovers as the majority of patients do, especially under homœopathic treatment, the credit is all the greater which accrues to the physician, while if an opposite issue is reached, and cases of aphthous tonsillitis do terminate

fatally, even with the best of care and nursing, what more could you expect of that terrible disease? But such a course is estimated at its true value after a while, and the whole profession suffers from undeserved criticism and ridicule.

But to resume. The best and most recent classification of cases of pneumonia among children is that having an anatomical basis, into catarrhal, croupous and interstitial.

The first, or catarrhal pneumonia, consists of an inflammation of the air-cells with an abundant proliferation of epithelial cells within them, and the exudation of serum, but not of fibrin. Lobular pneumonia of infants is frequently of this character.

The second, or croupous form of pneumonia, which results in most cases from that most common cause of inflammations, taking cold, consists of an inflammation of the alveoli, with formation of pus-cells within them, and exudation of both serum and fibrin.

The third, or interstitial form, consists of well-defined inflammation and hyperplasia of the connective tissue of the lungs. This is the chronic pneumonia of authors, resembling in its anatomical and clinical characteristics cirrhosis of the liver. As this is a very rare form of the disease in children it need only be alluded to in passing.

Catarrhal pneumonia results usually from some antecedent pathological states, among which may be mentioned first, as most frequent, bronchitis. The diseased condition passes down and attacks the minute bronchial tubes, and from them attacks the smaller air passages of one or more lobules. This is called broncho-pneumonia of children by the authorities, and is seen most frequently in children about one year old.

Second, passive congestion from weak circulation, which, in feeble infants, is usually solely caused from stagnation of the blood in the more dependent portions of the lungs.

Croupous pneumonia, the most common form in children, attacks generally an entire lobe, usually the lower lobe, and in the right lung in preference to the left. Still it may attack an upper lobe. It usually commences near the root of whichever lung it compromises, and extends forward, rapidly developing into three stages, viz., congestion, red and gray hepatization. It often causes inflammation of that portion of the pleura adjacent to it. Pleuritis developed in this way is circumscribed, but frequently extends beyond the inflamed lung to the distance of one or two inches.

Catarrhal pneumonia may be distinguished from croupous by the following features, among others, viz., inflammation of the pleura, so common in the croupous form, which gives it the name of pleuro-pneumonia, occurs much less frequently in the

catarrhal type of the disease, which, being ordinarily a secondary disease, begins in a gradual way, its symptoms being preceded by and associated with, those of the primary lesion.

The symptoms of pneumonia, either catarrhal or croupous are as follows : Anorexia, thirst, restlessness, elevation of temperature, which is usually very rapid in its development, quickening of pulse according to the severity of the inflammation, flushed face, hastened respiration with the well-known expiratory moan. The cough in the early stages is dry and hacking and evidently painful. If the case proceeds to a favorable issue it becomes loose and is not associated with suffering.

There is often more or less headache, and if the child vomits, as he is likely to do, from the excess of tenacious mucus, and there is muscular twitching and even convulsions, the case is liable to be mistaken for one of cerebral disease, but as it develops, the pulmonary character of the illness becomes more marked and a correct diagnosis more certain. The rapid breathing is a marked symptom of the disease under consideration, forty respirations per minute being common, while twice that number are frequently counted.

Temperature ranges from 101 to 103 in simple cases, to 105 in severe ones, while an average of 100 cases made by a distinguished French authority gives 104 during the most active stage of development. The secretions are diminished, the bowels being constipated and the urine high-colored. The duration in favorable cases is from one week to ten days, the symptoms gradually becoming more favorable, and a slight cough for a week or two marks the gradual return to health.

With regard to treatment, I will not presume to dictate or even suggest, each case being a study by itself, and a course of treatment which would insure a successful issue in one circumstance might do exactly the wrong one in another ; but in a very large majority of cases the intelligent use of aconite or bryonia or ipecac or ant. tart. will give satisfactory results.

IODINE IN THE TREATMENT OF PNEUMONIA.

BY S. CALDERWOOD, M.D., BOSTON.

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

I do not wish to be understood as saying that if you give iodine in every case of pneumonia the undertaker will never ring your bell for your signature, for I fear that such will not be the case. I do believe it to be, however, a potent and often indicated remedy, one giving such speedy relief that you will be most happily surprised on using it in your next case. It not infrequently happens that we have ten deaths per day in

our city from pneumonia alone. I believe it behooves us to examine most carefully our resources in these cases which often require quick action and an accurate prescription. I am aware that many writers claim that if let alone these cases will run their course and a large majority of them recover. Granting this to be true, if we, after using the means at our command, see them run a much shorter and less painful course, we must believe that we have assisted nature, and that medicine is not a farce.

Many of you, who have been watching these cases of late, have seen them coming on with hoarseness, short, dry cough, tightness across the chest, a dark gray expectoration, soon followed by sharp piercing pains through one side, a rapid rise of temperature, and the expectoration becoming blood-streaked. Iodine is at this time a valuable remedy, and one followed by the most satisfactory results.

I wish here to relate its effects in two or three cases in which it has been administered. The first, a child five years of age, whom I found with a short and painful cough, laboring for breath, evidently caused by pressure across the chest, temperature 104° . Bry. was given; the next morning found a temperature of $104\frac{4}{5}^{\circ}$, solidification of the right lung, all the other symptoms increased in severity. Iodine 2x was substituted for bry.; the next morning the temperature was 101° , the other symptoms ameliorated, and the child made a quick recovery.

Case two was a lady, forty years of age, who had been slightly ill for ten days, suffering from cough and hoarseness, when she was taken with a severe chill followed by a dull, heavy and occasional sharp cutting pain in right side, quick pulse, and temperature $103\frac{3}{5}^{\circ}$. Bry. was given, and next morning the condition was the same, except that the temperature had risen to 104° . Examination revealed dullness and crepitant râles over lower lobe of right lung. Iodine was given, and the next morning found all symptoms relieved and the temperature at $98\frac{1}{5}^{\circ}$. The case made a quick recovery.

We are often told that if we have a case of pneumonia in a drunkard the chances are in favor of death claiming our patient. I wish to give my experience with a patient of this class, forty-five years of age. He had been drinking heavily for several days, had been out late at night, coming home under the influence of liquor, and had a severe chill followed by pain in side. I found him in the morning with well-marked symptoms of pneumonia and a temperature of 103° . Iodine 2x was given, and cold compresses applied over the chest. The symptoms increased in severity so that on the fourth day we found the patient with a temperature of 104° , respiration rapid, severe

cough with profuse expectoration of rusty sputum, dusky countenance, marked delirium, dullness and crepitant râles over entire right side. With the exception of a few doses of bry., iodine was the only remedy given. At the end of eight days the patient was convalescent, making an uninterrupted recovery.

DIET IN PNEUMONIA.

BY FREDERICK A. DAVIS, M.D., BOSTON.

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

I wish to say in opening this short paper that I have been very much surprised and disappointed at the scarcity of literature upon the subject of diet in pneumonia, having been able to find practically nothing. Whether it be true, as some historians affirm, that Napoleon lost the battle of Leipsic owing to his having eaten a bad dinner, is certainly questionable; but there can be no doubt that a large majority of the poor results in the treatment of pneumonia can be traced directly to improperly selected diet and badly prepared food, and there is no subject which more imperatively demands special attention than that of diet. For, from the promulgation of the system founded and taught by Hahnemann, numerous specialties in diet have been inculcated with more or less vigor by himself and his followers, and so prominent have these innovations become both to the eye of the public and the medical profession, that while the former frequently suppose that if they only consume a sufficient quantity of homœopathic cocoa, they will be entitled to all the benefits of homœopathy, the latter discovers with its usual sagacity, that although the success of our treatment is beyond dispute in very, very many cases, yet that we owe our superiority not to the total difference of the law according to which we select our remedies, but to our better judgment in the regulation of the diet of our patients. Although the subject of diet has been one carefully studied and ably handled since the time of Hippocrates, and although by this assumption our opponents pay us the highest possible compliment by yielding us the palm of victory in the field common to us and to them, yet if they are right in this explanation it is tantamount to saying that as there is no law analogous to that which directs us in the choice of the proper medicine, each individual who practises homœopathy displays a higher amount of intelligence than his allopathic brethren, and is in this sense of the term the better physician of the two.

Dr. Beaumont found by experimenting with a young man whose stomach was opened by a musket shot and afterwards so

covered that the action of the gastric juice could be witnessed, that but little gastric juice is secreted in febrile diseases, consequently the digestive power is very weak.

Fever being due to a poison multiplying itself in the blood, runs a regular course more or less severe, according to the different constitutions attacked, the nursing and care received. The body becomes emaciated, both muscular and adipose tissue are burned up. Solid food should not be given during any stage of pneumonia, and even in convalescence should be used very carefully. Acidulous drinks and all the pure cold water the patient desires should be given.

To fulfil the conditions necessary for a perfect diet there are three physiological requisites. First, that it contain certain constituents. Second, that these be present in proper amounts. Third, that the food be in condition to be easily assimilated. During the inflammatory stage, food of a non-stimulating character, such as milk which contains albuminoids, sugar and inorganic salts has long been (and with the best of reason) considered the type of a perfect food, not only on account of the nature of its constituents, but also because they exist in a condition requiring the least elaboration for assimilation by the tissues.

The various gruels made by the combination of milk with the different cereals as Indian meal, oat meal and graham meal, made very thin and taken hot, are particularly adapted to the inflammatory stage.

The white of egg beaten up with milk, taken during any of the three stages of pneumonia is not only very nourishing but allays thirst, soothes the patient, and has a tendency to relieve the congested condition of the capillaries, and thereby assists in reducing the temperature, and by stimulating the whole circulatory system reduces the rapidity of the heart's action. These preparations should be given in small quantities frequently, at least as often as every two hours. There are some cases, however, which on account either of debility, inflammation of the stomach, or an excess of hydrochloric acid in the gastric juice, cannot digest even the most simple food, and in order that the system may receive enough nutriment to support it against the exhausting effects of this fever, it is necessary to make the food assimilable by artificially digesting it.

The earliest attempts in this direction seem to have been by alcoholic solution, obtained by macerating the stomach of a calf in a weak alcoholic medium. An advance was made by the preparation of pepsin from the stomach of a pig, which approaches more nearly to that of a man. Recent researches, however, have shown that the artificially extracted, unformed

ferments of the pancreas have not only a diastatic action resulting in the solution of starches, but have also a proteolytic action upon albuminoids. By macerating minced pancreas of the pig with a 25% solution of alcohol in pure water for a week, occasionally shaking the mixture and afterwards straining through muslin and filter-paper till clear, peptones are produced, which though lacking somewhat the flavors of milk broths, etc., are readily taken into the blood and supply nourishment to the weakened system. When albuminoids are treated it is especially necessary to add bicarbonate of soda to prevent coagulation and keep the solution alkaline. The great difficulty with this preparation however, lies in the fact they being animal-substances are peculiarly liable to undergo putrefactive changes, which changes would not only render them useless, but positively injurious. Undoubtedly those furnished us in the solid state are more convenient, and when fresh are preferable to the fluid solutions. Assuming that the preparation is fresh, milk and the milk gruels are easily peptonized as follows: A pint of milk or milk gruel diluted with water to four-fifths its strength is heated and kept at a temperature of 140° or 150° F. To this 10 gr. bicarbonate of soda are added, and 2 to 3 gr. extract of pancreas. The solution is kept at the above temperature until a distinct bitter taste is developed, when the solution is raised to the boiling point to prevent further peptonizing action. The degree to which this is carried should be determined somewhat by the taste of the patient. Passing to the stages of hepatization and resolution, while the milk and milk gruels may be continued, a more stimulating diet is called for, as beef, lamb, mutton and chicken broths. The broths are best made by first adding a pound of finely minced meat to one pint of cold water, adding 10 gr. of bicarbonate of soda, allowing this to simmer one or two hours in a glass-capped quart jar. The fluid is then poured off, and the solid portion pressed with a spoon or lemon-squeezer into a pulp, after which both are returned to the jar and mixed with 2 or 3 grains of extract of pancreas. This is again covered and kept at a temperature of 140° F. for about two hours, being shaken occasionally. When the bitter taste (?) has developed sufficiently to make further peptonizing undesirable, the whole solution is boiled for two or three minutes. In peptonized nitrogenous matters, beef tea thus made is equal in nutritive value to milk. In the stage of convalescence, as soon as the temperature and pulse subside, solid food should be given, such as broiled sirloin steak, lamb chops, etc., not only because of their nutriment, but also because they stimulate the stomach to action. Great care must

be exercised in convalescence in the use of solids, as they will often cause relapse.

As a result of the foregoing, certain rules may be laid down for the feeding of patients with pneumonia.

First, — Give no solid food.

Second, — Let the food be simple and nutritive.

Third, — Give food at frequent intervals and in small quantities.

Fourth, — Let the patient have all the pure cold water and cooling drinks he may desire.

Fifth, — Solid food given during convalescence will often cause relapse.

Sixth, — If the patient be properly nourished at the outset, there will be little or no need of alcoholic stimulants.

Remember also that those patients who have been properly nourished will make the best recoveries. If the patient's mouth be foul, the lips, teeth and tongue covered with sordes, before giving food cleanse the mouth with cold water containing a little lemon-juice, or a little of the liquor permanganate of potash may be used for this purpose. When a patient is weak and lying on his back, it is exceedingly tiresome for him to take food or drink, a teaspoonful at a time, even this slight effort wearies him. At such a time none but liquid food should be given, and that through a bent glass tube. Therefore food for pneumonia patients should be fluid in form, easy of digestion and highly nutritive.

EMPHYEMA FOLLOWING PNEUMONIA.

BY ANNIE M. SELEE, M.D., MELROSE, MASS.

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

Since we so often see the assertion made that a large majority of the cases of empyema in childhood may be more successfully treated by efforts made to promote absorption, or by repeated aspirations, rather than the resort to the more radical operation of pleurotomy, I will report a case which developed very rapidly, and which could not have been saved (in my opinion) without the radical operation.

It is especially interesting to me to report this case, where everything was about as grave as grave could be, as I had concluded from various reports of operations for removal of pleuritic effusions, that in very many cases they are unfavorable, and do not promise much more than temporary amelioration.

The patient was a girl of four years. She had been sick three weeks with what had been diagnosed as pleuro-pneumonia of the left side. She had been discharged by her physician a full

week when I first saw her. He must have been afraid of some effusion, as he directed that the chest be painted with iodine twice daily. This soon became impossible; the poulticing for two weeks had made the parts so sensitive that the iodine could not be endured.

She was indeed a most pitiful-looking little sufferer, fearfully emaciated and weak to the extreme, unable to take food, constant, dry, irritating cough, distressingly short and rapid breathing, temperature, 102.5, not able to lie down in any position, etc.

Physical examination found the left side enlarged, the intercostal spaces widened and somewhat bulging, respiratory motion very slight, displacement of the heart to the right. Percussion yielded only a dull, heavy sound, except perhaps in the very upper portion; respiratory murmur absent. Finding every thing so grave, I tried to induce the mother to call the physician who had been in attendance, especially as he had been the family physician for a number of years. She refused to do so.

Feeling that every additional day would lessen any possible chance of recovery, I immediately called Dr. H. C. Clapp, who responded at once, with his characteristic promptness and kindness.

My fears of purulent infiltration were at once confirmed by the use of the aspirator. Twenty ounces of a thick greenish-yellow pus were withdrawn, giving marked relief. The next two or three days were passed with comparative comfort, temperature went down, cough lessened, etc. But by the fifth day the fever returned with its attendant distressing symptoms; again the aspirator was used, this time about ten ounces of the same thick-looking pus were withdrawn, and again she had relief for a few days, though not as marked as at first; soon signs of abundant accumulation were again manifest. Dr. Clapp advised that free drainage be at once instituted; accordingly he made an incision into the chest, slightly posterior to lateral, between the seventh and eighth ribs, and passed into the opening a triple india-rubber tube, which was held in position by tapes which fastened around the chest. From this time there was improvement, slow but sure. Gradually the organs resumed their natural position and normal functions till appearance of deformity and distress disappeared. The tubes were retained in position for three months. There were some days in all this time that were dark and threatening, yet careful nursing, antiseptics, medicines like phos., hepar and silicia, did good service. The placing the child in normal position several times daily, gradual return to exercise, periods of absolute rest for weeks insisted upon, all conspired as healing agents. But without the most constant care in regard to diet there could have been no cure.

When I was first called the fever was such that the great thirst made it easy to administer a few drops of Murdock's liquid food in a little iced water with a very little sugar, as frequently as every half hour. Soon we were able to alternate a teaspoonful of hot milk, and so alimentation was at length established. About six months after we had dismissed our patient, feeling that she was all right, to every appearance as well as ever, full of life and childish inspiration, plump and happy as one could wish, suddenly she began to fail — languid, no desire for food, and a kind of general malaise. At this time she was brought to my office, and, after careful examination, a return to Murdock's food was advised and arsenicum prescribed. (That most reliable remedy which we have tested so many times where, from any cause, the patient had passed into a peculiar abnormal condition which seemed to arrest the processes of nutrition). In about ten days I was called and discovered indications that pus was again forming. There was slight bulging just above the site where the tubes had been inserted. I prescribed hepar sulph., and a warm poultice to be kept over the part. In three days by a slight incision we were enabled to thoroughly evacuate the pus; improvement progressed rapidly.

Was this a peripleural abscess or some pocket of pus left behind after the empyema?

Three years have passed since complete recovery, and our patient is to-day a charming example of health, grace and beauty.

THE AWKWARD GAIT OF CHILDREN.

BY SIDNEY F. WILCOX, M.D., SURGEON TO THE LAURA FRANKLIN FREE HOSPITAL FOR CHILDREN, NEW YORK CITY.

[*Read at the World's Homœopathic Medical Congress.*]

I desire to call attention to a class of cases which, as a rule, are much neglected. These cases are the children who walk awkwardly, with toes turned in and knees knocking together, but not to a degree sufficient to induce the parents to seek surgical advice.

This awkward, shuffling gait is generally attributed to laziness or carelessness on the part of the child, who may be constantly lectured on the subject, and told to turn out his toes, which he may do for a short time in a constrained manner, with hands spread out as though he were trying to walk and balance himself on the edge of a board. Frequently, under the watchful eye of the parent or nurse, the child may with difficulty maintain a correct position, but the moment his attention is diverted

the bad position is resumed, or, if very much wearied by a long walk or other exercise, the deformity (for such it becomes then) will be greatly exaggerated.

The toeing in is not the only form of the trouble, but it is frequently, if not generally, combined with a partially flexed knee. Sometimes the toes instead of turning in, turn out, and the arch of the foot is depressed.

The general belief is that the child will out-grow the trouble, and to a great extent as he grows older, and becomes more self conscious, he does manage to conceal it, but neither the cause nor the difficulty itself becomes entirely removed. As the child grows older he becomes ashamed of his crooked legs and awkward gait, and makes an effort to correct them, but he does it at the expense of unusual fatigue and a strain upon weakened muscles.

The cause of the difficulty under consideration is that there is an unequal balance of muscular power on the opposite sides of the limbs. Either through some prenatal influence, or some condition developing subsequent to birth, the muscles of one or more groups become partially enervated, in other words, partially paralyzed. This term is perhaps too strong to apply to this condition; probably the term, "weakened muscles," is better. At any rate, whichever term is applied, the fact remains that the weakened muscles fail to do their whole duty, and the consequence is the bad positions and awkward gait before mentioned. Under the stimulus of the will the position may be corrected and remain so as long as this stimulus is acting, or until over-fatigued, when the muscles give up in despair, and become more relaxed than ever. I have seen a child who had a moderate degree of toeing in, under ordinary conditions become absolutely deformed on returning weary from a picnic, and the feet so badly turned in, that in walking he raised one foot over the other to avoid hitting them together.

The study of the reflexes and causes of nervous and muscular strains are now being actively pursued by the profession, and why not pay some attention to the condition here presented? The nervous irritation induced by unequal muscular balance of the ocular muscles, and the reflex irritation of spasmodic contraction of sphincter muscles will doubtless be considered at this meeting, but we must remember that the human system is a confederation of parts, and a weakness in one part weakens the whole, and that anything which acts as a drag, or which causes an unhealthy weariness during the formative period of life, must leave a more or less lasting effect if allowed to remain uncorrected. I do not wish to exaggerate the importance of the subject; the children thus afflicted may not give

evidence of any special reflex irritation. As a rule, if a child does not suffer actual pain, he does not complain, the only indication perhaps is the awkward, hobbledehoy gait, and weariness.

The muscles usually most affected are the peronei in the leg, and the quadriceps extensor in the thigh. The other muscles may be affected, but weakness of these in particular is most likely to cause the condition of toeing in and flexed knee. If combined with laxity of the internal lateral ligaments of the knee joint we also have the condition of "in-knee" or "knock-knee."

As the whole trouble consists in the lack of muscular balance, the indications for treatment are plain. The strength of the affected muscles should be brought up to the normal after a careful comparative test of the strength of the opposing groups. This should be done by one skilled in finding the motor points on the surface of the limb, with the galvanic current.

The comparative tests should be made of the excitability of the opposing sets of muscles and the results as shown by the milliamperemeter carefully noted, due allowance being made, of course, for varying resistance on account of the varying distances of the nerves from the surface. Then the treatment of the affected muscles by galvanism should be carried on systematically, the applications being made from two to six times a week as the case may require. In addition to this, massage to the affected muscles should be given regularly, and if any constitutional condition seems to indicate their use, internal remedies should be employed.

In some cases mechanical treatment may be necessary as an adjunct to the electricity and massage. For this purpose a light bar fastened to the shoe and running up the outside of the leg to a pelvic band should be employed. There should be joints in the bar corresponding to the ankle, knee, and hip joints, and the amount of eversion of the foot may be regulated by a set screw between the knee and hip. This brace may be made very light, and only strong enough to produce the effect desired.

It is necessary to have the pelvic band with the brace extending from it to the shoe as it is impossible otherwise to get sufficient leverage to evert the foot.

In very severe cases it may even be necessary to employ a more powerful apparatus like Doyle's spring rotator, but cases of such severity hardly come within the range of this paper.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of the Society was held at the College Building, East Concord Street, Thursday evening, June 15, 1893, at 7.45 o'clock, H. C. Clapp, M.D., presiding.

The records of the last meeting were read and approved.

The following physicians were elected to membership. W. H. Sawyer, M.D., of Roxbury; Carl Crisand, M.D., of Worcester; Mary S. Hornby, M.D., and Maude F. Stowell, M.D., of Dorchester. The following names were proposed for membership: Duncan McDougall, M.D., of Haverhill; Willis M. Townsend, M.D., and M. Sylvia McQuitty, M.D., of Boston; and Wm. O. Mann, M.D., of Westborough.

SECTION OF DISEASES OF CHILDREN.

James Hedenberg, M.D., Chairman; Grace Marvin, M.D., Secretary; Emily A. Bruce, M.D., Treasurer.

Maurice W. Turner, M.D., presented a paper entitled, "Convulsions."

In the absence of George B. Rice, M.D., his paper on "The Dietetic and Other Adjuvant Treatment of Acute Entero-Colitis, as Occurring in Children," was read by F. P. Batchelder, M.D.

The Society regretted exceedingly the absence of Kate G. Mudge, M.D., and consequent omission of her "Report of Cases of Tubercular Meningitis."

DISCUSSION.

Opened by F. B. Percy, M.D.

I had hoped that Dr. Turner would have referred to the peculiar type of convulsions attributable to peripheral irritation due to the pressure of forceps or maternal structures during parturition. In one of my fatal cases, convulsions occurred eighteen hours after birth and continued seventy-two hours, death ensuing. I have recently read of a case of convulsions commencing six hours after birth, due to pressure from the maternal parts, in which chloroform and ether were employed without effect, and which were finally controlled by enemata of chloral hydrate. In a severe case of convulsions I used three five-grain suppositories of chloral hydrate, which soon controlled the convulsions.

I cannot recommend this treatment as a routine measure in convulsions occurring in young babies.

There is another type of convulsions dependent upon the eruptive diseases, scarlet fever, measles, etc. They usually occur during the appearance of the eruption, but may also dur-

ing the time when the rash should have disappeared. The prognosis in this latter condition should be most guarded.

I will very briefly cite the case of a boy, with a marked scrofulous habit, and frequently occurring gastric disturbances. During dentition an unusually severe attack of convulsions occurred, which was controlled by bell. From this time attacks occurred at short intervals. The slightest fall, striking the head a gentle blow, or the least mental disturbance was followed by convulsions. Cuprum met. 3x was the remedy employed and at the the end of a year they were controlled. Five years have elapsed and there has been no recurrence. The most embarrassing feature in convulsions is the impossibility of saying whether they are simple in character or precursors of epilepsy or some other severe lesion.

Referring to preventive measures, dietetic, and the adjuvant treatment at the time with the hot bath, Dr. Percy said, I have found the application of equal parts chloroform and sweet oil to the spine, of great advantage. One case where hot baths and other means had been tried without relief, yielded to this treatment within an hour.

Emily A. Bruce, M.D., had found hot baths and warm applications of great utility.

John L. Coffin, M.D. reported the case of a child weaned when ten or eleven days old. From that time any food taken into the stomach caused convulsions. Dr. Hedenberg was called in consultation, and the treatment adopted was an enema of chloral hydrate, which soon gave relief.

I am getting out of the way of using prepared foods, preferring dilute cow's milk. I have found this formula very beneficial:—Milk, 2 parts; cream, 3 parts; water, 10 parts; lime-water, 1 part. Sweeten with sugar of milk and sterilize. Prolonged using is apt to induce constipation.

Benj. T. Church, M.D., spoke very highly of the formula mentioned by Dr. Coffin, and had employed it extensively.

L. D. Packard, M.D., reported the case of a girl seven years of age, where the eruption of measles came out well, but the child was carelessly placed in a draughty bay-window. The eruption "struck in," and for thirty-six hours she had six convulsions per hour. When they ceased she seemed to have lost all her senses. Was very sick for nearly three weeks, and then hearing returned and still later sight. At the end of seven weeks she began to articulate, and at the end of ten weeks spoke the first connected sentence. Full recovery ensued.

James R. Cocke, M.D., briefly referred to eight cases of convulsions that had come under his observation.

Drs. M. W. Turner, N. W. Emerson, and A. A. Klein also participated in the discussion.

A collation was then served and a very enjoyable time spent in social intercourse, after which reports from the meeting of the American Institute of Homœopathy, and the World's Congress of Homœopathic Physicians and Surgeons were given by Drs. I. T. Talbot, J. S. Shaw, N. W. Emerson and Mary Mosher.

Dr. A. M. Duffield, of Huntsville, Alabama, was present and spoke briefly of the field in that state and its needs.

The meeting then adjourned to Oct. 5, 1893.

J. EMMONS BRIGGS, M.D., *Secretary.*

*BOSTON HOMŒOPATHIC MEDICAL SOCIETY:—SECTION OF
NERVOUS DISEASES AND INSANITY.*

May 18, 1893.

By invitation of Dr. Geo. S. Adams this meeting was held at the Westborough Hospital for the insane. There were present many members of the Boston Society and of the Massachusetts Homœopathic Medical Society.

Soon after arriving and being received by Dr. Adams and his staff of officers, an inspection of the admirably arranged laundry and bakery, was made.

Through the courtesy of the board of trustees, the substantial wants of the members were not forgotten, and an abundant luncheon was most appetizingly served in the large dining-room of the institution.

The meeting was called to order in the lecture-room, at 1.45 P. M., by the chairman, Dr. N. Emmons Paine, who delivered a short introductory address.

Dr Adams welcomed his guests in a few well-chosen words, and impressed it upon the minds of all present that the staff solicited the visits of the profession at any time through the year, both as an encouragement to the officers and a probable benefit to the visitors.

A carefully-compiled sketch of "Statistics" of results of treatment in various hospitals of the Commonwealth was read by Mr. Arthur S. Blakesley, and the record of the Westborough hospital was one of great encouragement, which we may well look upon with pride.

Dr. Adams read an instructive paper upon "Psychic Paralysis" and demonstrated the condition by presenting a patient.

Dr. Ellen L. Keith communicated a most carefully-prepared paper upon "Myxœdema" illustrating the subject by two exceedingly interesting cases from the hospital wards.

Dr. F. C. Richardson read notes from a private case of "Myxœdema" under his care.

Dr. Jas. Bothfeld presented a case illustrative of a paper upon "Imperative Impulses," which contributed to a correct understanding of this most dangerous and most unfortunate condition. In this particular instance, the impulse was of the incendiary type.

Dr. W. O. Mann read to the section a paper upon "General Paralysis," and presented six cases, calling attention to the objective points in such a way as to impress them upon the minds of his hearers.

Voted, That the thanks of the section be extended to Dr. Adams and the officers of the hospital for their efforts and the pains taken to make this meeting so decidedly successful.

Voted, That the thanks of the section be tendered to the board of trustees for the courtesy most liberally exercised in entertaining the section and the profession.

Number present, 69 ; Adjourned at 3.30 P. M.

EDWARD P. COLBY, M. D., *Secretary of Bureau.*

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The semi-annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the United States Hotel, Boston, Wednesday, June 14, 1893, the president, Sarah E. Sherman, M.D., in the chair.

The following physicians upon the recommendation of the Executive Committee were unanimously elected to membership: Samuel Calderwood, Roxbury; John L. Coffin, Boston; S. Willard Coy, E. Boston; Fred E. Crockett, West Newton; Mary S. Hornby, Dorchester; Charles R. Henderson, Reading; Arthur B. Jenney, Stoneham; James Krauss, Malden; Mary Matthews, Providence, R. I.; Joseph A. O'Leary, Wakefield; Frank W. Patch, So. Framingham; Emma J. Peasley, W. Somerville; Nathan A. Springer, Woburn; Maude E. Stowell, Dorchester; Isabelle G. Weston, Natick; Harry D. Wheeler, So. Boston; Wm. J. Winn, Cambridge; John F. Worcester, Clinton.

The following resolutions, presented by the committee, Drs. J. H. Sherman, Horace Packard and Kate G. Mudge, were unanimously adopted:

Resolved, That we the members of the Massachusetts Surgical and Gynæcological Society herewith extend our heartfelt sympathy to our colleague, Dr. W. H. Lougee, in his present painful and trying illness, with the hope that convalescence may occur at an early date.

Amendments to the Constitution and By-laws were proposed that hereafter an addition of \$1.00 be made to the annual dues, and that Obstetrics be included in the discussions of this Society.

Dr. W. S. Smith read a paper upon the "Emergencies of Anæsthesia." He said that he had never met in his own experience, an ether death pure and simple. Stated, as useful rules: For danger attending the administration of ether, watch the respiration; for dangers consequent upon the manipulations of the surgeon, watch the pulse. If the respiratory tract is kept well open, very rarely is there cause for alarm. Persistence in hypodermic stimulation and in artificial respiration is rewarded by a return to normal respiration, not unfrequently in cases of cyanosis and threatened collapse. In the animated discussion following, many members participated.

DISCUSSION.

Dr. N. W. Emerson strongly advocated ether in preference to chloroform. At Chicago, the latter anæsthetic was much preferred, and it was almost exclusively employed on the Continent. He had seen deaths under chloroform in the European clinics, occur suddenly, and without warning, as if an axe had by a single blow decapitated the patient. Such deaths were afterward reported as due to œdema of the lungs or a fatty heart. Their real cause was chloroform. He was skeptical in regard to statistics on this subject, as operators were prejudiced and could not report the facts fairly. He believed the real proportion of deaths from chloroform as compared to ether was 10:1, instead of 4:1 as reported. He had frequently seen patients struggling under the knife held by assistants, because the German surgeons did not dare to push the chloroform to obtain surgical anæsthesia.

Dr. Whitmarsh believed ether was rapidly gaining favor abroad. He had just returned from Berlin, and had found there that among others Dr. Hahn had substituted ether for chloroform within the past year. To avoid shock it is imperative to obtain complete insensibility before beginning the operation.

Dr. Boothby was content with the results he was obtaining from ether. Much experience and the utmost care and vigilance were necessary to avoid the accidents which will sometimes occur. This is always an appreciable risk in administering ether, yet in careful and competent hands he considered the danger comparatively slight.

Dr. Horace Packard considered ether far safer than chloroform in a very great majority of cases. Indeed, the time was

not far distant when surgeons who lost cases in which chloroform had been used, might fairly be called upon to give satisfactory reasons for the choice of this anæsthetic, in a court of justice, since fatalities from chloroform were, according to the statistics, four times as numerous as from ether. Dr. Packard gave an interesting "Demonstration of Anæsthesia with Etherated Air," attesting its advantages over the old method, to wit: Shorter time for surgical anæsthesia, smaller quantity of ether, absence of unpleasant symptoms on recovery.

Dr. J. F. Worcester compared the new and old methods as illustrated in one of his own cases, one year intervening between the two operations upon the same patient. By the old method thirty minutes were required to produce surgical anæsthesia, by the new, six minutes. By the old method, $16\frac{2}{3}$ of ether were employed, by the new, $3\frac{2}{3}$. In the first case, there were several interruptions from threatened cyanosis, and much disturbance and emesis in coming out of the ether. In the second case no interruptions, and a rapid and satisfactory recovery.

Dr. F. W. Elliott presented the subject of "The Use of Cocaine in Anæsthesia." Its use is always an undoubted danger. One surgeon has practically discarded ether in its favor, in all save capital operations, reporting a series of 1200 successful cases, yet twelve deaths were caused by cocaine within the last five years; two-thirds of a grain is the smallest reported fatal dose. The dosage varies widely in different persons, and in the same person at different times; two per cent. solution is recommended as sufficient for all cases.

Dr. J. H. Sherman has used cocaine successfully in a case of hydrocele.

Dr. W. S. Smith had seen serious toxic results in two cases.

Dr. F. C. Richardson and W. H. White had employed cocaine with much success by use of the positive electrode. Its cataphoric action quickly and safely produced a degree of insensibility sufficient for minor surgical operations. Other cases were reported by Drs. Krauss, Cocke, Emerson and Powers.

Dr. G. B. Rice treated the subject, "Hypertrophied Lymphoid Tissue and Its Removal by Surgical Means."

Dr. J. Chase, Jr., had met with severe bronchial and aural diseases, which had their source in the bad habit of breathing through the mouth, which parents thoughtlessly allow their children to form.

Dr. A. H. Powers exhibited a series of photographs, illustrating his very interesting paper upon "Operations upon the Face, with Notes of Fifty Consecutive Cases."

Dr. G. A. Suffa reported two cases in which good results fol-

lowed a "Modified Graduated Tenotomy for Insufficiency of the Ocular Muscles."

Excellent collation at 7.30. Plates were laid for 70. Adournment at 9.30.

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

F. W. ELLIOTT, M.D., *Asst. Secretary.*

AMERICAN INSTITUTE OF HOMŒOPATHY.

Editor New-England Medical Gazette.

At the recent meeting of the Institute, the General Secretary was instructed to inform the profession, through the journals, of the important changes made in the By-Laws.

The designation "Bureau" is changed to "Section." The Bureau of Anatomy, etc., is dropped, and Pathology is included with Clinical Medicine. The Bureau of "Mental and Nervous Diseases" is to be called the "Section in Neurology." The Bureau of Organization, etc., becomes a committee. Each section must consist of at least five members; beyond that number there is no restriction. Each chairman is required to send to the General Secretary, within one month after the session, the names of the officers and members of his Section.

Delegates from societies and institutions will be admitted to certain privileges as heretofore, but will not be expected to present reports. The Committee on Pharmacy is discontinued.

The annual session of 1894 will be held in Denver, Col. The meetings will open about the middle of the week and extend into the next week long enough to allow each Section all the time it may wish for its papers and discussions.

PEMBERTON DUDLEY, M.D., *General Secretary.*

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

The Maine Homœopathic Medical Society held its annual meeting at Augusta, on Tuesday, the 20th of June. There was a large attendance and the members seemed enthusiastic for a good meeting, and the result was we had a good one.

We were sorry not to have our President with us to preside at the meeting. The chair was ably filled by one of our oldest members, Dr. W. L. Thompson.

After the invocation by Rev. J. S. Williamson, of Augusta, reports were given by the Committee on Legislation, having special reference to the matter of State Registration. A bill was brought before the special committee of the last legislature and was defeated in committee. Its provisions were inadequate for

the purposes for which it was designed, and it died before delivery.

Reports were also made by the delegates to the International Homœopathic Congress at Chicago, showing it to have been a strong meeting.

It was pleasant and profitable to have with us, as delegates from the Massachusetts Society, Drs. Alonzo Boothby, of Boston, and J. H. Sherman, of South Boston. They both manifested a keen interest in the work. Dr. Sherman read an excellent paper on "Faith as a Healing Power: Or the Mental Cure of Disease."

Three physicians entered the ranks of the Society, as follows: H. B. Esmond, M.D., of Houlton; C. A. Paul, M.D., of Solon; and Belle S. Ayers, M.D., of Rockland.

The meeting was made interesting also by the presence of Dr. H. A. Kelly, of Portland, Vice-President of the Maine Dental Society and Associate Professor of Operative Dentistry at Harvard University, who read a most excellent paper on "Some Dentistry Physicians Should Know." This paper elicited a thorough discussion which was entered into generally.

Papers for the several scientific bureaux were read as follows: On *Materia Medica*, Dr. E. E. Briry read a paper on "Eupatorium Perfoliatum"; Dr. D. C. Perkins a paper on "Asterias Rubens"; Dr. M. S. Briry a talk on "Vercuna Pruriens"; and Dr. Solon Abbott a talk on *Materia Medica* based on quotations from Browning's "Homœopathy Exposed." On Surgery, Dr. Solon Abbott presented a paper on "Orificial Surgery and Its Relation to Disease"; Dr. J. W. Whidden gave a paper on "Rigidity of the Os Uteri: A Case with its Surgical Treatment"; Dr. E. S. Abbott gave the history of a "Case of Epithelioma Treated with Arsenicum." On Clinical Medicine, Dr. J. M. Prilay read of "Some of My Failures"; Dr. W. F. Shepard gave the history of "A Few Clinical Cases." On Ophthalmology, Otology and Laryngology, Dr. W. V. Hanscom read a paper on "The Study of the Eye in Relation to General Diseases." On Gynæcology, Dr. Lyman Chase presented a paper entitled "Gynæcology"; Dr. N. T. Williams gave a talk on "Medical Treatment of Some of the Diseases of Women"; Dr. W. Scott Hill presented a record of "Some Cases in Gynæcology"; Dr. Cora M. Johnson read a paper entitled "Caulophyllum in Dysmenorrhœa"; Dr. E. S. Abbott gave "A Few Every-Day Cases." On Sanitary Science, Dr. S. P. Graves presented a paper on "Sanitation"; Dr. James C. Gannett read a paper on "The Disposal of the Dead." A full discussion of "Some Procedures in Obstetrics" made up for the absence of papers in the Bureau of Obstetrics.

The officers elected for the ensuing year are as follows: President, James C. Gannett, M.D., Yarmouth; vice-president, Edwin F. Vose, M.D., Portland; recording secretary, Cora M. Johnson, M.D., Skowhegan; corresponding secretary, Ralph H. Pulsfier, M.D., Skowhegan; treasurer, Solon Abbott, M.D., Biddeford; board of censors, Drs. H. C. Bradford, M.D., Lewiston, W. V. Hanscom, M.D., Rockland, M. S. Holmes, M.D., Oakland, J. M. Prilay, M.D., Bangor, Gertrude E. Heath, M.D., Gardiner; committee on legislation, Drs. A. I. Harvey, M.D., Newport, W. L. Thompson, M.D., Augusta, M. S. Briry, M.D., Bath, J. W. Whidden, M.D., Portland, J. H. Knox, M.D., Waterville.

By an unanimous and hearty vote, Alonzo Boothby, M.D., of Boston, was made a honorary member of the society.

The following were appointed delegates to the several New England State Societies: To New Hampshire, Drs. J. T. G. Emery and Solon Abbott; to Vermont, Drs. A. I. Harvey and A. P. Heald; to Massachusetts, Drs. J. M. Prilay and H. C. Bradford; to Rhode Island, Drs. W. S. Thompson and N. T. Williams; to Connecticut, Drs. E. E. Briry and D. C. Perkins.

The next annual meeting will be held the first Tuesday in June, 1894, at Augusta.

J. C. GANNETT, M.D., *ex-Secretary*.

REVIEWS AND NOTICES OF BOOKS.

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BRAIN SURGERY. By M. Allen Starr, M.D., Ph.D. With fifty-nine illustrations. Octavo. 308 pp., price, \$3.00. New York: William Wood & Co.

Dr. Starr will have the cordial thanks of the profession for bringing together, in a single volume, the facts that enterprising modern surgery has established, by research and experiment, as to the feasibility of operation for the relief of brain lesions. The chapters covering the various divisions of the subject, deal with the diagnosis of cerebral disease, giving the indications for localization of brain troubles, as discovered and confirmed by advanced physiology and pathology; with trephining for epilepsy; for imbecility due to microcephalus; for cerebral hemorrhage; for abscess of the brain; for tumor of the brain; for insanity; for hydrocephalus; for various forms of headache. Many clinical cases, not a few of which are cited from the author's personal experience, are described in detail, and further elucidated by accurate illustrations. A long chapter is devoted to teaching the *modus operandi* of brain surgery. The

book is fully indexed, and handsomely gotten up. It is a valuable contribution to a subject second to none in importance, in the field of surgery.

LESSONS IN PHYSICAL DIAGNOSIS. By Alfred L. Loomis, M.D., LL.D. Tenth edition, revised and enlarged. Octavo. 240 pp., price, \$3.00. New York : William Wood & Co.

But little critical commendation can be needed by a work that has reached a tenth edition. Revision has brought all the chapters thoroughly up to date ; those on the "Physiological Action of the Heart," and on the "Examination of Urine" have been entirely re-written. One wholly new chapter has been added, treating of "Clinical Microscopy." The work appears in attractive form, with large clear print and wide margins. It will unquestionably move swiftly to success and its eleventh edition.

TUBERCULOSIS OF BONES AND JOINTS. By N. Senn, M.D., Ph.D. Illustrated with 107 engravings. In one royal octavo volume. 520 pp. Cloth, \$4.00 ; sheep, \$5.00 ; half Russia, \$5.00. Philadelphia : The F. A. Davis Co.

Tuberculosis of bones and joints is, as the author justly says, one of the commonest and most distressing of diseased conditions : especially among the poor. The early recognition of the condition is of the utmost importance to the welfare of the patient : and to this end the full and admirable chapters on the differential diagnosis of the malady, found in the present work, afford highly valuable aid. The whole subject is treated exhaustively and graphically ; and the latest experiments in treatment, as made by the old school, in the way of local, general and operative remedies, are given in detail. The chapter on the tuberculin treatment is of especial interest, showing, as it does, how doctors disagree : some recommending the use of Koch's lymph with hopeful enthusiasm : others condemning it as a mischievous and loathsome poison.

The volume, apart from treatment, contains much of interest to physicians of all schools ; its sections on the pathology and diagnosis of the diseases treated of, being of much value, both scientifically and practically.

BOOK ON THE PHYSICIAN HIMSELF, AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. Cathell, M.D. New Tenth Edition (Author's Last Revision). In one royal octavo volume. 348 pp. Price, \$2.00. Philadelphia : The F. A. Davis Co., publishers.

How widely extant is commercialism in the medical profession, is attested in one instance out of, alas ! a possible many, by the success of this odd contribution to the commercial side

of medical literature. We have always felt that the volume was ill-named the "Physician Himself"; a work that treats of the physician — as does this, by frank avowal on its title-page — from the standpoint of "reputation and success," were more fitly christened "The Physician as Tradesman." Should our point need further illustration, we may find it on page 287, where the reader is casually reminded that the first law of nature is that the prime object of every being is to supply his own wants. There exist, fortunately for the welfare of mankind, a few physicians who make it their prime object to do their duty, which is ministration to the wants of others. Such will find but little in the present volume to appeal to them. How to swell the bank-account may, however, be herefrom learned by those who need and can profit by the hints on personal neatness and the cultivation of a suave address which are, perhaps, the most valuable counsels these pages afford.

ANATOMY. (The Student's Quiz Series.) By F. J. Brockaway, M.D., and A. O'Malley, M.D. Phila.: Lea Bros. & Co. 376 pp.

This capital little quiz-book has been compiled from many sources, all recognized as authoritative, the compiler's aim being to give the student the last word, alike on the subject of anatomical discoveries, and on that of anatomical nomenclature. The sections on osteology, arthrology and myology are largely made up from Quain; that on joints from Heule; Gray is often quoted; and the many illustrative diagrams are chosen from a wide variety of authorities, including Schwabb, with those quoted above. A glossary emphasizes the correct and too frequently neglected pronunciation of anatomical terms. The book is worthy of all commendation, as among the most useful of its useful kind.

THE TRANSACTIONS OF THE TWENTY-SIXTH ANNUAL MEETING OF THE MAINE HOMCEOPATHIC MEDICAL SOCIETY show evidence of much earnest and fruitful work done. Among the most interesting papers presented, are those on "Four Involuntary Provings of Camphor," by Dr. Emery, and Dr. Hervey's report of "A Case of Cerebral Hemorrhage in the New-Born."

The JUNE CENTURY contains two seasonable articles relating to sports, the first by Lieutenant William Henn, the well-known naval officer and yachtsman. The other paper is a consideration of certain phases of college athletics by Walter Camp. Two biographical articles, written from personal knowledge, are "An Hour with Robert Franz," the song-writer, lately deceased, by Henry T. Finck, and "The Death of the Prince Im-

perial," by Archibald Forbes. Mr. Forbes' article is written from knowledge obtained at the time upon the scene of the prince's death in Zululand, June, 1879. "The White Islander," a new novelette by Mrs. Mary Hartwell Catherwood, author of "The Romance of Dollard," begins in the present number. The scene of the story is Fort Michilimackinac and neighborhood, and among the characters are Chippewa Indians. This number contains the first of several papers on matters relating to hygiene, being a discussion of "The Public Health: The Duty of the Nation in Guarding It," by Dr. T. Mitchell Prudden, who strongly advocates a national board of health. New York: The Century Co.

"The Spanish Inquisition as an Alienist" is the subject with which Mr. H. C. Lea opens THE POPULAR SCIENCE MONTHLY for July. In this article several cases are related which show what sort of treatment insane offenders against the Church received from the Holy Office in the seventeenth century. Under the title "Evil Spirits," Mr. J. H. Long points out the terrors of the belief in demons, and especially in witches, that was so earnestly fostered by the Church during the Middle Ages. The issue abounds in other papers of interest. New York: D. Appleton & Co.

The complete novel in the July number of LIPPINCOTT'S MAGAZINE is "The Troublesome Lady," by Patience Stapleton. It is a lively and interesting tale of ranch life in the West. Other articles are "On the Way," by Julian Hawthorne, which deals with Washington as a starting-point whence to visit the Exposition, and "Chicago Architecture," by Barr Ferree. Giovanni P. Morosini tells "What the United States Owes to Italy," and Maurice Francis Egan gives "An Old-Fashioned View of Fiction." M. Crofton, in "Men of the Day," handles Alexander Dumas and Secretary Hoke Smith. Phila: J. B. Lippincott Co.

MISCELLANY.

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MAN born of woman is of few days and no teeth, and indeed it would be money in his pocket sometimes if he had less of either. As for his days, he wasteth one-third of them, and as for his teeth, he has convulsions when he cuts them, and as the last one comes through, lo! the dentist is twirling the first one out; and the last state of that man's jaw is worse than the first, being full of porcelain and a roof-plate built to hold blackberry seeds.— *Burdette.*

THE *Indian Medical Record* for Mar. 16th, says that a Bombay newspaper calls attention to the virtues of the castor-oil plant as a means of protection against mosquitoes. In Egypt it is planted about houses to drive the insects away. In towns, a better plan is to have the young plants in pots, and bring them into the

house for a day or two at a time, but they must not be kept too long in the shade, for the *Palma Christi* is a sun-loving plant. A writer is cited as saying that the mosquitoes are killed by a poison that they find on the lower side of the leaf, but it is stated that if a dozen leaves are placed about a room that swarms with mosquitoes, they will disappear without leaving any dead ones lying about.—*Hom. Envoy.*

THE nobility of medicine is admirably illustrated in the work of the Duke Karl Theodor, of Bavaria, who recently performed his two thousandth successful operation for cataract, at Munich, where he has fitted up and maintains an institution for the study and cure of the diseases of the eye. The professional life of the Duke is a most interesting one. Graduating in 1872 from the University of Munich, he immediately entered upon the gratuitous practice of ophthalmic surgery amongst the poor. Near his château he founded a district hospital for the treatment of the diseases of the eye in which he performed many operations, his wife, the Duchess, acting as chief nurse. In the summer he established an ambulance hospital in the Austrian Tyrol. Except in peculiar cases, in which a fee is required, none but the poor come under treatment, all that can pay being transferred to colleagues. In addition to his noble work of philanthropy, Karl Theodor has made numerous valuable contributions to medical literature.—*Med. News.*

PERSONAL AND NEWS ITEMS.

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WANTED — An energetic homœopathic physician to take a \$3000 country practice in Vermont. Can transfer a good business at once. Address "Practice," care OTIS CLAPP & SON, Boston, Mass.

THE CONSTITUTION AND BY-LAWS OF THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY have lately been issued as a neat little brochure. Included with them are the lists of officers, members and bureaux for the current year, and a brief and interesting historical sketch of the Society's rise and growth.

FOR SALE. — A large office desk, double set of drawers, black walnut and French veneer panels, made by hand for present owner, in fine condition, cost \$85.00, will be sold at a bargain; also, a Yale gynæcological chair, one of the earlier styles, in good order, will sell for \$30.00, worth \$45.00. Apply to OTIS CLAPP & SON, 10 Park Square, Boston.

THE SECOND REPORT OF THE BOOTHBY SURGICAL HOSPITAL, covering the period from July, 1890, to April, 1893, is at hand. The rapid growth of the Hospital, necessitating, since the date of its last report, the purchase and occupancy of the large estate next the one then in use, bears eloquent testimony to its usefulness and popularity. An entire new department for the treatment of nervous diseases, which is in charge of the well-known specialist, Dr. Frank C. Richardson, has been added. The clinical statistics of the Hospital are most gratifying.

THE following communication, received from a Maine *confrère*, will doubtless find echo in the minds of many young practitioners, weighed down with the risks and anxieties of their first professional years:

"Why do not homœopathic physicians form a society for mutual help when sued for malpractice?"

Take a case like this: A young man wishes to become a physician; he is poor, has to hire money to pay his expenses while in college, graduates, and settles in a country village, and, by hard work and faithful attention to business, is able to pay his debts and, perhaps, buy a house. He is called to perform some act of surgery. The patient, by carelessness or some act of his own, does not have a good limb, and sues the physician. A jury of twelve honest (?) men award him \$3,000 or \$4,000 damage, and the doctor is obliged to pay it.

Now, if physicians, banded in a society, would help their unlucky brother to the amount of \$1.00 or even \$5.00 each, it would save the brother, and assure the helpers of like help, should they ever find themselves in the same circumstances.

THE
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EDITORIAL.

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MEDICAL UNIVERSITY EXTENSION.

University extension from a medical standpoint is to be made the subject of experiment by a Western homœopathic medical college. Thus reads the prospectus of its scheme :

“The object of this scheme is to enable the people to become better acquainted with the scientific facts that pertain to their own existence. Too long has important knowledge been made the exclusive property of the medical profession.

It is now proposed, by the college faculty, to institute courses of lectures in different parts of our city, and the many towns and villages contributory to it. Classes of ten or more may be formed, the membership of which shall be without distinction as to age, color or sex, and all that will be required will be for the members to meet the actual expenses incurred ; it being understood that the various lecturers will ask nothing for their services. Among the subjects to be tested are :

The Invisible Forces of the Universe, as Related to Life and Health.

The World of Atoms, and their Relations to the Universe.

Protoplasm and its Relations to Vegetal and Animal Life.

The Blood ; the Fountain of Life.

Respiration, Ventilation and the Value of Fresh Air.

Digestion — Food, Cooking, Eating.

The Brain and Nervous System.

Heredity ; its Relation to Society and Families.

The Man Wonderful in the House Beautiful. — Anatomy.

Sanitary Science — State, Municipal, Personal.

Diseases — Nature, Causes and Prevention.

Chemistry — Elements, Atoms, Molecules, Etc. — relations to the human body.

Development — Education, Physical, Moral, Mental.

The Special Senses — Seeing, Hearing, Etc., Etc.

Temperance — Alcohol, Tobacco, Tea, Coffee, Opium.

How to care for the sick — In Camp, Hospital, Home.

The Rearing of Children — Infancy — sleeping and eating — work and play.

Emergencies — Till the doctor comes.

If classes are formed and a complete course attended by its members, certificates will be issued to all who pass a satisfactory examination upon the lectures given. The course must be completed within twelve months."

University extension, as practised in England for several years past, and as introduced into this country by its ardent disciple, Mr. Richard Moulton, has proved, as applied to the liberal arts and to many special subjects, a most useful and praise-worthy means of popular education. It is especially true of our own country, that the mass of the people are bound to pick up some sort of notion on every conceivable subject. And it is surely good that as many of these notions as possible should be founded in sound fact, such as can be best gleaned from teachers thoroughly conversant with such facts. On no subject are folk more curious than on the facts relating to their own bodies, and their preservation in health; as witness the enormous attendance upon the "lectures," so-called, of peripatetic charlatans who exhibit a few anatomical and physiological stereopticon views, before hastening to the theme of special diseases, and their immediate curability by whatever quack medicine the lecturer has on sale. Witness, also, the phenomenal sale of the "doctor's books," which, written in untechnical language, tell tales of the human body and its ills. It is certainly an excellent idea, working along the lines of university extension, to meet this popular curiosity, — often, unfortunately a merely prurient curiosity, — with sound and cleanly instruction, given

by those whose work in life it is to teach just these facts. The gospel of hygienic living could be propagated to an amazing extent, and by means all the more effective that they are indirect. Since, to a very measurable degree, hygienic living means moral living, the hard-working missionary would find a welcome and powerful collaborator in the medical university extension lecturer. And the lecturer himself would gain an experience by no means unprofitable to him in his every-day university work, in so simplifying complex facts as to make them intelligible to the average understanding.

Concerning that feature of the scheme which proposes to give certificates for lectures attended and examinations passed, we are not so sure. It is difficult to see what useful purpose such certificates can serve. It is not difficult to see that they might be made to serve a mischievous purpose, by being exhibited to the eyes of the ignorant as qualifying their possessor to trade, a medical charlatan, on the necessarily elementary knowledge thus acquired. It would seem wisest to let the lectures stand as an end in themselves, and the knowledge to be obtained from them as its own reward. Those—and there might be many,—who are stimulated by them to acquire more exhaustive knowledge of these subjects, as a basis for life-work, will find the way open, and no “certificate” needed, to enable them to enter upon it.

EDITORIAL NOTES AND COMMENTS.

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THE LOW EDUCATIONAL STANDARD OF MEDICAL COLLEGES is made the subject of a brief but exceedingly pungent editorial in a recent issue of the *Journal of Education*. After alluding to how very small a proportion of the matriculants of medical schools are college graduates,—Harvard leading with forty per cent., Columbia and Yale boasting about thirty-three per cent., and so by rapid downward steps, to Missouri University with six per cent., the Northwestern University with three per cent., and innumerable smaller schools with none at all,—the *Journal* quotes the rather drastic remarks on this theme of the agent of the U. S. Bureau of Education, as follows:—

“Medical education has not been controlled by educators, but by clinicians. The antique methods of the Revolutionary period prevail in the great majority of medical schools to-day. Even in those medical schools that are most intimately connected with state or private universities, other rules and other methods than those of the literary and technological departments prevail. In the report which furnishes the material for this article, we are astonished to find that in one of our university medical schools the course of lectures is so arranged that each student hears every lecture repeated the second year of his attendance, and then passes his examination and graduates. Can any educated man endure this, in this last decade of the nineteenth century? The fact is apparent to any student that medical schools are run for the good and profit, if not for the glory, of the professors. These men want quick returns, and they adapt their instruction to the unevolved mental maws of the students that come in the greatest numbers. The medical department is, so far as we know, neglected by every university in the United States; it is farmed out or left to shift for itself on half rations, or in the best instances treated from an educational standpoint in an exceptional manner.”

It is needless to say that the speaker quoted, in his righteous indignation very far overshoots his marks. His generalizations are dangerously wide, there being several easily-named medical colleges whose standards are unflinchingly high, and their compulsory work thorough. But his words have too much truth in them. It is time the standard of medical education in American schools was raised to a more creditable level. In the way of medical education the best is none too good; and the best should be demanded of the men who daily deal with the issues of life and death.

MENTAL MEDICINE AGAIN is brought to the attention of the general reading public, in an entertaining paper by Dr. Allan McLane Hamilton, in a recent issue of the *Century*. His treatment of the subject is not especially novel, the major part of his essay simply calling the reader's attention to the similarity between the effects of hypnotism, as intelligently and scientifi-

cally employed by modern experimenters, and the so-called "miracle-working," ancient and modern, by which such marvellous cures are reported as wrought at religious shrines and by "Christian Scientists." But one or two points are brought out very interestingly by Dr. Hamilton. For instance, that the danger of hypnotized subjects being forced, while unconscious, to commit crimes against themselves or others, is greatly exaggerated. If a suggestion made by the operator is greatly foreign to the subject's habit of life or fixed principles, it is rarely obeyed. Thus, in one case, "several women were selected for experiment, some of whom were respectable, and others whose lives had destroyed every vestige of modesty. Although both classes of patients were apparently in the hypnotized state, it was found impossible to make the decent women disrobe when they were told to do so, while the others showed no reluctance in obeying the commands of the operator."

A suggestive paragraph tells of the newly-recognized usefulness of appealing to more than one of the senses to produce the hypnotic state. "Bearing in mind the soothing effect of monotonous sounds, as of the steady dripping of water, I devised an apparatus by which not only rhythmical impressions could be made upon the finger-tips, but repeated musical sounds were indefinitely evoked from a finely-strung catgut by a revolving wheel. I found that it was much easier to produce the hypnotic sleep when the several senses were acted upon at once, than when one alone was appealed to."

THE NEW "BREATH CURE" is by no means designed to do away with breathing, though the "faith cure" is often defined as something that permanently does away with faith. On the contrary, the "breath cure" encourages breathing very much oftener and very much more energetically than we are wont to breathe, and claims that by so doing many fleshly ills may be alleviated and not a few cured. The propagator of this new medical cult is Major-General Drayson of the British Army, and concerning it he has much to say, in a recent issue of the *Nineteenth Century*. His paper is entertainingly summarized in the *Review of Reviews*, from which we quote the following :

“He calls it the art of breathing, and he seems to have hit upon it by mere accident when he was climbing a very high mountain. The rarefaction of the air at that altitude rendered it necessary for him to breathe twice as fast as he would have done at a lower level. All inconvenience caused by the rarefaction of the air disappeared when he doubled the rate of his breathing. Reflecting upon this, he stumbled upon the great discovery which should immortalize him if there is anything in it. Breathing in the ordinary way he pumps fourteen pints of air into his lungs per minute, containing three pints of oxygen, with which he can sufficiently oxygenate his blood. But on ascending to 7,000 feet, the pumping of fourteen pints of air into his lungs per minute would only take in a pint and a half of oxygen which does half the work of three pints, and as it requires three pints to oxygenate the blood he became almost suffocated. His heart palpitated and he was in danger of his life, but by suddenly doubling the rate at which he had been breathing he found instant relief. He has tried it under a great many circumstances. Whenever he was in a vitiated atmosphere he was able to get rid of his headache and incipient palpitation of the heart by taking long breaths twice as rapidly as he would on ordinary occasions. He maintains that in a very great many cases pain, sleeplessness, headache, and many other ills which flesh is heir to could be almost instantly relieved by this simple process. He says: ‘What does moderate exercise do? It increases the rate of breathing, and hence gives a larger supply of oxygen to the blood than is given when a person is sitting still. By the action of the will the rate of breathing can be increased up to fifty breaths a minute whilst reposing in an arm-chair; and I can state that I have driven away headache, toothache, and other aches by breathing rapidly during several minutes.

Another effect I have experienced from rapid breathing is the cure of restlessness and sleeplessness, from which those who use the brain much not infrequently suffer. In order to avoid breathing secondhand air, it is advisable to get out of bed and walk about the room, breathing very quickly during one or two minutes.

During the summer of 1877 I was in Central India ; during the winter of 1878 I was in Nova Scotia, where the temperature is frequently below zero. In spite of the hard work, I can claim a record which is at least unusual, viz., that during upwards of thirty years I have not been sufficiently ill to take a breakfast in bed, and except for a severe cut on my shin, have during thirty years never been on the sick list. Colds, coughs, sore throats, and other ailments, from which I used to suffer as a young man, I am now free from.' "

A SHINING LINK binding together nearly a half century of working years, is the new edition of Dr. R. E. Dudgeon's translation of Hahnemann's Organon. There is something fine, touching, nobly suggestive, in the bringing to a revision of the work of one's youth the same ardent conviction, the same hearty enthusiasm that in youth prompted and guided that work. No practitioner, no friend of homœopathy can be insensible to the inspiration that lies in the unswerving devotion of Dr. Dudgeon's mature thought and faith to the cause which in youth claimed their allegiance. Long years of untiring work, of close observation, of rich and varied experience have but more firmly established his conviction of the value of the truths Hahnemann expounded nearly a century ago. Again Dr. Dudgeon sets himself lovingly to the task of conveying to those of a speech alien to the Master's, as entirely accurate an idea as may be of the words in which Hahnemann formulated those truths. It is gratifying to note how admirably he has succeeded ; it is inspiring to know that unchilled affection for the faith and ideals of his youth has impelled him to the effort.

FLIES AS CHOLERA SPREADERS. — Sawtschenko (*Centralblatt f. Bact. XII, 25*), after a prolonged series of experiments on flies fed with cholera cultures and cholera fæces, finds positive proof that the living germs can pass through their intestinal canals and be deposited in so vigorous a condition as to live for several days. Furthermore, flies which had once been fed on cholera cultures and then for three days on nothing but sterilized bouillon were found at the end of that time to contain in their abdomen swarms of cholera germs ; a fact indicating strongly that flies may not only be carriers of contagion but that the germs multiply within them and thus make them new centres of infection. — *Om. Cl.*

NEW YORK 'physicians may obtain, on application to the Police Department, permits which will give them the right to pass across streets blocked by processions or through fire lines, when they are obliged to do so in order to answer calls for professional service. It is necessary to have this permit ready to show to the police, as the latter are not obliged to give passage to one who merely shows his professional card. — *Medical Record.*

COMMUNICATIONS.

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SKIN-GRAFTING AFTER THE METHOD OF THIERSCH, WITH REPORT OF FIVE CASES.

BY J. EMMONS BRIGGS, M.D., BOSTON.

[Read before the Worcester County Homœopathic Medical Society.]

In the year 1870 surgery received an impetus through an ingenious method of skin-grafting devised and published by Reverdin. This method became widely known and is familiar to every surgeon as "Reverdin's method of skin-grafting." Indeed, every operator is so conversant with this method that it is only necessary to touch upon it in a very superficial manner in this paper.

In Reverdin's method we must have, in the first place a healthy, granulating surface. This area is rendered antiseptic by chemical antiseptics, which are washed off with a saline solution, in order to preserve as much as possible the normal alkalinity of the blood. The surface from which the grafts are to be taken is prepared in a similar manner. With a small forceps or needle a tiny piece of the skin is pinched up and snipped off with a pair of curved scissors. The size of these grafts varies, but they are not often larger than a kernel of rice. These tiny pieces of epithelium are immediately placed with the cut surface downward upon the granulating area to be covered. This procedure is continued until the wound is partially or entirely covered, or, as is usually the case, until the patience of the surgeon is exhausted. If the surface is large, the operation is decidedly fatiguing. The grafted surface is then covered with a dressing, gutta-percha tissue being the best, and the grafts given an opportunity to adhere. At the first dressing, if the operation is successful, numerous grafts will have assumed a pinkish color and show indications of life. However, the probabilities are strongly in favor of the majority of the grafts dying. It is often the case that at each change of dressing fresh grafts have to be applied, and this process continued until the wound is finally healed.

"Unfortunately but little diminution of cicatricial contraction is effected by Reverdin's method, and, while healing is more rapidly secured, too often an almost equally rapid breaking down of new cicatrix results, whether from no recognizable cause, or from causes which would be inadequate to produce such a result in a scar formed by ordinary processes of healing."*

The method as devised by Thiersch differs from Reverdin's in many many respects, yet the fundamental principle is the

*Am. Text-Book of Surgery, p.1095.

same in both operations. There have been many changes in detail since the first introduction of the operation, which have tended to simplify the procedure, until at the present time the operation is not only a recognized surgical procedure, but one of comparative simplicity and very wide utility.

Thiersch's method has many points of superiority over the operation of Reverdin. In the Thiersch method:—

First. There is little or no cicatricial contraction.

Second. The grafts may be applied to a great variety of tissues, the epithelium promptly adhering to granulation surface, to fascia, muscle, and to cancellous bone tissue.

Third. The operation is quickly done, long strips of skin being taken instead of tiny pieces of epithelium, and the entire wound closed in by the transplanted skin.

Fourth. The results are more satisfactory and more quickly obtained.

“This method finds a wide field of application.*

1. The covering of large denuded areas resulting from burn.
2. The healing of chronic ulcers, — varicose, syphilitic, and lupoid.
3. The covering of large wounds following the removal of tumors and malignant growths.
4. Congenital malformations, as webbed fingers and others.”

The *modus operandi* according to the Thiersch method, as it has been employed in numerous operations in the Massachusetts Homœopathic Hospital, during the service of Horace Packard, M.D., is as follows: The area to be grafted and the surface from which the grafts are to be taken, are thoroughly scrubbed with soap and water, then rinsed with several changes of sterilized water, and a compress of one to four thousand corrosive sublimate solution applied and retained in position during the night preceding the operation. The patient is etherized, the area to which the grafts are to be applied, exposed, and the antiseptic removed by washing the surface for some time with a solution of sterilized water containing six-tenths of one per cent. of salt. If the surface to be grafted contains fungus-granulations or necrotic tissue, it is better to remove the mass with a sharp knife rather than the curette, as curetting is prone to leave abrupt and ragged edges. Under all conditions the hemorrhage from arterial trunks, or capillary oozing must be entirely controlled before the application of the grafts. To arrest hemorrhage from small arteries a twisting of the artery is preferable to the ligature. The capillary oozing can most

*Surgical operations, 1892, by Dr. Horace Packard.

readily be controlled by firmly compressing the wound with a pad of dry aseptic gauze. The control of bleeding is by far the most troublesome feature in the operation. In some cases a considerable time is consumed in trying to entirely arrest the hemorrhage. The bleeding is said to be more persistent in operations upon the lower extremities, and Dr. McBurney advises the application of the Esmach bandage during the operation. The pressure is maintained by an assistant while the surgeon proceeds to shave the grafts for application. The anterior aspect of the thigh is the place most accessible for obtaining the graft, and it is customary while grafting a patient to secure the graft from himself, although by no means essential. If, for instance, several patients are to be grafted at the same time, one may be made to supply the grafts for the others. Grafts may be obtained from a cadaver for a period of twenty-four hours after death, provided the body has been maintained at a low temperature. It is uncertain whether or not pigmentation of the skin is of detriment in the grafting of skin of a colored person upon a white one, probably dependent upon whether the deeper layers containing the pigmentary cells are removed with the graft. It is, however, a safer procedure to graft a white person with a graft from a white individual. The skin taken from lower animals — notably the abdomen of a frog — can be readily grafted to a human wound with very satisfactory results. The sublimate compress is next removed, and the surgeon cuts the graft, either with a flat-bladed razor, or better with the apparatus devised by Dr. Mixer, of Boston. If the area to be covered in is extensive, the grafts should be cut four or five inches in length by three-quarters of an inch in width. The graft is picked up by means of a piece of tissue paper previously wet in a saline solution. The graft is spread out on the paper and applied, with the cut surface downward, directly to the wound. In this manner a sufficient number of grafts are secured to entirely cover the wounds. During the operation care must be exercised in order to keep the grafts constantly moistened in the saline solution. After the wound is entirely covered with the grafts, it should again be bathed in the salt solution, and dressed with strips of gutta-percha tissue cut long enough to lap over an inch or two on either side of the wound and from three-quarters of an inch to an inch in width. These strips of tissue should overlap each other, as clapboards on a house, until the entire wound is covered. The object in employing these narrow strips of gutta-percha tissue, rather than a single large piece, is that they are more easily removed without disturbing the delicate, newly-planted epithelial cells, and afford access of the salt solution to the wound. Strips of ster-

ilized gauze wet in salt solution are then applied over the gutta-percha tissue, and cotton moistened in the same solution is next applied, and the whole retained in position by a bandage. If the wound to be grafted is located in the neighborhood of a joint, it is well to apply a splint, plaster-paris or silicate bandage to maintain immobility during the process of healing. The wound which is made by the removal of the graft is next to be treated. Thiersch himself advises the application of iodoform powdered upon the wound, but later experience has proven that a single large strip of gutta-percha tissue makes an excellent dressing. This dressing, which is applied at the time of the operation, is not to be changed for a period of a week or ten days, unless the dressing becomes soiled or the patient experiences pain, which is not often the case. When the dressing is removed the wound will usually be found to have filled in with new epithelium. The treatment of the case after the operation, consists in keeping the dressing constantly in a moist condition by the frequent application — about once in two hours — of the salt solution. In about forty-eight hours after the operation the first dressing should be done. The bandage, cotton and gauze are laid aside, fresh salt solution is poured over the strips of tissue, which are then removed, beginning with the one last applied. The wound is gently rinsed with the saline solution and redressed. At this dressing it is not always possible to accurately determine the vitality of the graft, but a pinkish color denotes the adherence of it. The accumulation of blood beneath the graft, although not a positive indication that it will not take, renders the result more uncertain. A white, cloudy appearance indicates the probable death of the graft. I have observed in several cases, where the grafts have apparently desquamated, that new epithelial formations have appeared and rapidly filled in this area. The dressing should again be attended to in a similar manner on the fourth day. At this dressing it will become apparent whether the grafts are to adhere, or whether the operation is a failure. The wound is dressed every second day in this manner, for about a week, or until the new epithelium is securely adherent, when a dressing of cerate or cosmoline spread upon gauze is substituted. It is now no longer necessary to continue the use of the salt solution. A week or ten days usually suffices for the firm adherence of the grafts.

I consider strict asepsis the greatest factor in the success of the operation. If suppuration occurs early in the case, the operation is doomed to failure. With the employment of absolute cleanliness and the carrying out of strict aseptic measures,

I am convinced that the operation is one presenting very satisfactory results.

By the courtesy and with the consent of Dr. Horace Packard, I herewith cite four cases upon which he operated, and one case of my own.

CICATRICAL CONTRACTION OF THE INDEX, MIDDLE AND RING FINGERS, TREATED BY THE THIERSCH METHOD.

CASE I. This case is of extreme interest, not only on account of the mode of treatment and results, but also because of the singular nature of the accident which made the operation necessary.

I herewith append a brief report of the thrilling experience of the patient in her escape from the fourth story of a burning building.

The following extracts from a New York paper, relating to the accident, afford the most authentic record of the early history of the case.

"Screams of distress and cries for help were heard from the flame-licked building. . . ."

"From the top floor Mr. F. was seen at the window, through the black cloud of smoke that enveloped him. Just below him were his nieces, with their bodies half out of the window, screaming for help and calling upon their uncle. One of the young girls seemed about to spring to the ground, but Dr. M., who was one of the first at the scene of the fire, called on her not to jump, and in a moment more Mr. F. threw a long rope from the window, which, while choking with the smoke, he had procured and made fast. Had it not been for this rope all three must have perished. Leaning from the window, Mr. F. called to the girls to descend. Miss R. H. was the first to venture upon the rope. She slid down rapidly, but her hands had already been badly burned, and the rope cut horrible gashes in her flesh. She gave way when some feet from the ground, let go, and probably would have been crushed, had not two men caught her in their arms. . . . A reporter called later in the day at the hospital to see the injured ones. . . . Miss R. H. was suffering very much from her injuries, which may prove serious. Her face was badly burned, as well as her hands. Her hair was half burned from her head, and she was badly lacerated by her descent."

"Aug. 21, 1892, my hands were burned by contact with a very hot door-lock and petroleum flames. Five minutes later I came down four stories from a burning apartment by means of a rope suspended from a window one story higher than my own. My hands simply clasped the rope, and as it was very rough

and I weighed 153 pounds, and have very thin skin, the palms of my hands and my fingers were entirely denuded of skin. Other parts of my body and face were superficially burned, but my hands were in such a condition that some of the doctors who first saw them did not know as they could be saved. The agony that I suffered with them for three weeks was intense. The nerves were exposed, and although the boracic-acid ointment that was applied after the first week proved most healing, I felt much of the time as if the pangs of hell had verily 'got hold upon me,' and part of the time I was delirious with the horrible suffering.

"The first week my delirium was increased by the use of drugs. Chloral and morphine were given me in large quantities, but at the end of that time it was, fortunately for me, deemed best to withhold them entirely. The outside of my hands were terribly swollen, and, when in bandages, looked about the size of a small baby. The palms healed rapidly, and at the end of a month my hands looked almost as well as ever. There were, however, small scars at the tops of four fingers, healed over apparently. The doctors in charge of my case seemed entirely satisfied with the result of their work, and I was left apparently cured. From then on a new trouble began and developed rapidly. My fingers began to contract, and upon seeing the doctors again they said nothing more could be done until the fingers had finished contracting.

"They said that I must be patient and wait for the time to come when they could be operated upon.

"The following month was one of misery to me, to see my fingers, through sheer weakness, gradually contract until finally they rested upon the palms of my hands.

"In November, feeling certain the time for the operation had come, I went to Boston to consult Dr. Horace Packard, whom I preferred should perform the operation.

"It is now a month since the operation on the right hand, and I am able to use that, as also the left hand, on which an operation was performed two weeks earlier, with great facility, writing as rapidly as formerly." Dec. 12, 1892.

The thumb and little finger only of each hand were free. The tips of the other fingers very nearly touched the palm of the hand, and were bound down by dense webs of cicatrical issue.

The left hand was operated upon first. The webs of cicatrical tissue were cut sufficiently to straighten the fingers, then all the dense, unyielding tissue was dissected away. After the oozing from the freshened surfaces had ceased, grafts were transferred from the anterior surface of the thigh, in the manner described above. All the grafts readily became adherent,

and at the expiration of ten days, repair was complete without suppuration or inflammatory reaction of any degree. Twenty days after, the right hand was operated upon in a similar manner, with the same results. The fingers are not perfectly straight, but yet can be opened widely enough to enable the patient to make use of the hands for all ordinary purposes. The muscles of the forearm were naturally very weak after three months of inactivity, hence the resumption of the finger movements must necessarily be acquired somewhat slowly. The result can be summed up in a very few words, viz.: The hands which were hopelessly crippled for all the necessary uses, such as attention to personal necessities, in adjustment of clothing, use of knife and fork, writing, to say nothing of the myriads of other hand and finger uses which one wishes to resort to daily, have been restored to practically perfect usefulness.

CASE 2. Mr. C., aged, 78 years; nationality, Irish. Two years ago noticed a small nodule at the outer angle of the right eye. Last July, he was operated upon at the Boston City Hospital, but before the wound had entirely healed the growth reappeared. Two months ago he again entered the City Hospital, and submitted to a second operation, and again the disease returned before the wound had healed. He entered the Massachusetts Homœopathic Hospital, Jan. 30, 1893, with a deep ulcer on the right side of the face, near the outer angle of the eye. The edges of the ulcer were extensively indurated, with numerous small, hard nodules near the ulcerating area. Clinical and microscopical diagnosis, epithelioma. He was prepared for operation, and on Feb. 4, 1893, Dr. Horace Packard removed the growth as thoroughly as he thought advisable, and after the hemorrhage was controlled, a graft from the anterior aspect of the patient's right thigh was applied to the wound. The wound was dressed in the manner previously described, and, at the date of the second dressing, Feb. 8th, the wound was entirely covered in, with the exception of a small ridge along the superior and anterior margins of the wound, where the graft became a trifle displaced. This surface healed in very quickly by the rapidly new-forming epithelium.

CASE 3. Miss J., aged, 12 years; nationality, American; family history, negative. When two years of age a redness and induration appeared on the posterior aspect of calf of the left leg. This lesion was circumscribed and had had times of improvement, but had never entirely healed. She entered the hospital Feb. 2nd, 1893, and a diagnosis of *lupus* was made. The diseased surface comprehended an area of six by three inches. On Feb. 4th she was etherized, and Dr. Horace Pack-

ard, after excising the entire diseased area down to the muscular tissue, covered the wound with grafts from the anterior surface of the thigh. Feb. 6th, the first dressing was done and the grafts all appeared in a healthy condition. The dressings were kept moist with the salt solution until the 11th of the month, when the wound was dressed with cosmoline.

March 4th. Wound entirely healed.

CASE 4. Mr. W., aged, 57 years; American. Has had varicose veins of the lower extremities since he can remember. Eight years ago was thrown from a carriage and struck upon the lower part of the anterior spine of left tibia. Soon after this an ulcer appeared in this locality which never healed. Since that time he has had several ulcers. For a month Dr. Packard attempted to heal the ulcer by the ordinary methods: Rest in bed, soaking in hot water, hydrastis powdered upon the wound, touching the ulcer with Ag N O_3 , by the use of the curette, dressing with sub-nitrate of bismuth, and arsenicum given internally. But the ulcer proved exceedingly obstinate and showed no tendency to heal. On Feb. 4th, 1893, he was anæsthetized, chloroform being employed, as atheromatous degeneration and calcification of the arteries existed. The ulcer was freshened by the use of the knife, and a graft taken from case 2, which I have previously reported, was applied. A week later the graft apparently came away, but there appeared under it numerous patches of newly formed epithelium, and the wound after a month's time closed in with new skin.

CASE 5. Miss M., aged 26; nationality, Nova Scotian; occupation, servant girl; family history, tubercular. She entered the hospital Feb. 2nd, 1893. Examination revealed numerous extensive ulcerations of the superficial cervical glands with thick crusts and granulating surface beneath. There were in all ten of these patches in area varying from the size of a ten-cent-piece to that of a silver dollar, or even larger. On Feb. 4th, 1893, I operated upon her, thoroughly curetting these superficial ulcerations. A week later, seeing that a long time would be consumed in the process of healing such extensive areas, as well as unsightly cicatricial contractions which would result if left to heal in by granulation, I called Dr. Packard's attention to the case and he advised skin-grafting; so, on Feb. 11th, 1893, a week after the first operation, I applied grafts, taken from the anterior surface of her thigh, to the denuded areas. Fortunately, all the grafts lived, one became slightly displaced, and on the 17th of February, six days from the date of the operation, they had become firmly adherent, and a dressing of cerate was substituted for the salt solution.

OXALURIC NEUROSES.

BY EDWARD P. COLBY, M.D., BOSTON.

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

It has seemed a legitimate field of study that we should occasionally turn aside from the consideration of pure materia medica and the various symptoms calling for the administration of drugs in detailed accordance with them, and view as a whole the constitutional irregularities causing these phenomena, i. e., producing certain groups. To those who would say this is a departure from the rule of prescribing for the totality of symptoms, the reply readily presents that this method does not leave out the minutest reliable fact, but includes in the investigation a series of results unknown to the early students, because they depend upon measures discovered and adopted in recent times.

The various instruments of exactitude have made our responsibilities as well as our means of benefiting our patients greater than those of our predecessors whose provings we yet study, and I trust shall continue to study for many years to come. Many of us firmly believe that drugs as administered in provings cause not only symptoms but also a constitutional disease. This is daily tacitly admitted by those who prescribe in accordance with the theory of psora, sycosis and syphilis. With this in view, I have selected as one of the subjects for discussion this evening that condition — or those groups of symptoms — which produce in cases where there is found to be an excess of uric acid, either free or combined, and oxalate of lime in the urine. This condition of things usually accompanies or follows a constitutional irregularity in which the organs fail to complete the metamorphosis of tissues, and substances taken as nutriment. In the normal condition there is within varying limits a definite relation between the more important organic constituents of the urine, viz., urea and uric acid or the urates. In certain disturbances the relation is disturbed and the uric acid constituent is present in excess; if the equilibrium is still interfered with, but in less degree, a portion of the uric acid does not undergo its usual change, and oxalic acid is the result; this incomplete change has often been compared with the imperfect combustion of fuel in a furnace, resulting in dross or clinkers. It is not necessary to elucidate this theory to any further extent as it is fully discussed in the various text-books, and is well presented in an able paper read before the State Society by Dr. W. L. Jackson. (Published in *N. E. MEDICAL GAZETTE*, Sept. 1890).

The first question presenting would be, is there a recognized group of symptoms presenting in these cases, which would lead one to suspect the existence of oxaluria. There has not been

presented a very large number of cases, but in the various periodical literature of the profession and in text-books of our libraries sufficient examples are given to form a quite reliable basis, and we can safely assume that there are certain neurotic symptoms which are quite constant.

I offer the report of six cases taken at random, but giving a very fair average as appearing in private practice. In our hospitals where patients can be seen every day and their progress noted, and also frequent urinalysis made, the reports should be made more accurate and reliable.

CASE 1. Merchant; age, 45; married. Has a family of wife and two children, with everything to make life pleasant. For years has had headache, both occipital and frontal; appetite poor, oftentimes food distresses him; habitual constipation; sexual powers diminished, but sexual imagination active; urethra sensitive; has for several years been distressingly melancholy; his mind is not so active as it used to be, so that he is incapacitated for business, and was obliged to give it up; various numb feelings in extremities; urine showed excess of urates and numerous crystals of oxalate of lime. A prolonged absence in camp life, abstention from sugar, coffee and a limit being placed upon meat diet, lithia water in large quantities, colchicum, cocculus. Most of symptoms improved, oxalate of lime disappeared, urates diminished. The melancholic symptoms had, however, taken such complete possession of him that they still exist, but in a much modified form; there is reason to fear that the mental condition may remain disordered.

CASE 2. Male; age, 42; accountant; married. Has for years been dyspeptic; functional heart trouble; sexual power diminished; testes rather small and not very sensitive to pressure; patellar reflex very active; is very anxious about his physical condition, as is likely to be the case with neurasthenics; countenance anxious and gloomy; spine not tender; has headaches from mental exertion, with dizziness; constipated; is full of forebodings, and his low spirits are a great trial to his family; urine strongly acid, an abundant deposit of amorphous urates and several crystals of oxalate of lime in each field.

CASE 3. Widow, age, 60. Has been dyspeptic for several years; occasional attacks of slight nausea; morning headaches, mostly occipital; rheumatic pains in joints of hands and feet; bowels normal, alternating with diarrhoea; beats and trembles all over at times; is anxious and inclined to be low-spirited; palpitation from excitement; accumulation of gas in intestines; has more than the average amount of adipose tissue; urine acid, urates abundant and crystals of oxalate of lime. Colchicum, lithia water and restricted diet; improving at last report.

CASE 4. Male; age, 50; journalist. A free liver in every sense. Has headache, dizziness, some tremor, constipation, tendon reflex action; urine acid, heavy, loaded with urates and some crystals of oxalate of lime. Under restricted diet, colchicum and lithia, he improved and ceased to report.

CASE 5. Male; age, 46; merchant; married. For several years until lately has enjoyed good health. In August, began to feel ill; some trivial remark started a train of agonizing low spirits; found it difficult to transact business as he was fretful, and the slightest detail in his affairs became a great burden; sensation of great weakness; feels as though he did not want to live; not much headache, but a sense of confusion in the head; tendon reflex exaggerated; no trouble with the sight; urine sp. gr., 1026, strongly acid, crystals of oxalate of lime abundant. Prescribed a vacation, colchicum and lithia water. Improvement marked, and within three weeks the oxalate of lime had disappeared from the urine.

CASE 6 was reported to the State Society, and is recorded in N. E. MEDICAL GAZETTE for August, 1890, and is an instance where the irritation of the poison caused first chorea, and, later, some paresis of right side. As a remedy he had finally colchicum, but this had been preceded by a number of other medicines. At the time of taking colchicum he also got lithia water and had a restricted diet. The oxalate of lime gradually disappeared and with it the symptoms. This is the only case I find in my more recent records manifesting marked paresis, and, unfortunately, my previous records have been mislaid in the turmoil of moving my office.

I should report more cases, but that in so doing, it would encroach upon the time belonging to other papers, and must satisfy myself by a summary of the symptoms usually to be found, and which should lead the physician to carefully examine the urine. Most of the cases have headaches, either occipital or frontal, usually both. Nearly all are tormented by low spirits, or are abnormally testy and easy to take offence. Neuralgic pains in the head, face or extremities. More than two-thirds are constipated, and the intestines give evidence of lack of nervous tonus, both by their inaction and by the incarceration of flatus. A despondent condition with mental dulness, co-existent with physical weakness, is the most constant symptom, so common, in fact, that when I have a neurasthenic patient presenting this combination, the urine is always examined.

Dr. Jackson reports headache in 18-25 of his cases; seven occipital, four frontal, usually worse on waking. Sixteen had a general sense of weakness. Muscular pain and stiffness in more than half. Eleven had vertigo. Constipation was com-

mon, but two had diarrhœa; despondency, insomnia and palpitation of the heart were common symptoms.

In treating such cases many remedies have been administered, but a resort to colchicum invariably became necessary. The use of lithia hastens the improvement, but a portion of the favorable result is, undoubtedly, produced by the large quantity of water in which the lithia is dissolved, twelve grains being added to each gallon, and three pints to two quarts taken daily. The diet is controlled, meat allowed but five or six times each week. Coffee is interdicted as arresting metabolism, and sugar limited to the smallest amount practicable. The treatment must be continued for a long time after improvement is manifest, as the whole constitutional habit must be radically changed before the cure can be considered permanent.

Various rheumatic affections of the joints and stiffness of the muscles occasionally appear in isolated cases showing a relationship to the gouty diathesis, but these may be looked upon as results of uric acid, are more common when there is no oxaluria and are not neurotic.

In closing, I would say that a few instances have been noticed where the irritation has also extended to the kidneys causing ^o albuminuria, and even tubular casts have appeared in the urine, ^z all of which disappeared as the oxaluria was relieved. It has been claimed that the renal irritation is mechanical from the sharp edges of the crystals; this may or may not be the true explanation, but it does not seem incompatible with its action upon the nervous system that the renal circulation may be disordered through the vasomotor nerves. It is not probable that all or even most cases of degenerative nephritis originate in oxaluria, but it is more than possible that occasionally this may be a factor in the etiology.

Possibly it would have been better to have spoken of the condition as neurasthenia with oxaluria, but I desired to fix the oxaluric element as strongly in the mind as possible, believing that its presence is causative.

A CASE OF PRESSURE-PARALYSIS FOLLOWING LABOR.

BY A. E. PERKINS, M.D., SOUTH ASHBURNHAM, MASS.

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

Mrs. E. L——, sent for me at 1 o'clock Thursday morning, Nov. 21, 1889. She had been having pains for several hours. Had been confined fifteen years previously, the labor at that time being very long and severe. During this last pregnancy she had suffered no especial discomfort, except a lameness of the right side caused by a fall from an icy doorstep several

weeks before. I found, on making a vaginal examination, the os slightly dilated and the presenting part very difficult to reach, but evidently a head; and after a little was able to make out a right occipito-posterior position. The pains were short, aggravating to the patient, and only recurred about every ten minutes. The membranes ruptured at six o'clock, the pains became more frequent, the woman complaining of very severe pain in the right hip. She said, "it seemed as if the right hip would fly off, and that she must part there." The head had descended a little into the pelvic cavity and the occiput was rotating toward the sacrum. I endeavored to apply the forceps but was unsuccessful. Dr. Colby, of Gardner, and Dr. N. R. Perkins, of Winchendon, were called, and we determined to try the forceps, first administering ether. This time we were successful, delivering her of a still-born babe at 3 P.M. She rallied nicely, but could not sleep that night owing to the severe pains in the right hip and leg. Friday her temperature was 102° and Saturday it was 104° , gradually declining till Nov. 27th, when it was normal. She complained of no discomfort except the terrible pain in the right leg. Said it seemed to shoot like lightning from the hip down the back of the thigh. Passing the hand over the skin of the leg was like drawing a live coal over it. In a few days this condition changed and the skin became anæsthetic, completely so below the knee and to a slight degree on the back of the thigh. She was able to slowly flex the thigh on the abdomen, but neither could she flex the leg on the thigh nor the foot on the leg. There was slight swelling of the ankle. On pinching the toes very hard she would complain of a burning sensation somewhere about the foot, but was unable to locate it definitely. Dec. 10th she found she was able to move the toes a little and I found that the anæsthesia was much less marked from the knee nearly to the ankle anteriorly. From that time on, the anæsthesia slowly disappeared and she regained the use of the limb, being able the last of December to walk a little with the aid of a crutch, though bearing much weight on the right foot gave her a sensation of thousands of needles pricking her. Now she can walk with no support, but the ankle is somewhat weak and at times pains her. There was a slight atrophy of the muscles of the calf in this case. She took aconite and arnica at first, and the leg was bandaged over a thick layer of cotton wadding. Later she received arsenicum, rhus tox, and strychnia sulph, this last remedy being continued for a long time. Massage, and friction with chloroform liniment, was applied. The Faradic battery was used, the positive pole being placed at the lumbar region, and the negative at different places on the leg and foot.

Prof. Lloyd of Philadelphia states that from dissections made by him, and experiments on the cadaver, it would seem as though posterior positions of the head would most frequently cause this form of paresis. That the vertex would press upon the sacral plexus or its branches sufficiently hard to produce neuritis and subsequent paralysis. In the case related the region affected was supplied entirely by the great sciatic nerve and the history of this case would seem to confirm his theory. True, the application of the forceps might produce the same result if roughly or unskilfully used; but the pain in only one hip and leg, the right, was complained of before the forceps were applied and great care was used in their application.

PHYSICAL DIAGNOSIS OF DISEASES OF CHILDREN.

BY ELOISE A. SEARS, M.D., WALTHAM, MASS.

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

“There is no new thing under the sun” was written long before we came upon this scene of action, and if we should be reminded that it is new thoughts and new experiences that are desired, we can only say it is not our fault that we were born so late; had we lived earlier we might have given you something fresh and new. *Physical Diagnosis of Diseases of Children* is very hoary, but strange as it may seem, as each new baby is consigned to our care he or she does seem to manage to present some very original combinations, and the smaller they are the more puzzling they become. Although we try to look wise, we have stood perfectly helpless before a few pounds of humanity, the whole of which could be put into one’s pocket, and yet something must be done, as these mites keep the whole house in a feverish state of alarm. They wail and moan in their own language, but, unfortunately, we are so far away from that mystic land they have so recently left, we have forgotten the language of its inhabitants, and so must examine the little creatures, and make out our case as best we may. Is this always done systematically and with much care?

It takes time, and a world of tact and patience, and life is short, but do we do our whole duty if this is not done? Diagnosis by guesswork takes less time at the beginning, but perhaps more is spent in repentance when a physician diagnoses a case as “worms,” and in spite of anthelmintics they will not budge, and another physician comes, and after making a thorough physical examination pronounces the case pneumonia, and the child dies on the following day. It must set one to thinking, to treat a child for dyspepsia for months, and then have the father call the attention of the physician to a peculiar bunch on

the child's spine discovered in bathing. We get far too many perplexing cases after this careful examination, but we shall learn something that will help, and the parents do not object; nine out of ten like a careful, painstaking physician who examines the child from head to foot far better than the "Ah, good morning! Johnnie sick to-day? Oh, he'll be better soon. Give him this occasionally. Good-day" type. There is no rule that can be followed, as they are such tantalizing little patients that one must continually invent ways of finding out what one wishes to know.

If baby is asleep when we call, we have a golden opportunity of discovering many things. We can note if he is quiet or if there is jerking and jumping, if he rolls his head, if he sleeps with his eyes well closed, if his cheeks are flushed, his respiration easy, and if the hand is well warmed possibly can slip it under the clothes and notice if his abdomen is tense or otherwise. Slip the thermometer into the rectum or in the groin, and while waiting for it to register, inquire carefully of mother or nurse all about what she has observed with regard to the child. An intelligent mother or nurse who has handled the child from birth has some pretty good ideas of its general condition. She knows whether the little one has grown steadily heavier in her arms, or whether each day there seems to be less and less of baby to lift from his pillow; whether he has taken his nourishment well, how he cries, how he sleeps, about his stools, — though one can get a better idea of these by actually seeing one than all the descriptions that can be given — and many other things can be illumined from this source. Hurried breathing, the fanning of the *alæ nasi*, and the short cough, if we get such a group of symptoms, will probably cause us to make a most thorough examination of the chest as the next step. Possibly before the child wakes we can get the mother to very carefully loosen the clothes, and after throwing a light shawl or blanket about him, with a soft handkerchief over the back can get our ear down and listen to the breathing. If the child is not too sick there is not much difficulty in getting a very good idea of the condition of the lungs in this way. If the little tyrant objects and screams lustily, why we must possess our souls in sweet serenity, and comfort ourselves that considerable air is going into the breathing apparatus. When the storm is over we can try again.

If our little patients are acquainted with us we do not have this difficulty, and the way to gain their confidence is to make friends of them while they are in health, if we have the opportunity, and then deal honestly with them. No class of patients resent deceptive methods more than the children. If we are

called to one member of the household, and three or four children are standing about watching the mysterious personage as the medicine box is opened, treat them all round to a powder or a few sugar disks, and some pleasant words, and the doctor will soon be on good terms with them. He has also taught them that he carries sugar and good things in that funny black box, and in fact 'twould be the jolliest thing in the world to be sick and have him come and do it all over again. We, as homœopaths, have an immense advantage over the other school with this class of patients, and there are many older people who have no great affection for nauseating doses.

The ear seems to do better service than the stethoscope in examining the chest of very young children, as it can better follow their movements, and being such a common object there is no fear of it. The finger used as a pleximeter will give us all we need on percussion. While examining in this way we can take in the contour of the child's thorax, if we see the pigeon breast can look for the rachitic rosary, notice if there is any slight curvature of the spine, see if the muscles are well developed, if any rash is present, and so on. In examining the abdomen, if on account of fright or from bad temper, inherited, as the father informs us, from the mother's side of the house, the muscles become tense our efforts are in vain, and we must wait and watch our opportunity to see if palpation causes pain, if not, to discover the position of the abdominal organs, to see if there are any abnormal enlargements, tumors or enlarged glands. An examination of the genitals may disclose a phimosis which has been the source of no end of reflex nervous disturbance, the cause of which never having been suspected, the child has been treated for various things.

As some difficulty is experienced in getting a look at the throat it is well to leave that till toward the end. Some children; very proud of their teeth, will sometimes show them, and if you are interested to see the big ones away back a good look at the throat can be obtained; a suggestion that you would like to see what they had for breakfast works with others, but if all coaxing fails, recourse must be had to force, and with a good light previously prepared, the tongue depressor may be used, with the head held by an assistant. The ears are often forgotten, but who hasn't had cases where some grave trouble with the brain seemed pending, perhaps even meningitis feared, and a "running ear" has cleared up the case. If the case be a chronic one, remove all the clothing, and have the child held in an erect position by the nurse, or if old enough let him stand alone, and notice if he stands erect, if the hips are on the same level, have him walk and run, and abnormalities will better be

detected. And then there is the urine to be analyzed, the teeth to be inquired about, the time of weaning and walking noted, the family history to be looked into before we can get our case in good shape to handle. All this will indeed take tact, time and patience, but as I am directing my remarks chiefly to the young aspirants in medicine, they have ample time, and if they do not possess the tact and patience they should be cultivated along with the other virtues. Careful physical diagnosis will repay a hundredfold, and will go a long way toward helping select the appropriate remedies for these little folks.

A CASE OF PSYCHIC PARALYSIS.

BY GEORGE S. ADAMS, M.D., WESTBOROUGH.

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

On the evening of March 9, 1893, Mr. John L. Mahoney, a nurse, was stabbed in the back by a patient who had obtained a knife. This injury was followed almost immediately by paralysis of the injured side and anæsthesia of the opposite side, a condition resembling the paralysis first described by Brown-Séquard, and known as Brown-Séquard's Paralysis. Neither the paralysis nor the anæsthesia was complete and appeared to extend from the hips down. The wound was dressed by Dr. Bothfield, and two days afterward, there being no improvement and it being thought possible that a portion of the knife blade was left in the wound, the doctor laid open the seat of injury as far as the knife had penetrated, but found no foreign body there, and discovered that the spinal canal had not been entered, but that the force of the blow had cut through a process of the third dorsal vertebra. The patient suffered much pain and had more or less fever for two weeks, the pain being worse at night, causing at first almost entire loss of sleep. The paralysis and anæsthesia gradually disappeared. When he first began to walk, an ankle clonus was observed at one time when he was fatigued, but was not noticeable after he was rested, and was not again observed. Of the cause for the paralysis, we can exclude gross injury of the spinal cord. We may, however, consider it as the effect of the concussion of the cord. Concussion is a recognized cause of myelitis and various organic diseases of the nervous system. The pain our patient suffered might be due to a myelitis having been set up, but the injury to bone and muscular tissue would account for the suffering, and the ankle clonus was of so short duration as to be of no diagnostic value, and there were no girdle pains. Having excluded an actual lesion and indirect injury of the cord as a cause of the

paralysis, we must regard the paralysis as functional, due to the mental effect of the blow. According to the teachings of Charcot, we should call this paralysis hysterical, indeed one of the diagnostic symptoms from which he tests a paralysis to be hysteria is the hemi-anæsthesia, but his dictum is resented by many who have made a close study of nervous diseases, and a very conservative estimate is made by Bastian who says, "hysteria is only one of the general conditions under the influence of which paralyzes of a purely functional type may develop themselves." Bastian in a recent contribution to the study of functional paralysis also throws some light on the way that these functional paralyzes may occur. He takes up the work of Ferrier and considers that the Rolandic area has been definitely settled as the centre for movements, but goes further than Ferrier, who contends that the motor region only causes movements and does not register them. "Bastian puts the controversy into a nutshell when he says that since the revival of past motor experiences must immediately precede new movements, then, if the Rolandic area be a purely motor area, there should be, must be, another region, whose stimulation would as unfailingly excite movements as stimulation of the Rolandic area itself, but no such other region has been demonstrated, therefore the Rolandic area must, *pro tem.*, be regarded as the region of motor sense, registration and revival." This helps us probably in locating the part affected in cases of functional paralysis, although it brings us no nearer, perhaps, to the final solution of the problem. This is a subject upon which there are so many different opinions that while I believe this case to be a purely functional paralysis, I should like to have it discussed, as I only hold my views tentatively.

VARICOCELE.

BY W. S. SMITH, M.D., BOSTON.

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

In choosing a subject for consideration before you this evening, I have been influenced by the selfish hope that the members of the Society might augment this short paper by suggestions as to the feasibility or non-feasibility of the measures here laid down for the cure of the common disorder, Varicocele.

Is it not true that genito-urinary subjects have rather been avoided in the councils of our school, and that at the present time we leave this field to the allopathic fraternity, and rather speak apologetically of the many cases that constantly come under our care?

Why these things should be in the light of the fact that

homœopathic physicians have been unusually successful in the treatment of diseases affecting the genito-urinary organs is beyond my understanding or knowledge.

Homœopathic medicine, more than any other single cause, has changed the treatment of these disorders from an unreasonable and indiscriminate administration of nauseous and harmful drugs to the legitimate and useful methods which universally prevail to-day.

When we attempt to estimate the amount of sandal-wood oil, of copaiva and cubebæ that have been literally poured down the throats of a suffering, if immoral, humanity, and consider the injury that mercury in its various forms, and iodide of potassium — good servant though it be — have done to former generations, it seems that homœopathy may as well take her share of the credit, and pride herself as much on the present condition of affairs in this special branch of medicine as in the many others that she has purged of the unscientific practices of the past.

I believe I am right in saying that among certain members of our school a man or woman would require considerable courage to announce himself or herself as a specialist in diseases of the genito-urinary tract. Why should this be?

These diseases unfortunately exist, and many times to the undoing of certain members of the community, who, in spite of their indiscretions and mistakes, are valuable members of society that the world can ill afford to lose; and the loss frequently comes, for according to the later ideas on the subject, many cases of Bright's disease have their origin in a venereal inflammation of the urethra, which has gradually progressed along the urinary tract until it has reached the kidney and become the nidus of degenerative disease.

Insanity, having its origin in urinary and sexual disorders, is, unfortunately, by no means rare, and many other fatal or worse than fatal diseases may be traced to their inceptions in a similar manner.

Again, the chief support of the quack and charlatan is in magnifying and discoursing upon the ills connected with the sexual apparatus, and I doubt not that each of us has seen numerous cases in which otherwise sensible young men — yes, and even girls — have been almost goaded to desperation by the pamphlets and advertisements of these quasi-medical vampires.

The sexual function in the male is first a subject of wonder, then of experiment and finally of respect, so that even up to old age, the sexual organs never cease to be a source of concern and care.

Sexual hygienics and normalities are not well understood by

the laity, and any deviation from the varying standards that each may have set up in his mind, is at once considered an abnormality that may assume enormous growth and finally dominate the whole economy.

From a great portion of the medical profession at large these uncertain individuals receive no encouragement and small advice, but are rather repulsed in such a way as to discourage any further confession of their worriments and anxieties, until they wither and shrink into silence or consult one of the omnipresent advertising quacks.

I would not be understood as unduly criticising the efforts of my co-workers in the noble profession which we represent, but desire that these strictures be taken more as a personal confession of tendencies to careless examination and diagnosis in these cases, which are as well worth study and thought as any which come under our notice.

Many of the men suffering as indicated above have some reason for their complaints,— a narrowing of some part of the posterior urethra being contributory in the majority of instances, but a condition of varicocele may be the principal cause of their disability.

I would not unreservedly say that it alone is responsible for their lack of health, but it is certain that many cases which resist other means of treatment will finally succumb to a proper operation or other procedure directed toward the varicose veins of the testicle and spermatic cord.

Varicocele is an unnatural dilatation and hypertrophy of the veins of the spermatic cord, the epididymis and the testicle. Its favorite seat is on the left side, although many cases involving the right side have been reported ; but they require, as a rule, but simple treatment, and readily subside after adaptation of a proper support.

The presence of the disease on the left side is variously accounted for by different authorities, but the most reasonable explanations are :

1. The greater length of the left cord, the testicle often hanging an inch below the other.

2. The termination of the left spermatic vein in the left renal vein at right angles or at such an angle as to oppose the current of blood, instead of ending as does that on the right side in the inferior vena cava at an acute angle and in the direction of the returning blood current.

3. The passage of the left spermatic vein beneath the sigmoid flexure of the colon, which is frequently filled with hardened fæcal deposit, and may partially occlude the vein by pressure upon it.

None, nor all of these alleged reasons sufficiently explain the phenomena connected with the origin of the disease, but they partially clear up the frequency of the condition, which Keyes declares to exist in ten per cent. of all adult males — a statement which seems to me unwarranted and unsupported by sufficient evidence.

The symptoms present themselves usually as follows: A young man — and he is always young, older subjects being free from the liability to its development, even, as Keyes says, if suffering from varicose veins of the lower extremities — presents himself with a recently-noticed swelling within the scrotum on the left side. This abnormal enlargement is usually discovered by accident, and is frequently referred to some recent act of straining or muscular action.

Upon questioning, he will give a history of dragging pains in the loins, of sharp pains in the perinæum, of some imperfection in the sexual functions and a feeling of extreme anxiety and nervousness. Upon examination a well-defined mass will easily be discovered on the left side of the scrotum, which may readily be mistaken for an inguinal hernia, but its peculiar worm-like feel, the inability to reduce it permanently and the lack of impulse on coughing are all the differential points required to establish a diagnosis.

The patient may now be assured that the local difficulty is easily curable, but one should be somewhat chary of promising immediate cure to the nervous symptoms which have been prominent for some time, as they will require treatment for an interval after the operation, but with proper care will soon disappear for good.

Many methods of treatment have been devised by the authorities of different epochs from the most ancient to modern times, but they may practically be spoken of under four heads, viz.: 1. Support. 2. Excision of a portion of the scrotum. 3. Subcutaneous ligature. 4. Excision of the diseased veins. A combination of two or more of these means has also been recommended.

In a condition of recent and not very severe varicocele, and especially those cases appearing on the right side, or in subjects that can be kept well under supervision for a time, the use of cold, or in some cases hot compresses or douches locally and the adaptation of one of the various so-called "suspensory bandages," the silk or linen knit being preferred, will be all that is necessary to render the patient comfortable and even cure the case by absorption.

As regards excision of a portion of the scrotum, we are all familiar with the instruments that have been used to clamp off

a portion of the scrotum, on the side affected, and the method of their use to control the supposed dangerous hemorrhage, and the complications that were feared might prevent a proper healing of the parts attacked. Speaking purely from a personal standpoint, I should say that the operation only aimed at a cure and missed the stroke in a large majority of cases; in other words, I believe it is not only unnecessary but unscientific and dangerous.

In the *N. Y. Medical Record* in 1886, Dr. Keyes, of New York, published a very interesting paper on the cure of this disorder, and in the recent system of Genito-Urinary disease just published by D. Appleton & Co., and edited by Dr. Morrow he again refers to that report and elaborates the original description, claiming that the means there laid down are the only proper and justifiable ones to be used in such cases of varicocele as require operation.

His method, familiar to you all, is one of subcutaneous ligation of the veins in one, two or three places as the symptoms indicate. He advises no anæsthetic, and proceeds, as he says, "with the patient leaning against the bed that he may fall thereon when overcome by faintness, which," he humanely adds, "prevents his feeling any pain but that inflicted by the first puncture of the needle." He further says that the patient must be confined five days, but declares that ten days of inaction are necessary in a very small proportion of cases. He also objects to the usual ten days' confinement to which patients are subjected who intrust themselves to "those who prefer to cut!"

With all due respect to Dr. Keyes as a man of exceptionally large experience and unusual clinical advantages, I must beg the right to call attention to the discrepancies in his statements, and to differ with him both in methods of operation and the manner of treating patients.

In spite of the recent sad accident, fresh in all our minds, it can be said that the proper administration of ether as an anæsthetic is practically devoid of danger, and not to be taken into account when set against the pain that causes a patient to lose consciousness during a most important step of the operation; and the remote danger after the ligation has been applied, it seems to me, is just as great as far as disturbances in the circulatory and nervous systems are concerned.

Taking all these facts into consideration, and with the memory of a small number, but six in all, of successes in mind, I shall advise those patients who come under my observation for the cure of such cases of varicocele as cannot be successfully treated in a milder manner, and seem to have a depressing, if

not positively unhealthful, influence on the general well-being of the individual, to submit themselves to the following treatment :

After careful preparation the night previous to the operation, by bathing, evacuating the bowels by a thorough enema, and rendering the scrotum and parts about aseptic and enclosing them in an aseptic dressing,—the latter procedure chiefly to save time while he is under the anæsthetic — the operation is performed after the anæsthesia is complete, in this manner.

Taking up a small fold of the relaxed integument of the scrotum, an elliptical portion of it is removed, the angles of the ellipse being above and below, and its axis parallel with the spermatic cord and the diseased veins. Tearing through the thin, subcutaneous, areolar tissue, which then presents itself, liberates the distended vessels and they appear at once as a mass of knotted, thickened, blue, cavernous channels, which pout outward and, finally, project themselves through the elliptical opening to such a degree as to render them easily accessible for removal. The rounded, firm, cord-like vas deferens is now easily differentiated from the mass of veins and carried to the inner side, and by pressing it well toward the median line, the artery of the vas deferens, from the internal pudic, and the terminal branch of the spermatic artery, from the abdominal aorta are removed from all danger of being included in the tissue which is to be ligated and excised.

Now, by drawing the veins out of their bed, it will be seen that there is a well-defined space between them and a small vein which usually runs along and is closely incorporated with the cord, and this division is the line along which the separation between the healthy and diseased tissues should be made with a blunt instrument and the fingers to such an extent as to isolate the veins completely for a distance of from one to two or possibly three inches. It is well to emphasize the necessity of leaving one or two small veins along the cord for proper drainage of the testicle. Two ligatures of good-sized catgut are now applied about the venous plexus one above and one below, at a sufficient distance apart to remove the greater portion of the diseased vessels, an inch and a half or two inches being all that is necessary in the majority of cases. The ligatures should be tightly tied with at least three knots to insure against possible slipping, and the intervening tissue between the two knots is to be cut away *in toto*. The hemorrhage from the margin of the wound is to be entirely controlled by tying even the minutest vessels that bleed, and no liquid of any kind, antiseptic or aseptic, is to be poured over the wound, and I forcibly emphasize these two points for two reasons. First, if the hemorrhage is

not thoroughly stopped there will most certainly be succeeding swelling and alarming ecchymosis, even extending up on to the pelvis and abdomen ; and second, if water or any solution is applied, it permeates the thin, widespread, areolar tissue, with which the integument of the scrotum is lined and causes unnecessary subsequent œdema, or, when strong antiseptics are used, even more serious consequences. The oozing may be controlled, and the wound rendered surgically clean by sponging with aseptic gauze or properly prepared absorbent cotton.

An opening is now made just below the inferior angle of the incision for drainage—bone preferred—and the wound is sewed up with catgut laterally, that is to say, the ellipse from being vertical is made horizontal, by adapting its upper and lower angles, and introducing the sutures in the line of wound so made. This procedure will shorten the scrotum sufficiently to cover the indications in the given case, and may be rendered more effective, if so desired, by increasing the width of the original, elliptical piece of integument removed.

The parts are now carefully cleansed and put up in an aseptic dressing, care being taken to draw the whole scrotum and contained testicles well up on the abdomen, so that the wounded structures may be at the highest point when the patient lies in the dorsal position, the proper one, when possible, for two or three days after the operation. The wound will not need dressing for five or six days, usually, and, when examined, will be found perfectly healed with the exception of a small opening at the site of the drainage tube, which will readily close without complication.

There is one after effect of these cases that might prove the source of some anxiety provided one was not prepared for its occurrence, and that is, that a hard swelling will persist at the site of the excised veins for several weeks, or even months after the operation, but this induration is only indicative of the absorptive changes that are taking place in the scrotum, and will invariably disappear when the parts have had time to return to their normal condition. The patient may be allowed to leave the bed at about the seventh day, and is able to get about freely after ten days' confinement, after which a retaining bandage, as before mentioned, must be worn permanently in some cases, but long enough in all to allow the structures to resume their normal functions and cause no symptoms which can be referred to the region of the parts removed by excision.

BOARDER (vainly struggling to carve a chicken)—This bird appears to have been inoculated by Prof. Koch.

Mrs Hashleigh—Pray what do you mean?

Boarder—It seems to be tolerably secure against consumption.—*West Shore.*

MYXŒDEMA.

BY ELLEN L. KEITH, M.D., WESTBOROUGH.

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

Myxœdema is one of the diseases that have come into notice within the last twenty or twenty-five years, if, indeed, it has not had its origin within that time. Whether new diseases develop under new conditions of life is a question that has been considered from time to time.

Sir Wm. Gull described the disease first in 1873, but little notice was taken of his paper published in the *Clinical Society Transactions*, Vol. VII. In 1878, Dr. Ord called attention to this disease as the same described five years before, as a "Cretinoid Condition in Adult Women," and gave it the name of Myxœdema. From that time various cases were reported in England, and a committee was appointed to investigate the subject, and its report was published as a "Supplement to the *Clinical Society Transactions*" in 1888.

SYMPTOMS.

The whole body is swollen, but in different localities, from anasarca. Skin is waxy looking and anæmic, and the swelling is found in both dependent and non-dependent parts, as in both upper and lower lids and in both lips. The œdema does not pit on pressure, or, if at all, only slightly, and the swelling does not change by the gravitation of a fluid to a lower level. While the skin generally is of a dull, uniform color, there is often a circumscribed flush on the cheeks. The face has a heavy, fixed look, eyes are rather widely separated, eyebrows are raised and seem to aid in holding open the upper lids. The nose is broadened, the alæ nasi are widened, the mouth is elongated, lips are full, especially the lower, which is everted and is of a purplish tint. Hair comes out freely, also grows harsh and wiry. Hands have a broad, thick look, fingers of uniform thickness throughout, and this appearance of the hands has been called "spade-like." The thyroid gland cannot be felt, and the skin lies in folds across the neck, while there is a fullness, if not a tumefaction, in the supraclavicular spaces. Temperature is usually subnormal.

Myxœdema is found described in all later works on "Diseases of the Nervous System," and it has many symptoms that give it a place there. Painful and peculiar sensations are experienced, partial numbness, disagreeable noises in the ears and a dulness of the intellect. Speech is slow, carefully considered, and the words are evidently chosen with deliberation, and the sense is accurate. The voice is monotonous and tiresome to listen to. The tongue is thick and appears unwieldy. All

voluntary movements are slow and deliberate, the body is raised with difficulty from a recumbent position; in walking there is a one-sided motion, coördination seeming imperfect, the body being dragged as by a great effort.

Dr. Ord thinks that the nervous symptoms may be due to compression of the peripheral terminations of the nerves by mucoid tissue, and, as the conduction to the brain of all sensations must be more or less impaired by the condition of the tissues through which the nerves pass, the mental impressions will vary from those formerly experienced, and feelings of doubt or suspicion may arise. As progressive changes in the tissues take place and the substance of the brain becomes involved, mental weakness becomes more marked and the natural tendency of the disease is towards dementia.

Delusions of suspicions have developed in some recorded cases, caused, it is thought, by annoyance at one's changed appearance and dread of the comments of others. This disease is similar to sporadic cretinism, and by some is held to be the same disease occurring in the adult which, in the child, is called cretinism. A like condition is often induced artificially by extirpation of the thyroid gland, both when removed because enlarged in goitre, and experimentally in animals.

In one recorded case the condition failed for fifteen months to develop in a sheep from which the gland had been removed, but at that time the sheep was shorn, and, cold weather unexpectedly following, the myxœdematous condition soon appeared and proved fatal within a fortnight. This case is suggestive of the treatment desirable for patients. Warmth is essential to their comfort, and many of their symptoms are ameliorated in the summer.

ÆTIOLOGY.

The causes of myxœdema are very uncertain. Alcohol, syphilis and fevers are excluded. The disease appears in women in the proportion of five or six to one man. Prolonged lactation, severe hemorrhage and acute rheumatism have been assigned as probable causes in some cases. Thorough drenching has been given as a cause in one case, but it is doubtful if that alone was sufficient to produce the disease.

PATHOLOGY.

Only a few autopsies have been made. Hypertrophy and degeneration of connective tissue have been found in all parts of the body. The excess of mucin is great, but, probably, this has been in cases still in the early stages. Changes in the thyroid gland are constant. A growth of delicate fibrous tissue

chokes out other gland tissue in the thyroid, and also affects nerve centres, blood-vessels and kidneys.

TREATMENT.

One of the latest works on "Nervous Diseases" by Dr. Hirt, published in 1893, says, "We are not yet acquainted with any treatment for myxœdema, nor has any been tried so far as we know." That may be the case in Germany, but is not true in America or Great Britain. At least an effort is made to combat the disease. Jaborandi and its alkaloid pilocarpine have been used in large doses, on the theory that if sweating could be produced, relief would be obtained.

It is claimed both for these remedies and for nitro-glycerine that excretion of urea is increased, and that as the disease is accompanied by a diminution of it, they must be of some benefit. Another writer says he has flooded his patients with these remedies till salivation has occurred, but has not been able to see that the skin has been acted on at all. There would seem to be something in the theory, for if spontaneous perspiration occurs, great relief follows.

A later mode of treatment is by the use in some way of the thyroid gland. At first a section of a gland from a living sheep was implanted somewhere in the subcutaneous tissues, then it was considered more efficacious if the juice of the gland, or an extract was prepared by macerating the gland in glycerine, and this fluid injected hypodermically.*

This is now modified by giving the extract or a powdered preparation of the gland by the mouth, and, latest of all, it is recommended that myxœdematous patients use thyroid glands as a part of their regular diet, and, apparently, it is a matter of indifference whether the gland be raw, broiled, boiled, fried, fricasseed or baked, any way so as that it shall become a part of the economy of the patient.

There are not wanting those who not only have no faith in this mode of treatment, but who ridicule it severely. One of our own journals in the April number, writes very sarcastically of this new addition made by the "old school" to the list of brilliant discoveries that are born only to die.†

The quantity taken is important, as one patient is reported as dying within twenty-four hours after taking one-fourth of a sheep's thyroid. The heart's action is first affected and syncope may result. Though this is still not a common disease, cases are found in most large hospitals for the insane. At the present time we have in our small hospital, two cases that are consid-

*Medical World, May, 1893.

†N. A. Journal of Homœopathy.

ered as such, and one other was here for eighteen months, and died in 1889.

The first case, Mrs. A. B., age 29, was admitted in June, 1888, as a case of secondary dementia. She came with a history of having been mentally disturbed for several months, and at times noisy, excited and violent. She was always quiet after admission, appeared dazed from the first, answered questions slowly and only after hesitation, and had a roughness and scaliness of the skin over the whole body. On the scalp was a thick yellow dandruff that would wash off only with difficulty. After she had been here eighteen months, she burned quite badly a knuckle of a finger of the right hand on the radiator. She claimed not to know that it was burned, till she saw it after taking it from the radiator. About this time a diagnosis of myxœdema was made, also of phthisis, as the sputa contained tubercle bacilli.

Myxœdema had been suspected before and now the persistent roughness of the skin, the appearance of dropsy without a fluid, the scaliness of scalp and falling off of hair, and the lack of sensation in the hand, with the accompanying mental symptoms, seemed to make the diagnosis certain. In about three weeks the patient died of acute phthisis. The burn had shown no tendency to heal.

CASE II. Miss B. C., age 37, was admitted March 11, 1892. I will report this case directly from the case book.

Mar. 25th. Patient has many physical symptoms indicative of myxœdema, and her mental symptoms are those associated with that disease. At twelve years of age she had chorea but recovered entirely. Was able to work till about thirty years old, since then has had various uncomfortable feelings that have puzzled physicians, many of whom she has consulted. They have thought her hysterical, simply or chiefly. She has great slowness of speech, said not to be natural; extreme accuracy of expression, making careful choice of words, but is tedious to listen to from the monotony of tone. Her hair, formerly very heavy and soft, is now wiry and nearly all gone on top of the head. Scalp is thick, dry and inclined to be covered with dandruff. Skin is sallow, scaly and puffy but not œdematous; often has a pink flush on cheeks. Teeth are decayed; tongue large and puffy. Thyroid gland not to be felt, but considerable fullness above the clavicles. Eyelids full and a general swelling of body, limbs and feet. This varies, hands being sometimes puffed, and skin distended, then by change of temperature they shrink badly. Feet feel heavy, at times can scarcely lift them. Whole body feels bloated and puffed for twenty-four hours after a bath. There is a sensation of pressure on right side from the

top of the head down, then the limbs begin to feel hot, and a sense of burning comes up from the feet; is very sensitive to cool air, when the pressive sensation is aggravated. In turning suddenly the right side seems to give way, and if trying to step up can hardly do it; menses have been irregular for some time, often preceded by nosebleed; is having massage, out-door exercise when pleasant, and freedom to rest or be up as she wishes.

℞ Kali phos. 3x.

July 20. Since the middle of May, patient has had a uterine hæmorrhage which in spite of various remedies has persisted, most of the time, stopping for only a few days; the mind and body both seem benefitted by the flow. Patient is less anxious and nervous, the flesh is softer and occasionally perspiration occurs which has been rare for many months.

Nov. 8. Has been comfortable through the summer, but with the cooler weather the roughness of hands and weakness of limbs has returned. Menorrhagia has occurred from time to time, keeping patient in bed, but each time the head feels clearer. Perspiration on the skin was present only a few times during the hottest days of a very hot summer, and was a great comfort.

May 8, 1893. Patient is better mentally than when admitted, mind working much quicker, speech being less slow and precise, and ability to express thought much improved. Gait is quicker, but one-sided, the body seeming not to have equal power on both sides. Rest in bed is a great comfort, as when there she feels able to read, talk and sew a little, but the effort of being up takes so much strength that little is left for other exertion. Gums are spongy and grow up over the base of the teeth, but are not adherent and can be drawn back. Has been taking calc. carb. 30x, some weeks.

I have sought to find a cause for the disease in this case and find a history of an attack of peritonitis in 1875 and of periostitis of the tibia in 1878, but recovery seems to have been complete in both cases.

In 1883 there is a clear history of an excessive nervous strain and of bodily over-exertion, caused by the excited and irritable condition of the nerves. Her position as bookkeeper in an office one-half mile from her home gave her a walk twice daily, up very steep hills in the city. She states that under the effect of uncontrollable impulses she would rush rapidly up these hills noon and night, and she remembers running nearly a mile in an icy time just before menstruation, which from that time became irregular. When the reaction from this mental strain came there was great nervous weakness, and she soon became unable to do regular work of any kind. About two years later, in 1886,

the swelling of the limbs began and was so great in the thighs that they would rub together at the top and affected walking. About that time had difficulty in balancing herself, but then thought it due to weakness in the back, now feels it to have been a part of the disease that she now has. The temperature has not been taken regularly but at present it is from 96.8 to 97.6 in the axilla, and 98 to 98.2 under the tongue.

CASE III. Mrs. C. D., age 35; was admitted Nov. 1891, and diagnosed as a case of delusional insanity, the mental disease being caused apparently by prolonged ill-health.

Recently, within a few months, it has seemed probable that she is a case of myxœdema. For some time the skin on her hands has been very thick and rough. This was thought to be due simply to a habit of keeping them wet a great deal, but this yielded only slightly to treatment, and recently the thinning of the hair, the puffiness of the lids without œdema, and the swelling of the limbs seem to indicate a myxœdematous condition.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

A meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, on Wednesday, July, 26, 1893, at twelve o'clock, in compliance with the request for a special meeting, as shown by the following circular:—

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Dear Doctor:— You are requested to attend a special meeting of the members of the Society and of the homœopathic physicians of Boston and vicinity, to be held at the College building, on Wednesday, July 26, 1893, at 12 M., to consider the relation of homœopathic physicians to Boston City Hospital. It is hoped that you will make a special effort to be present promptly at the hour appointed.

WALTER WESSELHOEFT, M.D., Pres.

J. EMMONS BRIGGS, M.D., Sec'y.

281 W. Chester Park, Boston, July 18, 1893.

Dr. H. C. Clapp acted as chairman. After a few words by way of introduction, Dr. I. T. Talbot was called upon.

DR. I. T. TALBOT said What is to be done? If we wait till the Trustees and Medical Board of the City Hospital invite us to come in and dispense homœopathic medicine, we shall wait in vain. If we make no effort, we shall not be represented there. It seems to me that this is a peculiarly fitting time to make an effort to establish homœopathic practice in the City Hospital. The immense sum of \$150,000 in reserve and \$400,000 recently appropriated for the enlargement of the hospital has been raised by taxation, of which we and our clientage pay a very considerable share.

There is an increasing demand for homœopathic treatment among the inhabitants of this city, as evidenced by the fact that our hospital and dispensary are treating greater numbers each year. Our previous petition was denied, owing to lack of room. No such excuse could exist now, as the capacity of the hospital is to be so largely increased.

If we go into this problem, we do not intend to fail. If the Trustees accede to our request in granting one-fourth of all the beds for homœopathic treatment, we will have made a positive gain for the citizens of Boston and for medical science. Should we fail we will have gained ground by asking for what we believe to be just and right. The plan involving both practices of medicine within a City Hospital has precedence in six hospitals in this State, viz.: Newton Cottage Hospital, Morton Hospital, Taunton, Rufus Frost Hospital, Chelsea, Malden Hospital, Somerville Hospital and Quincy Hospital. In these six hospitals homœopathic and allopathic physicians are working side by side, and perfect harmony prevails.

Dr. Talbot was followed in the discussion by Drs. C. Wesselhoeft, H. C. Clapp and Benj. H. West.

DR. T. M. STRONG stated that during the past twelve months, there had been treated from the city alone, one hundred and seventy-three free patients, while a very large number were refused admission on account of inadequate facilities within the Homœopathic Hospital. The usefulness of our hospital is greatly handicapped by our inability to admit contagious cases. There is an urgent demand for contagious wards.

DR. I. T. TALBOT next presented two petitions, the first to be signed by a committee chosen from the Boston Homœopathic Medical Society and presented to the Trustees of the Boston City Hospital.

The petition as adopted, with the committee chosen, is as follows :

To the Trustees of Boston City Hospital ; —

The undersigned, a committee appointed by the Boston Homœopathic Medical Society, would respectfully represent to your honorable board that it is the opinion of the members of this Society, that provision ought to be made in the Boston City Hospital by which patients who are admitted to the hospital should be provided with homœopathic treatment if they so desire. They would furthermore represent

1. That the number of persons who prefer the homœopathic method of treatment is very large, and that many who go to the City Hospital wish it, is evidenced by the fact that at the Homœopathic Dispensary to which patients resort of their own

choice, upwards of fifteen thousand persons are treated annually.

2. That it is a hardship to the indigent sick, who are obliged to apply to the Boston City Hospital, to compel them against their wishes to submit to treatment other than homœopathic.

3. That many patients are obliged to forego the needed care of a hospital or accept treatment which they do not consider the best.

4. That it is an injustice to a large portion of the tax-payers of Boston, that after paying their proportion for the building and support of the City Hospital, their friends or dependent sick cannot have such treatment as they prefer.

5. That for more than twenty-three years the Massachusetts Homœopathic Hospital has been supported in Boston by private benevolence, and has furnished homœopathic treatment to several thousands of persons.

6. That the funds of the Massachusetts Homœopathic Hospital are entirely inadequate to provide for all those who apply.

7. That more than two hundred regularly educated physicians of this city are debarred from sending patients to Boston City Hospital unless they will submit them to such treatment as they do not approve.

8. That students of a large and flourishing institution, the Boston University School of Medicine, are not allowed to visit the clinics of this hospital, or to see patients therein for the purpose of clinical knowledge or the study of disease.

Therefore this Committee in behalf of the Boston Homœopathic Medical Society would respectfully request your board to devote at least one-fourth of the whole number of beds in Boston City Hospital to the treatment of patients homœopathically; to appoint a suitable number of homœopathic physicians and surgeons for the care of the same; and to make suitable rules and regulations for carrying on the work; and if any doubt exists in your board as to the propriety of such action to give the petitioners an early hearing upon this subject.

COMMITTEE.

I. T. Talbot,	H. E. Spalding,	Geo. R. Southwick.
Conrad Wesselhœft,	N. W. Emerson,	L. H. Kimball,
H. C. Ahlborn,	J. W. Clapp,	W. T. Talbot,
Wm. P. Wesselhœft,	H. A. Houghton,	H. B. Cross,
J. Heber Smith,	A. J. Baker-Flint,	M. P. Wheeler,
James B. Bell,	M. E. Mann,	O. B. Sanders,
Horace Packard,	W. L. Jackson,	J. S. Shaw,
Alonzo Boothby,	J. P. Paine,	G. D. Bliss,
H. C. Clapp,	F. H. Krebs,	L. H. Lee,
J. P. Sutherland,	J. Emmons Briggs,	A. H. Powers,
C. E. Hastings,	J. H. Sherman,	H. S. Childs,
	Liberty D. Packard.	

The second, a general petition, to be circulated among the tax payers of Boston, petitioning the Trustees of the City Hospital to concede one-fourth of all the beds, to be devoted to homœopathic practice.

Dr. H. E. Spalding made valuable suggestions regarding the resolutions.

J. EMMONS BRIGGS, M.D., *Secretary.*

GLEANINGS AND TRANSLATIONS.

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COMPENSATORY HYPERTROPHY OF THE OVARY. — Dr. Aristoff, in his dissertation on the compensatory hypertrophy of the ovary, the materials of which he obtained from the pathological department of the St. Petersburg Medico-Chirurgical Academy, under Professor Ivanovski, states that, according to his observation, when one ovary has been removed the other one increases in size and weight, the follicles coming more rapidly also to maturity and withering more quickly, besides which the medullary layer increases. In observations made on rabbits it was found that the hypertrophic process had begun within two months of the operation, and that at three or four months it had nearly doubled the size of the remaining ovary. After the fifth month the remaining ovary became smaller again. — *The Lancet.*

GOODHART: DISEASES OF CHILDREN (*British Medical Journal*). — The author, after referring to what he believes to be the exaggerated importance attached to the microbe by the pathology of to-day, lays special stress upon the constitutional element in the production of disease. He believes that certain diseases of adults appear in childhood in disguised form. For example, gout as such, is not seen in children, but he believes appears as rheumatism. The uric acid diathesis of childhood certainly elucidates certain conditions of adult disease. White, pasty fæces are frequently precursors of dyspeptic troubles in later life. The acute pulmonary catarrhs developing without apparent cause in certain children are not infrequently followed by asthma a few years later. — *Ar. of Ped.*

METHOD OF POUULTICING. — Poulticing an ear may seem to be a simple operation, but there is, nevertheless, a right and a wrong way of doing it, and it appears that the wrong way is the one usually adopted. At least so says Dr. Albert H. Buck, of New York, in an article on aural therapeutics in the March number of the new *International Medical Magazine*. Dr. Buck says that while heat is one of the best remedies in painful inflammations of the middle ear, and the poultice is one of the best meth-

ods of applying heat, as usually put on the poultice has but little effect. What should be done, he says, is first to fill the external auditory canal with lukewarm water, the head resting on the unaffected side on the pillow. Then a large flaxseed poultice is applied over the ear as hot as can be borne. The column of water is thus kept warm and acts as a conductor of heat between the poultice and the inflamed surface. — *N. W. Lancet*.

HOW CHOLERA IS SPREAD. — In the Half-yearly Report of Sickness and Mortality among the servants of the East Indian Railway Company, for the first half of the current year, an instructive instance of infection by cholera stools is recorded. Dr. Bathe reports that there can be no doubt that milk diluted with impure water was the cause of the outbreak of cholera last April among the European employés and their families stationed at Asansol. The milk-supply was not equal to the demand, and the only water available for its dilution was procured by digging holes in the bed of a small river, at a spot where the excreta of several cholera patients had only a day or two previously been thrown. Almost all those who suffered from cholera had partaken of this milk. At Jamalpur a native child, suffering from cholera, was seen by Dr. Brooke lying on a bag full of rice, and the choleraic dejecta were soaking through the gunny bag into the rice. Had this rice been sent on to some distant place where no cholera existed, and had cholera supervened on this rice being distributed and eaten, we might have been treated to various theories as to the origin of the epidemic; but it is very doubtful if the simple explanation of the choleraic dejecta of this child would have been hit on. — *Indian Medical Gazette*.

THE INDUCTION OF PREMATURE LABOR BY INJECTION OF GLYCERINE. — In an editorial the *Annals of Gyn. and Ped.* describes as follows this recently devised method of inducing labor at the time of election.

The mode of introduction of the glycerine is simple, a glass syringe, a piece of rubber tube and a No. 9. (English) olive-pointed, braided silk catheter being used. Pelzer appears to have confidence in the antiseptic properties of pure glycerine, while Edgar boils his glycerine. It must be remembered that like all other obstetric manipulations, this procedure must be performed with the strictest antiseptic and aseptic precautions, for a failure in the least particular might infect the woman. It is also especially necessary to see that not a bubble of air remains in the catheter, tube or syringe. From one-half an ounce (Edgar) to four ounces (Pelzer) of glycerine may be used, the cervix being drawn down with volsella forceps after a sufficient preliminary scrubbing and douching of the vagina and external

parts, and then the catheter is inserted six or eight inches within the os, passing between the membranes and the posterior wall of the uterus. The patient remains for some time with the hips well elevated.

Pelzer attempts to explain the action of the glycerine by its abstraction of water through the membranes, but it appears that there is some specifically stimulating action on the uterus. What this is we fear can never be explained — perhaps the best way is to imitate the celebrated doctor in the play, who, when confronted with the question why opium produces sleep, boldly replied that it was on account of its inherent dormative properties.

At any rate the fact is established that glycerine thus used will powerfully stimulate uterine contractions, and the further development of the procedure will be awaited with the greatest interest.

REMEDIES FOR DEFECTIVE COLOR-VISION. — A committee of the Royal Society, appointed to consider the question of testing for defective color-vision, has made a report recommending that a schedule be made of employments in the mercantile marine and on railways, the filling of which by persons whose vision is defective, or who are ignorant of the names of colors, would involve danger to life and property; that the testing should be compulsory, and intrusted to examiners certificated by the central authority; that Holmgren's test be used for color-vision, and after passing it the candidate be required to name without hesitation the colors that are employed as signals or lights, and also white light; that rejected candidates have a right of appeal; that candidates rejected for naming colors wrongly, who are proved to possess normal color-vision, be allowed to be re-examined after a proper interval of time; that certificates of the qualifications of candidates be given, and schedules of the results of examinations be sent up every year; that persons filling the scheduled employments be examined every third year for form-vision; that the tests, etc., be inspected periodically; that signal colors of ships and railways be as far as possible uniform; and that witnesses in judicial inquiries arising out of these matters be themselves tested for color and form vision. — *Bost. Med. and Surg. Jour.*

THE CITRUS FRUITS IN CHOLERA TIMES. — The Imperial Board of Health of Germany has issued a circular stating that the comma spirillum is destroyed in a few hours when brought in contact with the cut surface of an orange or lemon, and in less than twenty-four hours on the rind of the fruit. It is, therefore, deemed unnecessary to place any restriction on the importation and sale of the citrus fruits, even if they should come from cholera infected regions. — *Medical Century.*

REVIEWS AND NOTICES OF BOOKS.

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ORGANON OF MEDICINE. By Samuel Hahnemann. Translated from the Fifth Edition, by R. E. Dudgeon, M.D. Hahnemann Publishing Society, Birkenhead. 1893. 304 pp.

Dr. Dudgeon, in his present translation reviews, and in some sense re-accomplishes, the labor of love first undertaken by him nearly half a century ago. Paragraph by paragraph he has revised his earlier translation, making changes of phrase whenever these seemed to him in the interests of closer accuracy. He has added a voluminous and exceedingly valuable appendix, in which are set forth the variations of the fifth edition of the Organon, which is the one chosen for the present translation, from the editions which preceded it. The appendix has, also, many quotations from Hahnemann's earlier works, showing the growth in Hahnemann's mind, of the ideas and convictions which later were fully embodied in the Organon. Thus Dr. Dudgeon's work offers not only an accurate and scholarly translation of the Organon in the form last approved by its author, but also a history of the "growth and progress of the homœopathic system of medicine, in the mind of its author." It is a work which should assuredly find place in the library of every homœopathic practitioner, and every friend and advocate of homœopathy, though as a text-book and frequent consultant, it will, in America at least, not displace but only worthily companion with that admirable translation of the Organon, by Dr. Conrad Wesselhoeft, which has become a classic in our libraries.

A TEXT-BOOK ON MEDICINE. By Dr. Adolph Strümpell. Translated by H. 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. 1893. 1043 pp. Second Edition.

Since the appearance of the first American edition of Dr. Strümpell's work,—which has already reached, in German, a sixth edition,—twenty-eight American medical colleges have adopted it among their text-books, and in the old-school branch of the profession it has attained high popularity. The principal addition of note, to this new edition, is the chapter on "Influenza," dictated, the author tells us, by the absence of medical literature on a disease that until the recent widespread and exceedingly serious epidemics had sunk into comparative obscurity. He qualifies the appearance of influenza as "pandemic," and regards it as infectious in the highest degree. He is convinced

that "taking cold" has little to do with its etiology, as during an epidemic it not infrequently makes its appearance in patients already ill in bed. He regards what are often known as sequelæ of influenza, as the result of a "mixed infection" rather than as the direct consequences of the disease, though he has observed certain troubles, notably purulent otitis media and keratitis to take origin directly from the attack of influenza. The treatment is to be "symptomatic," nothing like a specific having yet been discovered. The work is scholarly and conservative, and physicians of all schools will find much well worthy their attention in the teachings on hygiene, etiology, pathology, and subjects of like universal interest.

A MANUAL OF DISEASES OF THE EAR. By Geo. P. Field, M.R.C.S. Fourth Edition. Phila.: Lea Bros. & Co. 1893. 382 pp.

This exhaustive and practical treatise has unquestionably taken its place among the classics in its chosen sphere, as is evidenced by the speedy demand for a fourth edition, so soon after the issue of the third, and that an unusually large one of three thousand copies. All advances made in the treatment of aural disease since the appearance of the last edition have been carefully noted, and many new and original illustrations have been added. The arrangement of the book remains unaltered, and, indeed, could scarcely be altered in the interests of clearness and serviceability. The anatomy and physiology of the ear are first dealt with, then follow detailed directions for the examination of patients, and the various aural diseases receive, in turn, full consideration. Brief chapters on deaf-mutism and on mechanical aids to hearing concluded the work. It is admirably indexed.

A PRACTICAL SYSTEM OF STUDYING THE GERMAN LANGUAGE. By Albert Pick, M.D. Newtonville: Pick & Tanner.

Dr. Pick's little work to be issued in twelve fascicles of which the first is now before us, is calculated to be very widely and practically useful. By its intelligent study,—and its system is of the simplest,—the busy physician can, without the aid of a teacher, and with no formidable expenditure of time or effort, master enough of "medical German" to enable him to converse with patients of that nationality, and to read without difficulty articles in German medical journals. A tourist vocabulary of a very serviceable sort is also thus acquired. The work is cordially to be commended.

TRANSACTIONS OF THE SIXTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF COLORADO. 1893.

That young, but exceedingly wide-awake scion of homœopathy, the Colorado State Society, here makes a most creditable showing for its latest year of united work. Among the most interesting papers presented, are one by Dr. Jessine M. Hartwell, showing that owing, perhaps, to altitude and to the extreme dryness of the Colorado climate, the term of pregnancy is apt to be very unusually prolonged; a study of Cactus, by Dr. Burt F. Storke; and an essay on Preventive Medicine, by Dr. Dwight Warren.

ELEMENTARY PHYSIOLOGY FOR STUDENTS. By Alfred T. Schofield, M.D., M.R.C.S. Phila.: Lea Bros. & Co. 372 pp.

The principle upon which this little manual is constructed is that the beginner in any department of study is most benefited by being taught well-established and objective truths, in a somewhat dogmatic fashion. Disputed questions are, therefore, touched upon as lightly as possible, and of conflicting authorities only the most distinguished are quoted. The manual is compact and practical, it is well-indexed and amply and helpfully illustrated.

In the *CENTURY* for August, the elder Salvini continues his interesting reminiscences of his stage career. Thos. Bailey Aldrich contributes some delightful character-sketches, under the title "Old Portsmouth Profiles;" there are amusing short tales by Grace King and Arlo Bates, and among the more noteworthy essays is one on "Mental Medicine," by Allan McLane Hamilton. New York: The Century Co.

Among the especially interesting and significant articles in the *POPULAR SCIENCE MONTHLY* for August, are: "Studies of Animal Speech," by Prof. E. P. Evans; "Learn and Search," by Prof. Rudolph Virchow; "Success With Scientific and Other Meetings," by George Iles; "Professor Weismann's Theories," by Herbert Spencer; "How Plants and Animals Grow," by Dr. Manly Miles; and "The Material View of Life and Its Relation to the Spiritual," by Prof. Graham Lusk. New York: D. Appleton & Co.

The complete novel in the August number of *LIPPINCOTT'S MAGAZINE* is "In the Midst of Alarms," by Robert Barr (Luke Sharp). It is a tale of the Fenian invasion of Canada in 1871. In "The Lady of the Lake," Julian Hawthorne describes some of the statuary and other attractions of the Columbian Exposition. The Athletic Series is continued in an article on "The

National Game," by Norton B. Young. "Zachary Taylor, His Home and Family," is by the President's grandniece, Mrs. Annah Robinson Watson. M. Crofton, in "Men of the Day," presents brief sketches of Sir J. E. Millais, Sir Arthur Sullivan, General Diaz and Philip D. Armour. Phila. : J. B. Lippincott Co.

MISCELLANY.

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WILLIAM H. HUNT, M.D., of Covington, Ky, long Professor of Obstetrics in Pulte Medical College, died at his home on the 20th of May. This will be sorrowful news to hundreds of his old pupils, friends and professional associates. He was a private student of the famous Dr. Meigs, of Philadelphia, and espoused homœopathy soon after his graduation from the Jefferson Medical College about thirty years ago.

MALARIA IN WATER. — The *Sanitary Era* says: "We have quoted from year to year, many instances transpiring of severe intermittent fever as the result of drinking, or even bathing in, vegetation-contaminated waters, such as most physicians have been in the habit of indorsing as perfectly harmless. Of the terrible African fever, Surgeon Parke, the companion of Stanley, writes, (*Lancet*, May 28): 'Perhaps the sharpest attack experienced during this part of the journey was my own, which followed a ducking received in crossing a tributary of the Congo. My donkey slipped accidentally and completely submerged me. This was but the first of a long series of experiences in which I found that every wetting in Equatorial Africa meant a subsequent attack of intermittent fever. Another lesson soon learnt, and for which I was still less prepared, was the fact that our donkeys after each corresponding drenching developed febrile symptoms exactly corresponding to those of their fellow travelers.' " — *Med. Times*.

MASSAGE IN HEADACHE. — Dr. G. Norstrom recommends massage in certain cases of headache dependent upon a chronic myositis of the scalp, of the muscles of the back of the neck and of the sterno-mastoid and scalmi muscles. In these cases massage of the affected muscular structures may produce improvement or a cure after several week's treatment. The diagnosis may be made by palpation of the muscles which are felt to be of firmer consistence than normally. In the very chronic cases the prognosis is bad, but not hopeless. Hysterical and chronic patients are more apt to be benefited by tonic constitutional than local treatment. Success from massage can only be obtained if the patient submits to a long course of treatment, manipulations (tapottement and effleurage) being gradually and carefully increased in vigor. A cure can seldom be expected before the end of six weeks. Recurrences may take place, but disappear more rapidly than the primary disease. — *Æst.-ungar. Centralbl. f. d. med. Wissenssch.*

WORTHLESSNESS OF EXPERT MEDICAL TESTIMONY. — While medical science has made extraordinary advance in fifty years, writes the *Chicago Herald*, its unreliability has become more apparent in ten years than had previously been suspected. The Maybrick case was the first to reveal the untrustworthiness of doctors' evidence. Men of professional standing swore that morphine, arsenic and other drugs were present in the stomach of the deceased Maybrick; men of still greater standing swore that the only poison found was arsenic, while still others flatly alleged that there was no arsenic. The Graves case in Denver reiterated all these contradictions. The poisoning cases have become farcical in all respects of medical jurisprudence. When a physician will go on the witness stand and declare a caricature of the human brain what he thinks to be only a wax model, and which is, in fact, a veritable brain removed from a veritable skull, it is time for the medical associations and colleges to raise their standards. — *Med. Review*.

THE FATHERLAND'S THERMOMETERS — In future, Germans are to have the thermometer of Celsius to tell them how hot or cold it is. Until now, Berlin has used that of Reaumur. It seems a strange arrangement, or derangement, that the English should use the thermometer of the German Fahrenheit, while the Germans make use of the Frenchman's Reaumur, and the French, in their turn, have the Swedish Celsius. The number of degrees corresponding to the temperature of Fahrenheit are fifteen Reaumur and nineteen Celsius, respectively. The thermometer plays quite a part in every German household; there is one in nearly every room. The stoves are heated according to the number of degrees, and the Germans regulate the amount of clothing they wear by the same rule. They say they would not know what to put on at all without that little indicator. Certainly, they cannot very well go to the front door to see what the weather is like, as one can in England. To descend, perhaps, a hundred odd steps just for that would not be amusing.

CICUTA VIROSA IN TRISMUS AND RHEUMATIC TETANUS. — Dr. W. Heyberger was called to a peasant, who, while plowing, had worked himself into a sweat and then was wet through by a shower, and forced to walk home, in an icy wind. He complained of headache, difficulty in swallowing, pain in the back of the neck, extending to the lumbar region, with pain and tension in the throat muscles. Speech difficult. For three days he had felt unwell after the wetting and had kept his bed, sweating profusely. Various remedies were given, without relief. In two days his whole neck was hard, tense and swollen, from the lower jaw to the clavicle. Under bry., 3x, and kali carb 3x, this decreased. Pulse, 80, constipation and reddish urine. No disturbance of the sensorium, though his head was confused. Sudden attacks of opisthotonos set in during lying, sitting, swallowing, standing or attempting to speak. His head was drawn back by the contracted nuchal muscles which would relax on helping the patient up again. No loss of consciousness and able to speak after the attack. Unable but slightly to open his mouth. It was impossible for him to stand as it would bring on an attack and throw him down. Girdle sensations around the chest. Cicuta vir, 3x, was given on account of the "sudden attacks," one dose every four hours. The spasms lost their violence, were less frequent and gradually the trismus disappeared. As he then complained of a wooden and numb sensation in his tongue, hands, larynx, nuchal muscles and feet, he received kali iodat, 2x, and cicuta vir., 3x, which so relieved him that he was able to return to his work after twenty-one days of treatment. — *Allgemeine Hom. Zeitung.*—*Hah. Monthly.*

PERSONAL AND NEWS ITEMS.

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W. E. HATHAWAY, M.D. has settled at corner McMillan and Copeland Streets, Walnut Hills, Cincinnati, O.

DR. L. J. HUNT has removed from 1460 Washington St. to The Sanford, 1513 Washington St., corner Brookline St., Boston.

OTIS CLAPP & SON offer special inducements to physicians desiring to purchase dry cell galvanic batteries. This offer is good until September 1st.

DR. L. HOUGHTON KIMBALL, of Boston, expects to spend the summer months in New York City and abroad, for the purpose of further study of diseases of the eye and ear.

W. E. BARNES, M.D., class of '93, B.U.S.M., has located at 8 Dunmore St., Boston Highlands, near corner of Dudley and Hampden Sts. Office hours, 8 to 9 A. M., 2 to 3.30 and 6.30 to 8 P. M.

THE Essex County Homœopathic Medical Society held its annual field day at Baker's Island, Salem Harbor, Wednesday, July 26. As is the tradition of the Society, the occasion was a highly social, agreeable and successful one.

THE third annual meeting of the American Electro-Therapeutic Association will be held in Chicago, Sept. 12, 13 and 14, at Appollo Hall, Central Music Hall

Block. Members of the medical profession interested in electro-therapeutics are cordially invited to attend. Augustin H. Goelet, M.D., *President*, Margaret A. Cleaves, M.D., *Secretary*.

THE NEWTON NERVINE HOSPITAL, a pleasant private home for the treatment of nervous maladies and cases of mild insanity, under the management of the well-known alienist, Dr. N. Emmons Paine, has just completed a successful year. All the comforts of a luxurious private house can be enjoyed by the patients in Dr. Paine's care, and the advantages of skilled medical treatment combined to an unusual extent with the atmosphere of home.

DR. HORACE PACKARD announces his intention of being absent from Boston during July, August, and a portion of September. During his absence his associate, Dr. J. Emmons Briggs, will respond to any call.

Dr. Briggs has been associated with Dr. Packard two years in surgical work, has spent a year of study in Europe, and has recently been appointed a member of the surgical staff of the Massachusetts Homœopathic Hospital. His address is 281 West Chester Park, Boston. Telephone, 659-3 Tremont.

"APROPOS OF A SLANDER. — In the June number of the GAZETTE, referring to the attack of Dr. J. R. Haynes upon his translation of the *Organon*, Dr. C. Wesselhoef says: "It is a continuation of slander and defamation begun by Hering and Lippe because I would not knuckle to them, and interpret the *Organon* in accordance with their spiritistic suggestions." This I know of my own knowledge. Dr. Hering had written for the *American Journal of Homœopathic Materia Medica*, a review of Dr. Wesselhoef's translation of the *Organon*, but when he found that Dr. Wesselhoef had relegated the foot notes to an appendix, he threw the review into the waste basket. If Dr. Hering ever slandered or defamed any one it would be interesting to know where, or Dr. Lippe either; they were both able men, and Dr. Hering's scholarship was not equalled by any of his contemporaries.

A reply should be made in the same journal in which the attack has been made. Washington, D. C., July 12, 1893.

CHAS. B. GILBERT, M.D.

"SOME one ought to reprint Hahnemann's *Chronic Diseases*." So say many practitioners. But to bring out such a work involves the expenditure of a goodly sum of money — a risky expense, that few publishers care to assume. Messrs. Boericke & Tafel have, however, determined to make the attempt to reprint this grand old work. Estimates have been obtained, the cost figured out, and now it only remains for the gentlemen of the homœopathic medical profession to indicate their wishes. If a sufficient number will subscribe to the undertaking to enable the publishers to see their way towards paying for paper and typesetting, the old book will again be obtainable; otherwise it will remain out of print.

The only English edition of the "*Chronic Diseases*" ever published was issued in five small volumes, in 1845, and has been long since out of print. The proposal is to reprint that edition in one volume of a size uniform with the *Materia Medica Pura* — pages 9½x5¼ — on fine paper, and bound in half morocco. So printed it will make a solid volume of about 1200 pages. The price, delivered to subscribers, will be \$8 00 net.

The first period of Dr. Hering's preface to the "*Chronic Diseases*" will give those unfamiliar with the work an insight into its nature: "Hahnemann's work on chronic diseases may be considered a continuation of his *Organon*; the medicines which follow the present volume may therefore be considered a continuation of his *Materia Medica Pura*." The first volume of the five is devoted to the following subjects: "Of the Nature of Chronic Diseases," and the "Treatment of Chronic Diseases;" this latter embracing papers on "Sycosis," "Syphilis," and "Psora." The remaining volumes are taken up with Hahnemann's provings and comments on the "Anti-Psoric Remedies," about forty-seven, embracing many of the most important remedies in homœopathy, such as arsenicum, lycopodium, sulphur, silica, phosphorus, etc. No mightier monument to the memory of Hahnemann will ever be raised than his own books, not the least important of which is his "*Chronic Diseases*."

Subscription may be made through any homœopathic pharmacist or sent direct to the publishers, Boericke & Tafel, 1011 Arch street, Philadelphia, Pa.

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

EDITORIAL.

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THE MEDICAL RIGHTS OF THE CITIZEN.

It is well known that a large appropriation has lately been made by the city of Boston for the purpose of enlarging and extending the Boston City Hospital. New wards are to be added, and when the improvements are completed, the hospital will have facilities for the treatment of a much larger number of patients, and for treating them according to the most advanced methods of hospital hygiene.

This being the case, it has seemed to the homœopathists of Boston, and especially to the members of the Boston Homœopathic Medical Society, that the time was ripe for renewed and determined efforts to secure that municipal recognition of the claims of homœopathy and of the rights of its practitioners and supporters, which has hitherto been persistently denied. A special meeting of the Boston Homœopathic Medical Society was therefore called, the matter enthusiastically discussed, and a committee appointed to take charge of the campaign. By this committee the following petition has been prepared :

To the Trustees of Boston City Hospital :—

The undersigned, a committee appointed by the Boston Homœopathic Medical Society, would respectfully represent to your honorable board that it is the opinion of the members of this Society, that provision ought to be made in the Boston City Hospital by which patients who are admitted to the hospi-

tal should be provided with homœopathic treatment if they so desire. They would furthermore represent

1. That the number of persons who prefer the homœopathic method of treatment is very large, and that many who go to the City Hospital wish it, is evidenced by the fact that at the Homœopathic Dispensary to which patients resort of their own choice, upwards of fifteen thousand persons are treated annually.

2. That it is a hardship to the indigent sick, who are obliged to apply to the Boston City Hospital, to compel them against their wishes to submit to treatment other than homœopathic.

3. That many patients are obliged to forego the needed care of a hospital or accept treatment which they do not consider the best.

4. That it is an injustice to a large portion of the tax-payers of Boston, that after paying their proportion for the building and support of the City Hospital, their friends or dependent sick cannot have such treatment as they prefer.

5. That for more than twenty three years the Massachusetts Homœopathic Hospital has been supported in Boston by private benevolence, and has furnished homœopathic treatment to several thousands of persons.

6. That the funds of the Massachusetts Homœopathic Hospital are entirely inadequate to provide for all those who apply.

7. That more than two hundred regularly educated physicians of this city are debarred from sending patients to Boston City Hospital unless they will submit them to such treatment as they do not approve.

8. That students of a large and flourishing institution, the Boston University School of Medicine, are not allowed to visit the clinics of this hospital, or to see patients therein for the purpose of clinical knowledge or the study of disease.

Therefore this Committee in behalf of the Boston Homœopathic Medical Society would respectfully request your board to devote at least one-fourth of the whole number of beds in Boston City Hospital to the treatment of patients homœopathically; to appoint a suitable number of homœopathic physicians and surgeons for the care of the same; and to make suitable rules and regulations for carrying on the work; and if any doubt

exists in your board as to the propriety of such action to give the petitioners an early hearing upon this subject.

COMMITTEE.

I. T. Talbot.	H. E. Spalding.	George R. Southwick.
Conrad Wesselhoeft.	N. W. Emerson.	L. H. Kimball.
H. C. Ahlborn.	J. W. Clapp.	H. B. Cross.
Wm. P. Wesselhoeft.	H. A. Houghton.	M. P. Wheeler.
J. Heber Smith.	A. J. Baker-Flint.	O. B. Sanders.
James B. Bell.	M. E. Mann.	J. S. Shaw.
Horace Packard.	W. L. Jackson.	G. D. Bliss.
Alonzo Boothby.	J. P. Paine.	W. T. Talbot.
H. C. Clapp.	F. H. Krebs.	A. H. Powers.
J. P. Sutherland.	Liberty D. Packard.	H. S. Childs.
C. E. Hastings.	J. H. Sherman.	J. T. Sherman.
	J. Emmons Briggs.	

The immediate conduct of the campaign is, it is true, in the hands of the committee, but none the less it is a campaign in which every friend of homœopathy, nay, every friend of simple justice and honesty, can and is bound to strike a blow. For the issue is a far wider and deeper one than merely the securing of representation in a single hospital, for a single system of medicine. The issue is on the medical rights of the citizen, the old, inalienable right demanded when we became a people, that there shall be no taxation without representation, no appropriating a people's money for objects alien to the people's will. This is being done in every community where a considerable number of the tax-payers are believers in the homœopathic system of therapeutics, and that system is denied representation in the public hospitals for the support of which they are taxed. The tax-paying citizen has as good a right to demand municipal recognition for his medical opinions, as for his opinions on any other subject, provided his medical opinions are not such as to condemn themselves as mischievous in the eyes of reasoning men. The rights of one individual cease, as has been well said, where the rights of his neighbor begin. No citizen, for example, or group of citizens, would have a right to demand public recognition for a system of medicine founded on ignorance of or wilful discarding of the fundamental facts that underlie all medicine, the facts of anatomy, physiology, chemistry, pathology and general hygiene. In days now long past,

“ignorance” was the battle-cry of the old-school against the new. That cry can be raised no longer. The homœopathist is to-day every whit as soundly instructed as is his allopathic rival, (who should be no rival but a co-laborer) in all the fundamentals of medicine above alluded to; he is as scientific an anatomist, pathologist, hygienist; he differs from the allopathist solely in therapeutic belief and practice. That his belief is founded in reason, that his practice is fraught with results beneficent to diseased humanity, is demonstrated beyond denial by a century of successful warfare against every force unscrupulous and malignant bigotry could bring to bear for homœopathy’s overthrow.

Homœopathy’s hour is ripe for a determined battle for public recognition. To secure public recognition, it is not necessary to create a favorable public opinion, it is only necessary to awake from the drowse of easy-going indifference the public opinion already vigorously alive. Legislators, whether municipal, state or national, are but the servants of public opinion, pledged to obey its mandates. Let us then urge public opinion to issue those mandates on homœopathy’s behalf. No better initial effort can be made than this now on foot, to secure representation in the enlarged Boston City Hospital.

Let every friend of homœopathy lend a hand to this good fight. Any homœopathist who is the friend of a municipal legislator, should take occasion to bring the matter to his notice, and put in a plea for justice. Influential signatures should be secured to the petitions now in circulation by physicians from among their patients. The matter should, through the daily press, be brought to the attention of all justice-loving folk, impressing upon them the hardship of refusing to the helpless poor the system of treatment they desire and have confidence in, and the tyranny of compelling the rich to pay for the maintenance, in all the arrogant exclusiveness of “State medicine,” of a system of treatment they disapprove of. Of course the old cry will be clamorously raised that allopathy is the medical profession, and everything outside of it is sect and charlatanry. But the time is past when a man has a divine right to be a king because he calls or believes himself a king. Kings are such to-

day by the people's good leave and good will. Only on these terms is allopathy, up to date, "State medicine." The million friends of homœopathy have but to speak, for it to share the throne.

EDITORIAL NOTES AND COMMENTS.

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"THE REVIVAL OF WITCHCRAFT" is what Dr. Ernest Hart, in his interesting and remarkable paper lately contributed to the *Nineteenth Century*, calls the hypnotic studies made at the *Saltpêtrière* and *La Charité*, whose results have been so widely heralded abroad. There is that in the general temper of Dr. Hart's trenchantly-written essay, which suggests that it was in a spirit of far other than credulity or friendliness that he set himself to the investigation of the remarkable phenomena reported by Dr. Luys and others. This antecedent antagonism must be taken into account, when weighing the wholesale and drastic condemnation into which he sums up the results of his investigations. Yet taken with however many grains of salt, Dr. Hart's remarks are interesting and suggestive to a degree, and in nothing more than in the amazing facts he develops as to the possibilities of hysteria.

The pathological antics of hysterical patients posing as hypnotized "sensitives" are at once droll, pathetic and exasperating; the latter, when one follows their close simulation of so many varieties of organic disease, and reflects how frequently the unlucky diagnostician is called upon to differentiate between those diseases, and their hysterical simulation. Among the many amusing instances related, is that of the subject who was so susceptible to the presence of valerian in a sealed tube, that when it was exhibited he immediately showed all the characteristics of a cat, mewing, scratching, leaping on all fours, etc. This was impressive, until Dr. Hart demonstrated that by changing the labels on his own sealed tubes, he could change this gentleman into a cat by "exhibiting" deceitfully labelled as valerian, either mercury or sugar and water! There is a moral here for the investigators who are fond of discovering

among their patients peculiar susceptibilities to certain inert substances exhibited in the high dilutions.

Dr. Hart closes by drawing a suggestive parallel between the cures wrought by the hypnotist and those wrought by the faith-healer. We quote a few paragraphs :

“The faith-curer has this advantage over the *endormeur* of the platform or the hospital. He does not intrude his own personality and train his patient to subject his mental *ego* to that of his ‘operator.’ The ‘mesmerizer’ seeks to dominate his subject; *he weakens the will power, which it is desirable to strengthen. He aims at becoming the master of a slave.* I do not need to emphasize the dangers of this practice. I need not even relate them.

The faith-curer strengthens the weaker individuality. He plays upon the spring of self-suggestion. The patient is told to believe that he will be cured, to wish it fervently, and he shall be cured. So far as he is cured, he returns perhaps a better and a stronger man, and his cure is quite as real and likely to be quite as lasting as if he had become the puppet of a hypnotizer. The experiments of the Saltpêtrière have served to enable us to analyze more clearly the nature of faith-cures generally, and they have thrown a ray of light on a series of phenomena of human automatism never before studied so clearly or philosophically, but they have added practically little, if anything, to our curative resources. It is hardly to be set down to their discredit that they have incidentally favored the reign of the platform hypnotizer or the vagaries of the subjects at La Charité; that is their misfortune rather than their fault, but it is a grave misfortune. But the intervention of authority might at the present, in respect to the latter, cut short these absurdities and put an end to some social mischiefs which have fastened on to them and hang to their skirts. Thus much as to the sociological question. To the student of ‘psychological phenomena’ it has a great interest to note how successive functions may be separately abolished as the brain is partially set to sleep, and in what exaggerated forms the remaining activities may be brought upon the stage when restraining self-consciousness is stilled. The vulgar, too, may find an ignoble amuse-

ment in the antics of these drinkers of petroleum and vinegar, in the semi-idiotic postures and proceedings of the hypnotized manikin, as they do in a *fantocchini* show or a puppet play. But against such philosophic satisfactions and vulgar amusements must be set the avowed and the unconfessed mischiefs, and who can doubt that these outbalance any good result which can be discerned ? ”

ENGLISH HOMŒOPATHY, it is pleasant to learn from a recent editorial in the *Monthly Homœopathic Review*, is in an especially flourishing state, just now. Says the *Review* :

“In this country so conservative and so slow, homœopathy is more widely represented than ever before ; in all parts of England institutions, large or small, where patients may be treated *cito tuto et jucunde*, are to be found, new ones springing up or old ones being resuscitated ; the national society is more flourishing than ever, and its new quarterly journal gives us again three homœopathic periodicals published in London ; finally the work done by the societies, hospitals, and private members of the fraternity is more in quantity and of better quality than before. We have enough to encourage us, not indeed to allow us to rest on our oars, but to stimulate us to fresh and persevering effort.”

Congratulations to our English *confreres*, ever among the most scholarly, unwearied and fruitful workers in the good cause !

HOW TO BREATHE CORRECTLY is becoming a serious question, in view of the extent to which, in arguing it, doctors disagree. Time was when one was compelled to take no thought of his breathing apparatus ; being furnished with a pair of lungs, he looked to nature to do the rest. But this pleasant fatalism was soon disturbed. Disquieting information was forced upon us as to how we must not breathe. We were threatened with catarrhs galore, and worse than Yankee nasality of speech unless the serious error of mouth-breathing were avoided. Then cautions went forth against light, superficial breathing, in the apex of the lungs. This was the type of breathing, we were in-

formed, to which women are very especially addicted, through the cramping of the lower part of the lungs by the pernicious corset, which checked the deep, diaphragmatic breathing so essential to sound health. Having duly assimilated this fact, and done the humble best of family physicians to reform our feminine patients accordingly, we are suddenly faced by the terrifying statement that men are more subject to tuberculosis than women, because tuberculosis is more likely to attack the apex than any other portion of the lung, and the apex of the lung in man is comparatively weak and undeveloped, inviting attack, while in women it is well developed, thanks to the admirable habit of apex-breathing, encouraged by the wearing of the corset!!

Mischievous to indulge in apex-breathing, fatal not to indulge in apex-breathing! There seems but one road open to the conscientious medical adviser, and that is to counsel his patients to cease breathing altogether!

A NEW OBJECT OF ATTACK by those indefatigable iconoclasts, the hygienists, is the family cellar. The cellar must go, say they, and thus the *Medical News* presents and supports their claim:

“In a recent number of *The American Architect*, Mr. Edward Atkinson deals with the financial and architectural aspects of the question, Cellar or no Cellar? and easily shows that no cellar is by all odds preferable. The article proceeds upon the assumption that the influence of the cellar on health is pernicious—a truth that will hardly be doubted by hygienists. Almost every observant physician in general practice has met with cases of obstinate malaria and various forms of ill-health that were probably or certainly due to the gases arising from the dark, undrained, unlighted hole beneath the house, called a cellar. Of what possible use can such a hole be to a family if a house were rightly constructed is beyond human ingenuity to discover. In addition to its inevitable condition and quality, it is often also made the dumping-place of ashes, refuse, and all sorts of household debris. Now that it is proved not to be

necessary, either from financial or architectural reasons, let the noisome nuisance be abolished.”

This is all very impressive and very true. We bow to this new fiat, we acquiesce in this new abolishment. But certain mournful questions present themselves, and will not down. The furnace can, of course, be put above stairs, the apple-barrel can, though with a shock to dear tradition, be kept in the dining-room closet, but *where*, o' nights, the cellar gone, shall we shut up the cat?

COMMUNICATIONS.

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SOME ADVANCES IN THE EARLY CARE OF THE INFANT.

BY J. HEDENBERG, M.D., MEDFORD, MASS.

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

My facetious friend, Dr. Sherman, of So. Boston, Chairman of the Bureau of Diseases of Children, wishes a paper on “The Early Care of the Infant.” Easy enough thought I, give it a bath, dress it, put it in its little crib, and when awake furnish it with a sufficiency of good breast-milk and you have met all the requirements; very true in a state of health, i. e., for one well-born and with the best of environments, but out of failures in one or more directions have come volumes; medicines, we cannot say remedies, innumerable, the chamberlye and molasses, the catnip tea, the saffron tea of the old-granny-nurses (a recent writer calls them “The Gamp sisterhood”), the paregoric and chalk mixture of the allopath, the cordials, soothing syrups and baby foods of the patent medicine men, and the aconite, belladonna, chamomilla, coffea, etc., etc., of the homœopath.

Homœopathy it is said brought sweet peace into the nursery, and it is the duty of all of us to study the diseases of children and children that it may long remain a welcome guest, not alone on account of the palatability of its medicines, but on account of the skill of its practitioners.

The day when children in arms, or but little older, rose up and *vi et armis* prevailed against doctor and nurse when attempting to bleed them, or administer some dreaded medicine, is passed, and the skill of the pharmacist now provides medicines leaving little to be desired on the score of palatability; hence the homœopathist does not occupy his former vantage ground; it is now skill, not sugar that will prevail.

The study of children and their diseases was made but little

of in the olden time. In medical schools one professor filled the bill as Professor of Obstetrics and the Diseases of Women and Children, a combination indicating either very little work in the latter departments for the student, or a very much over-worked professor. The latter departments were verily in their infancy and had hardly developed their more pretentious Greek names, gynæcology and pædology. The triple alliance still exists in a few medical colleges. Dr. Lusk, author of "The Science and Art of Midwifery," is Professor of Obstetrics and the Diseases of Women and Children," in Bellevue Hospital Medical College, New York City, while Dr. J. Lewis Smith, the author of an excellent work on "Diseases of Children," is Clinical Professor of Diseases of Children in the same college.

On looking over a large number of catalogues and announcements I found that in several schools Obstetrics or Gynæcology, one or the other, had asserted itself and gone into business on its own account leaving but two partners, Diseases of Children more frequently falling to the care of Gynæcology, or, in other words, Obstetrics more frequently exists as an entirely distinct professorship. Obstetrics and Gynæcology are each full-fledged professorships, with adjunct professors, lecturers and instructors in most, while "Diseases of Children" now obtains equal recognition in many prominent Allopathic and Homœopathic Medical Colleges, and post-graduate schools hold out as a strong inducement the babies' and children's wards in their respective institutions.

Professor Jacobi, one of the most eminent Pediatricists of this or any country, is credited with having been the first to deliver a systematic course of lectures on Pediatrics, and this as early as 1861; he has also been the pioneer in organizing sections on this subject in various Allopathic Medical Societies, and in 1889, he gave the start to the American Pediatric Society. Our society has usually devoted an hour or two to this department in either its annual or semi-annual meeting, and the Boston Homœopathic Medical Society has recently organized several sections, one of which is known as the "Section on Diseases of Children," and hopes to do better work and more of it by this division of labor. The field is white for the harvesters in our societies and schools, as many of us can testify to the truth of the saying that "pediatrics does not deal with miniature men and women with reduced doses, and the same diseases in smaller bodies," and also the statement by Dr. Arthur Money in his introductory to his work on "Diseases of Children," "There is a natural tendency in the mind to erect everything into a standard, type or test. We do this in pathology and expect diseases to conform to the standard or type. Disease and

health in infancy and childhood are very erratic, and refuse, often in a tantalizing way, to be put into the harness of a type or standard. It is the unexpected that happens in infantile physio-pathology. Perhaps this non-conformity of disease and health to the type or text is the most striking characteristic of children, and especially infants. A dissimilarity between adults and children is always intensified, the younger is the infant."

The allopath has his law of dosage, and figures out the dose for a child with a mathematical rule based on weight or age, but finds exceptions where there is less than the calculated tolerance, or where a greater tolerance exists. Two notable and typical exceptions are opium and belladonna.

The homœopath has no law of dosage, no law as to what dilution or how much of it shall be given as a dose to a child or an adult. This is one thing not comprehended, not comprehensible by the regular physician, and one of them in an essay which won the one hundred dollar prize from Dr. Gould, of Philadelphia, for an essay against homœopathy, dwells at length upon it, and also upon the fact that one physician of the homœopathic school called to attend the father or mother will administer a small dose of a medicine, another physician called to attend the new-born babe will administer to it the same drug in a dose 1,000,000 times as large.

To the author of the essay our posology, or rather the lack of it, is a stumbling-block, and he thinks it a vulnerable point. Had he shown our failure to prove, yes the impossibility of proving our drugs on infants and young children, he would in my opinion have found a much more vulnerable point.

The young child is noted for its unstable equilibrium of heart and brain, two of the legs of the great tripod of life; its extreme susceptibility to all externals, heat, cold, light and sound; its frightful reflex responses by heart, brain and lungs to a seeming slight irritation of its stomach or bowels by some single indiscretion in diet, and that long train of symptoms, a multiplicity of diseases in name at least, due to a long continuance of a diet ample in quantity but sadly deficient in some needed element as fat, the albuminoids or the bone-forming element. The list of diseases which includes rachitis and its congeners is too long for enumeration here, but those referable to the nervous system have been grouped and happily christened "starvation neuroses." Are we warranted in reasoning from the one hundred and fifty pound organism, male or female, with the functions of, and dominated by the passions of adult men and women, to such an organism as this and saying that our multifarious drugs proved on the former will either produce or cure in the latter the same symptoms?

In view of all this and of the fact that this specialty, if we so call it, affords us who are general practitioners more than fifty per cent. of our calls and income, we should see that it receives its due share of time and attention in our medical schools and in our society work. I have often lamented the fact that so many of the young graduates rush all over Europe to see a Tait or a Martin do operations they should never undertake, as these must always necessarily be done by the comparatively few great experts, neglecting opportunities for work such as must make up their daily routine ; but such is the glamor of surgery.

We have heard that the early care of the infant should be begun in the care of its great-great-grandfather, or further back if possible, but as we cannot do in many things as we would we must do as best we may, and we certainly have many opportunities to take early care of the child by attention to the health of the pregnant woman ; but this possibly antedates my commission and is left to other hands.

The first care of the infant, if breathing well, is to separate it from its mother by cutting its umbilical cord, properly securing its vessels, and dressing it so that its separation may be as rapid and as little offensive to the olfactories as possible ; but shall we cut it and ligate ? Animals tear or bite it off, do not ligate it, and some if not prevented eat up the secundines. Shall we not in part copy the animals ; is not ligating it the cause of all the diabolical colics endured by infants for centuries ? This was the question asked by many but a few years since, and, occasionally, one sought an answer in a practical way ; one of my friends did by non-ligating the cord in one hundred consecutive cases ; the colic was not less frequent or of diminished severity, while calls to ligate it for hemorrhage and other annoyances, caused him to return to the old way and to give no further cause for saying, "when thou wast born thy navel was not cut."

Antiseptic treatment of the mother at the time of labor may do something for the safety of the child, and in its early care the antiseptic ideas of the surgeon have been fruitful. No one would now cut the cord with an old rusty and dirty pair of scissors, or ligate it with a string that had found its way into the house around a pound of sausages or beefsteak. A long train of ills follows a septic infection of the umbilicus ; inflammation, ulceration, hemorrhage, hernia, trismus nascentium, erysipelas, suppurative processes in internal organs, septicæmia, pymæia, peritonitis and death. A recent writer says, "The cord should be dressed antiseptically. For this purpose a fold of iodoform or bichloride of mercury gauze, 1 to 4,000, with an incision in the centre through which the cord is to be drawn, is placed around

the cord which is then well wrapped in some antiseptic cotton or wool and a binder applied. I regard this dressing of the cord as of paramount importance, and wish especially to call attention to the fact, well authenticated, that a septic cord is not unfrequently the cause of the death or sickness of the mother or child, or perhaps both."

Shall it be an early or late ligation? Early ligation has been accused of favoring scleroderma and hemorrhage; this is probably not true but there is certainly an initial loss of weight.

The amount of blood which may be preserved to the child by delaying ligation of the cord has been estimated at from 60 to 120 grams. The advantage in delaying to cut the cord is that the blood contained in the placenta may continue to be sent into the child's body so long as the circulation in the placenta continues.

The bath. Shall we bathe the new-born infant? Even here doctors disagree, at least as to the first cleansing of the child, some directing it to be oiled and wiped dry. My preference is for a bath at blood heat. The first attention should be to the eyes, these being carefully cleansed in clean water. Should we know the mother to be suffering from gonorrhœal infection, or a leucorrhœal discharge largely purulent, or in the presence of a case or cases of purulent conjunctivitis, purulent ophthalmia, ophthalmia neonatorum as in hospitals or asylums, we should drop into each eye from a glass rod one drop of a two per cent. solution of nitrate of silver (ten grains to the ounce of distilled water), this having been found a safe and efficient prophylactic.

The fact that a very large proportion of the inmates of our blind asylums were deprived of sight by ophthalmia neonatorum should make us ever careful of the eyes. Having carefully cleansed them we should see that the infant does not immediately undo the work by rubbing them with its hands, and in suspicious cases the eyes should be bandaged to prevent such a mishap. The nurse should be cautioned to disinfect her hands after her ministrations to the mother before caring for the child.

Dress. In matters of dress rational styles prevail; the dress reform movement has succeeded in modifying styles formerly so objectionable, and the only point of difference now is as to whether the infant should or should not wear a belly-band during the first year or two; my own opinion is in favor of such use of the belly-band, and it need not necessarily be a binder.

Food. The little one is no sooner ushered into this world than its finger, or anything coming in contact with its mouth, is seized, and the suction necessary to extract its nourishment from its mother's breast so naturally applied, show that it is

eager to try this new way of getting its living. "Fortunate indeed in our time is the babe who is able to draw from the breast of a healthy mother its sustenance," and I digress here to say that we should all be extremely cautious how we say to the new mother "your milk does not agree with your baby; you must stop nursing it and entrust it to a wet nurse or bottle it," words easily spoken, but of serious import to mother and child, when we consider the care, expense, anxiety and risk involved in either of these methods. Careful analyses of human milk show that while we can modify it in but few particulars, the few are sufficient to make it acceptable instead of its disagreeing with the infant, and the only drawback to our more frequently making bad milk good by a change in the amount of fat or albuminoids is the cost of the necessary analysis.

In bottle-feeding great advances have been made since Wm. Henry Cumming published in 1858, in the *American Journal of Medical Science*, a method of modifying milk, by setting it, removing the upper third, then adding water to this to make it of the proper sp. g., and a proper amount of milk-sugar, an advance at the time and in the right direction.

The mixture now made to imitate mother's milk, cream, ℥iiss, milk, ℥j., water, ℥v., sacch. lac., ℥ijꝰ, aquæ calcis, ℥ss., proportions formulated by Professor Rotch of Harvard, sterilizing the mixture and then adding the lime water, marked another advance; a still further advance is in sterilizing at a lower temperature than 212°, say at 167°, this sterilization, or rather Pasteurization being sufficient for the purpose, and the milk escaping some changes inseparable from the higher temperature. The lime water may be added before sterilization at the low temperature.

A laboratory has been established in Boston, at 203 Clarendon St., the Walker-Gordon Laboratory, where is furnished pure milk, *clean milk*; and any one who knows what those little black specks in ordinary milk are, and the amount of cow manure found in a cream extractor after running through it a few gallons of some milk will appreciate that one word *clean*, for the care commences in the care and feeding of the cow before milking and extends way down and all along the line. This laboratory furnishes anything you need in milk or cream, or any combination of them to order, as the druggist puts up a doctor's R̄ as written. You can modify a milk to suit the case; have it sterilized at 167° or at 212°, and sent your patient in tubes sufficient in number for the day, holding each enough for one feeding. To illustrate by a case, let us suppose an infant has a disordered digestion, due to a catarrhal condition of the common bile duct; there is duodenal jaundice with diarrhœa, the stools are clay-

colored and very offensive, indol is present and there are putrefactive changes from lack of bile, that great emulsifier of fats, and antiseptic; now we may treat this in three ways; by medicines, mercurius, podophyllum, china or any drug we think better indicated; we may administer pancreatine, which physiology teaches us comes in to do the work imperfectly done or not done at all by the other digestive fluids, or we may modify the food to suit the particular case. The indication in this case would be to remove from the milk a large percentage of its fat, fat being the element not digested under the circumstances. Having done this we may trust that in a few days the catarrhal condition will have run its course and the ordinary milk mixture may be resumed. These ways are all open to us if we know them and we may take our choice or employ them all.

The Arnold Sterilizer, in its improved form, may be used to sterilize milk at the high or low temperature. The last advertisement of it says, "Always prescribe Arnold Sterilizer with perforated cover," and claims that "a temperature of 100° Centigrade equal to 212° Fahrenheit is maintained with the hood on, and 35° to 90° C. with it off."

A wet nurse is sometimes a *sine quâ non*, is always expensive, many times a tartar and a tyrant. The selection of one from the class of women usually furnishing the wet nurse, places upon the physician a fearful responsibility, one which all have occasionally to meet, though owing to our better knowledge of infant feeding, fortunately less frequently than formerly. There are things all along the line from birth till the first dentition closes still unsettled; and iconoclasts are demolishing many old beliefs which are only traditions, and which like our drug provings need to be examined in the stronger light of to-day, and with modern instruments of precision. Among those recently attacked is the belief that starchy gruels, as oatmeal or barley gruel, added to milk act mechanically and prevent its coagulation into large and hard masses (or curds). Carefully conducted laboratory experiments give the negative to this belief and show that water is the best diluent.

Investigations into the time required in the stomach digestion of different foods in infancy by feeding them, and then at stated intervals withdrawing the contents of the stomach, give a decided negative to the claims of all the baby foods or additions, and place at the head, milk, mother's or cow's, the latter whole or diluted, and at the same time tell us that the interval between feedings should exceed two hours, as the stomach digestion is not completed at the expiration of that time.

Recent medical journals tell us that a French law forbids the feeding to a young child any solid food unless ordered by a phy-

sician ; and also the use of a rubber tube in a nursing bottle. How I wished for such a law last summer when called to a child less than two years old, in convulsions from eating baked beans ! They do these things better in France.

Dentition and its derangements is a field full of disputations ; on the one hand we hear that dentition produces little or nothing but teeth, on the other that it is a time full of perils, and the old question " shall we lance the gums or not " is still *sub judice*.

Weaning. The time for this is now chosen by advice of the physician, and in accordance with the exigencies of the case ; and we seldom hear of physician and mother consulting so as to make the weaning " when the sign is right." This is an escape from the thralldom of astrology. There is a supply for a demand in such cases, and many must have noticed with pleasure, that the nude figure, with the abdominal viscera all exposed, no longer graces or disgraces the first page of our modern almanacs.

Circumcision has had its ups and downs. Lewin, in his treatise on circumcision, strongly objects to circumcision as a sanitary measure. By removing the prepuce the glands of Tyson are lost, the fat is lost and there is a resistant cicatrix left. The Bible does not refer to the operation as conducive to health. It was at first only a compromise with Moloch for the sacrifice of the first born. As a religious rite it is a relic of heathenism ; as a hygienic measure it is injurious ; while as a prophylactic, it is a measure designed to encourage illegal sexual intercourse.

Hear also a recent utterance of one who must have had ample opportunity and is a keen observer of men and things, Rabbi Solomon Schindler, of Boston, who says, " The custom has only two principles for justification — one is religious faith or belief, and the other is a sanitary argument. I do not believe that God ever demanded this rite as a seal of any covenant between himself and mankind. This idea is no longer held by the great body of the Israelites. But they argue that sanitary laws demand the performance. Notwithstanding the opinions of some physicians, which have been obtained in order to fortify the claims of those who insist upon its beneficial sanitary effects, I deny that it has any good results either in the line of development or of prevention. It has elements of danger for the infant, and is more dangerous to adults. If the fathers were obliged to submit to it, instead of being able to inflict it upon their children, the custom would soon die out. If the ceremony or operation is good for one it is good for all, and, therefore, it should be urged upon everybody. If it is not right

and beneficial for all, then it should not be encouraged as applying to any."

The learned Rabbi of course admits that it is sometimes a necessity, and should then be done in a proper manner for its special indication, and by a qualified surgeon. An advance toward accurate speaking seems to have been made when we are told not to speak of adhesions between the glans and prepuce; that word adhesion or adhesions as used by us, usually meaning that two parts originally separated have by inflammatory exudates been glued together, while in the new-born infant in eighty per cent. there is still cohesion, the parts not having been differentiated, this process usually taking place at a later period. Many cures are reported of bad habits and reflex neuroses, convulsions, chorea, strabismus, by a timely circumcision. Of late, attention has been called to a condition in the female analagous to that requiring circumcision in the male, adhesion of the prepuce and glans clitoridis.

"Is Evolution Trying To Do Away with the Clitoris." Dr. Robert T. Morris, of New York, read before the American Association of Obstetrics and Gynæcology, a paper upon the above subject, and presented photomicrographs and sections of anatomical specimens in support of his proposition. The summary of his paper was as follows:

1. The prepuce and the glans clitoridis are bound together by adhesion, partly or completely, in about eighty per cent. of all white American women.

2. Such preputial adhesions are rare among negresses, and apparently occur only in a few individuals possessing a large admixture of white blood.

3. Highly developed domesticated animals do not present examples of this degeneration, judging from a fair collection of data bearing upon the subject.

4. When preputial adhesions are extensive the glans clitoridis and the imprisoned mucous glands remain undeveloped, but they may develop later when the physician has separated adhesion.

5. The failure of the embryonic genital eminence to properly develop the prepuce and glans clitoridis by perfect cleavage probably means that nature is trying to abolish the clitoris as civilization advances.

6. The degenerative process represented by preputial adhesions is characteristic of the civilized type of *homo sapiens* in which we find decaying teeth, early falling hair and imperfect corneas and eye muscles.

7. Preputial adhesions which involve small portions of the glans clitoridis are of interest simply as anatomical curiosities.

8. Preputial adhesions involving a large part or whole of the glans clitoridis cause profound disturbance, and are among the most pronounced of peripheral irritators. They cause desire for masturbation, which leads to neurasthenia, and they are responsible for grave reflex neuroses.

9. Preputial adhesions probably form the most common single factor of invalidism in women. The clitoris is an electric button which pressed by adhesion rings up the whole nervous system.

10. The physician who neglects to examine the female child for preputial adhesion neglects the most important single duty of his professional life. — *Medical World.*

It will be seen that the same per cent., 80% of imperfection exists in male and female, and as for neglect of the most important single duty of our medical lives, I fear we must all plead guilty. To many an infant we are called to mitigate the penalty it must pay for the sin of its parent or parents, and a clear understanding of the symptoms, pathology, natural history and proper treatment of syphilis will enable us to do much for those who suffer from an antenatal curse.

The bacillary theory of tuberculosis removes many fears for those who are of a consumptive line, and enables us in many instances (I speak in a strictly figurative sense), to cast for them a brighter horoscope.

Prof. J. Lewis Smith, of New York City, says "Excellence as a physician of children can only be achieved by special and continuous study of their ailments."

To justify the title of this paper I should perhaps say, that the promise of a great advance in the care of the infant is to be found in the increased and increasing attention paid to the study of pediatrics. While I do not believe that serious organic lesions and malformations give way to the single dose and high potency, I believe that the lives of infants and children may be brightened and lengthened by a judicious administration of drugs, and the ministrations of the skilled physician; and I know of no field in which such ministrations meet a heartier recognition.

CONVULSIONS.

BY MAURICE WORCESTER TURNER, M.D. BROOKLINE, MASS.

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

By convulsions, spasms or fits, in children and infants, we understand involuntary, violent and irregular contractions of the muscles, occurring in paroxysms, accompanied by a more or less complete loss of consciousness. With the exception of convulsions dependent upon cerebral lesions, the consideration of

which would not properly come within the scope of an article of this character, we may divide the subject into two parts :

1st. *Laryngismus stridulus*, often confounded with false croup, *i. e.* simple catharral laryngitis, which it may complicate ; in its true form it is comparatively rare, and is characterized by a spasmodic closure of the glottis and in severe cases by spasm of all the other muscles of respiration. The peculiar crowing sound, accompanying the efforts at inspiration is the characteristic symptom. The glottis may escape, other muscles being involved only in the spasm. Fever is absent as a rule. An attack of this kind may follow an exhibition of temper or an ordinary crying-spell, and is often considered as due to temper, or more often it occurs toward midnight and is then generally called spasmodic croup. This condition may merge into more general convulsions.

2nd. *General convulsions*, which are usually preceded by signs of a disturbed nervous system, such as gritting of the teeth at night, starting or crying out in sleep, etc., or, as before stated, laryngismus stridulus may precede. We will omit a description of a paroxysm, the symptoms of which are familiar, as they will be given later on. We should look upon a convulsion as a symptom, not a disease *sui generis*, but in many cases it is the only symptom prominent, and the laity have come to dread even the sound of the word more than many diseases much more serious.

Many authors admit that a convulsive tendency may be inherited ; that puerperal eclampsia, rachitis, syphilis, and scrofulosis are predisposing causes. Convulsions may occur at the beginning of or during the course of many diseases ; such as cerebral diseases ; from reflex irritation, as irritation of the teeth, an overloaded stomach, worms, etc. ; in acute specific and other fevers from an altered state of the blood ; in kidney diseases, or following profuse diarrhœa, etc., etc., and during dentition convulsions are very common. The eruption of the teeth being a purely physiological process it is difficult to understand how it can be the cause of convulsions, but when it is painful, delayed or irregular, which is oftener a sign of rachitis, then the conditions are changed and we have a predisposing element which needs but a slight irritant to cause an explosion of nerve-force. I have noticed one fact, but perhaps have not confirmed it sufficiently, and have also seen a reference to it in reading, that a child that is teething, and to all appearances in perfect health, the appetite good, the digestion excellent, the bowels regular, and, as its mother says, "sleeps like an angel," will have a rise in temperature the latter part of the afternoon and early night, the temperature being normal or nearly normal in the morning.

The increase may be only a degree or degree and a half, but it shows that changes are taking place, *i. e.* development of the nervous system, which are physiological and not serious in themselves, but which are still sufficient to make the little patient extremely susceptible to outside influences, and causes, which in the adult will only produce a chill, will in an infant, bring on a convulsion; in other words, the condition borders on the pathological and requires a comparatively slight impulse to change it to a very serious condition. Jacobi says, "we must not forget that peripheral irritability increases from the fifth to the ninth month considerably, and that the inhibitory centres do not perform all their functions as in the adult. Thus it is possible that now and then a convulsion will occur, but so far as I am concerned, I have not seen convulsions dependent upon difficult dentition in the course of the last ten years;" also "that the peripheral nerves are relatively large and but little excitable during the first days of life, and that their excitability increases very fast towards the end of the first year, out of all proportion to the slower development of the inhibitory centres. This fact explains the great preponderance of convulsions during the first year of life."

The most common causes being those related to the nourishment of the child, overfeeding having been referred to, we have left the opposite condition, *i. e.*, where the food is insufficient or improper or both; these cases are generally bottle-fed babies, and while not necessarily emaciated, the children do not grow, are neither fat nor thin, and are looked upon by their parents and friends as "cunning little things," who will be very small when they grow up. This condition is often brought on by not following the directions given by the physician for preparing the food as the child grows older. It is not uncommon to find children of eight or nine months or even a year old taking food prepared for a child of two or three months.

Then there is always an inclination with parents to take the child to the table as early in life as possible, where they are given everything the rest of the family have to eat, including baked beans, mince pie, etc., and even tea and coffee. We may have a little sympathy with this proceeding when it is done to avoid the use of the nursing-bottle; but how much better to teach children to drink from a mug or cup, giving them food suited to their age and development, and above all to feed them away from the table, unless we can educate parents to resist the inclination to give them "just a taste" of what they are eating.

Sex plays but an unimportant part in the ætiology. The number of cases dying in convulsions is, according to statistics, about

equally divided between the two sexes. As to the duration of an attack it is impossible to say with certainty, the number and severity of the seizures being governed by the cause. Convulsions to the number of 185 in twenty-four hours have been reported, and the duration from a few minutes to twelve hours.

The prognosis should be guarded in all cases, and depends on the general condition of the patient and the cause which excited the convulsions. The therapeutic measures of the old school may be presented in a very few words; the bromides, chloral, opium in some form, chloroform, nitrite of amyl, etc., are a few of the drugs advised, also quinia if a "malarial element" be present.

The use of the bath is particularly satisfactory in these cases; not a hot bath (100° to 110° F.), but a warm bath (96° to 97° F.), and preferably cooler than that, 85° to 90° F. My directions have been, at the first sign of a convulsion, to remove the clothes and immerse the child to the neck in water which feels neither hot nor cold to the hand of the nurse, then to pour water of the same temperature on the occiput, at the same time supporting the child's head and back. When relaxation has succeeded to the convulsive condition, the child is removed from the water and wrapped in a blanket and kept perfectly quiet. I avoid the hot bath, because if the attack results from indigestion, we simply complicate matters by giving a hot bath when the stomach is full, and, besides, I have found reaction quicker and more permanent with the cool than with the hot bath. If the exciting cause be the ingestion of indigestible food, a glycerine suppository has always given good results in causing a movement of the bowels, or if not sufficient, it may be supplemented by an enema. I should suppose there could hardly be any question as to the proper diet in such cases. Breast milk or cow's milk, occasionally some prepared food, which is more likely to be of service after the convulsions have ceased and recovery well under way; and as important as anything else is water. With this brief and general description of this subject, I will report two cases which illustrate certain points.

CASE I. C. S.; boy; 20 months old; has all his teeth except the second molars, is well-nourished, light-complexioned. Family history: Mother died when he was born, of nephritis and puerperal eclampsia; father well; on the maternal side a history of convulsions running back two generations; has had pertussis, several attacks of diarrhoea, varicella, and boils in external auditory canal. Eleven days before the history of this attack begins, had measles, from which he had seemingly fully recovered.

First day. I was called at 5 A. M.; the child vomited at 10 o'clock last evening, the vomited matters were sour and contained food, undigested, which had been eaten the morning previous; after that had a restless night with considerable colic. At about 4.30 A. M. he waked with a shrill scream, immediately getting on to "all fours" as the nurse said; then he vomited, and it seemed to pour out of his mouth, (projectile). Temperature, 103° , moist about the head; very cross, wanting to be held; thirst. *R.* Cham., 3x, every two hours.

In the light of subsequent events I have made up my mind that he had a slight convulsion, and that the vomiting was reflex, the food remaining undigested on account of the condition of the brain. The child had been fed at the table with the rest of the family for some time previous, and had had almost everything to eat that they did except meat and desserts; during the day before he had eaten more heartily than usual, but a glycerine suppository failed to show anything but a normal stool, as everything had been ejected from the stomach.

Six P. M. Everything quiet till now, and just had another convulsion, lasting not over five minutes; began with the same cry, frothing at the mouth, thumbs flexed, skin hot, temperature, 105° . *R.* Cicuta, 3x, every hour.

Second day, 6.30 A. M., no convulsion; temperature now 102° ; is inclined to be stupid, but no rolling of the head; thirst; urine passed freely. *R.* Helleb. 3x, two hours.

This condition continued till the seventh day, the temperature ranging from 103° to 105.4° , sometimes higher at night, but generally the same all through the twenty-four hours with a slight fall between two and five A. M.; child stupid at times, at others wakeful; always cross; bowels regular; slept well; urine passed freely, but could not obtain a sample of it; no stain on the napkin; appetite good for milk which with water was the only food allowed; a great deal of irritation of the gums. Remedies seemed to have no effect. Gel., cham., verat. v., bry., were used as indications called for them, till becoming disgusted, I gave sulph. 3x, every three hours, the morning of the sixth day.

The next morning, seventh day, temperature, 99.8° , and at night a discrete papular eruption had appeared all over chest, abdomen and back; temperature, 102.6° at 6 P. M.

Eighth day, 8.30 A. M., temperature, 98.2° . The eruption nearly gone. He made an uninterrupted recovery from this time, in fact his strength did not seem to be diminished at any time during the course of the fever.

The "convulsive tendency" was evidently inherited in this case, and it seemed as if the exciting cause was the overfeeding

which had been going on for some weeks. The question naturally suggests itself, was the eruption the cause, being undeveloped; or was it the effect of the convulsions?

Case 2. M. G., girl; nine months old; has two teeth; weight about sixteen pounds; weighed eight and one-half pounds when born; is small, plump, dark hair and eyes. Father and mother both alive and well. Family history of eczema, one child died, probably from the effects of old-school treatment for this disease, i. e., external applications. Is fed on a prepared milk food which I am not here to advertise in any way. I was certain it was not sufficient, but there was great opposition when I advised a change to ordinary cow's milk, and as everything was going well, I said I would wait. I did, and never will again. The child has been under my care for three months, has had during that time one attack of false croup, two attacks of laryngismus stridulus, one of diarrhœa, and boils in external auditory canal, and one attack of bronchitis which was slight. During all this time she has been under treatment for eczema facialis, except, of course, when it was necessary to interrupt the treatment for the more serious of the affections above enumerated. For the last three days the eczema, while gradually disappearing before, has entirely faded away, and the last two nights she has been wakeful and restless, with the tendency to hold the breath (laryngismus stridulus); the head has perspired profusely the last three or four days, especially when asleep; appetite good; bowels regular; slight dry cough.

First day was telephoned for at 9 A. M.; child just had a convulsion, slept into it; temperature, 102°, semi-conscious; respiration short, quick; has urinated. *R.* Cuprum 3x, every hour. Another convulsion at 11.15 A. M.; she took milk, then the bowels moved, and then slept ten minutes, and waked in the spasm, which lasted seventeen minutes, temperature, 101°. Another spasm at 1 P. M., lasted five minutes, and another at 4 P. M. of same duration. They all come on after sleep. Temperature, 102.2° now; skin hot and dry; jumps in sleep; very drowsy. *R.* Bell. 3x, hourly. At 5.30 P. M. had a convulsion or series of them lasting a half hour; great coldness of the lower part of the body; thumbs flexed in palms; eyes rolled up; froth at the mouth; sleeps as before into the convulsion or rather wakes and then goes into it; involuntary urine and feces; very stupid and comatose after the last convulsion. *R.* Cicuta 3x, hourly. Dr. Conrad Wesselhoeft was called in consultation; he arrived after seven o'clock, and, to be brief, advised continuing the cicuta, but to bear helleb. in mind.

Second day, 7 A. M., temperature, 101.8°. After taking the first dose of cicuta last night, went to sleep, and when she

waked, did so without a symptom of a convulsion, which is the first time this has occurred; but a convulsion came on at 1 A. M., lasting fifteen minutes; no stool with it, but urinated after. There were no more general convulsions. Symptoms of effusion developed during the morning with drawing back of the head; thirst, with eager drinking; drowsy; and at 12 M. \mathcal{R} Hel. 3x, every hour. 7 P. M., temperature, 102.8°, coma deeper; jaw dropping down; but profuse perspiration about the head about 5 P. M.

Third day, 8 A. M., temperature, 99.2°; night passed without incident till 5 A. M., when she waked bright; by noon as fine a case of measles had developed as I have had the pleasure of seeing. (I forgot to say that a little brother of the patient had the measles just ten days before the convulsions began.)

The cough developed, and on the fifth day, 11 A. M. there was slight dulness over the lower lobes of both lungs posteriorly; drowsiness; bubbling râles all over both sides of the chest; temperature, 102.8°, respiration, 60, quick and weak; perspires profusely. \mathcal{R} . Tart. emet. 3x, three hours. At 7 P. M. she had an attack of false croup, temperature, 103°, otherwise the same as in the morning; restless; thirst. \mathcal{R} . Acon. 3x, one-half hour till better, then two hours.

Sixth day, 8 A. M., better after 1 A. M., temperature, 102°, respiration, 48 to 52. \mathcal{R} . Acon. 3x, two hours.

This condition continued till the seventh day, 2.30 A. M., when cough, spasmodic, with choking developed; better with head raised, or sitting up; expectoration of frothy mucus; thirst; restless. \mathcal{R} . Ars. 3x, every half hour till better, then two hours.

Eight A. M., temperature, 103.8°; marked dulness over the lower lobes of both lungs posteriorly, with large and small bubbling râles in upper chest; tongue thick white coat; respiration, 56; thirst; restless; still better with head raised. \mathcal{R} Stib. arsen. 3x, two hours.

Seven P. M., temperature, 100.4°, respiration, 36; lungs the same.

Eighth day, 8 P. M., gradual improvement till now. Temperature, 101.8°; cough spasmodic, harsh, relieved by a drink of cold water, choking while eating. \mathcal{R} . Cu. 3x, one hour. At 10.30 P. M. the cough had increased, with sawing respiration, still relieved by a little cool water, and bending head back. Respiration, 60. \mathcal{R} . Iod. 3x, which relieved till the ninth day at 4.30 A. M., when the barking, spasmodic cough returned for which I prescribed Cu. 3x.

Ten P. M., cough better; still thirsty, with relief from water; can eat without choking. \mathcal{R} . Phos. 5x, two hours. I will ad-

mit that there were no especial indications for the remedy, but the general condition was like that for which Jahr recommends phos., and the result was all I could ask; the remedy was continued for forty-eight hours with marked benefit. With the relief of the lung symptoms, the eruption, which had been confined to the head and chest, developed over the lower extremities, but was never very marked on that part of the body.

Twenty-ninth day, improvement continuous; temperature gradually declined to normal; for various symptoms she had had puls., cham., merc. and sulph., till I put her on calc. phos., 3x, t. i. d.

Weight one month after convulsions began, i. e., at ten months of age, fourteen and one-half pounds. Eczema entirely gone.

This case showed a rachitical tendency and was ill-nourished. I have found record of general convulsions preceding the development of morbilli in fatal cases, but not in a case where recovery took place. It is interesting to note the stubbornness of the convulsive tendency, beginning with laryngismus, developing into convulsions, and ending in laryngismus. That there was no connection between the disappearance of the eczema and the spasms is apparent, and yet, till the eruption developed, I could not help being disturbed by the oft-repeated questions of the mother in regard to it. In both cases I had, before these attacks developed, found a temperature about a degree above normal, at night, when seemingly well. The temperature in both cases was taken in the rectum.

ACTION OF ZINC IN HYDROCEPHALUS.

BY G. F. FORBES, M.D., WORCESTER, MASS.

[Read before the Massachusetts Homœopathic Medical Society.]

In a busy life we may profitably pause once in a while to verify the symptoms of some of the older remedies which have, from time to time, brought us out of trouble, and therefore are treasured.

This brief paper is not intended to treat of hydrocephalus as a morbid state or to give its etiology, diagnosis, history or its proper treatment, but simply that I might make some practical suggestions in verification of the action of zincum met. in encephalic conditions really threatening hydrocephalus. Assuming that in real or actual presence of effusion in this disease a cure is, at least, doubtful, it behooves us to make strong and persistent efforts to arrest the disease in its first stage. In the first place let us rehearse some of the well-known and often verified characteristic symptoms of zinc, that we may refresh

our memories as to its close identification with hydrocephaloid and cerebral maladies.

Says Burt, "It corresponds to diseases of the nervous system, as iron does to those of the blood." Says Wihmer, "the heart's action is slow and feeble, the intellectual faculties are impaired, the strength of body and the power of motion are enfeebled to a high degree." "It has a powerful tonic action upon the peripheral extremities of the motor and sentient nerves." "Cerebral exhaustion, with mental and physical depression, from anæmia of the brain; impending paralysis." Child cries out during sleep; when awakened expresses fear, rolls its head from side to side, spasms and actual paralysis. Alternate redness and paleness of the face with vertigo. According to Burt, "For spinal irritation, with great prostration of strength, it is one of our most useful remedies." Paralytic feeling in the arms in brain diseases; paralysis from cerebral hemorrhages. Tonic and clonic spasms, child cries before the attack, fever, restlessness, *must move* the extremities constantly. These fidgety movements of legs, hands and feet are marked characteristics of zinc, and are noted by all writers and provers. "Excellent remedy for hydrocephaloid after cholera infantum with spasms and great emaciation."

To illustrate the sphere of zinc I will append the following cases from practice :

CASE I. Nellie, child of Mrs. C., aged three years, nervous temperament; was taken three weeks before with summer complaint followed by gastro-enteritis, which the physician in attendance prescribed for in the usual, regular way. Child had steadily grown worse from the beginning, so that at the end of three weeks the brain became involved to the extent that the doctor now pronounced the case one of hydrocephalus, and hopeless. On my arrival found patient coming out of one spasm only to immediately go into another; she had rolled the head from side to side so much and so long, that the beautiful hair had nearly all been worn off the back of the head. The pupils were very much dilated, but whether from the action of belladonna and opium given in crude doses or from the meningitis, I could not at first determine. The head was very hot over its entire surface, and altogether it indeed seemed as the "regular" said, "a hopeless case." Instead of ice bags to the head I applied hot water; heat to heat is our law. Gave bell. by inhalation as she could not swallow; this with cina was continued for some twelve hours when the convulsions had nearly ceased, only occasionally a slight one; child could swallow medicine and a few drops of beef tea; there was constant movement of hands and feet. I remembered Hughes' directions for "impending paraly-

sis of the brain," and also Burt's that "zinc is the greatest tonic to the nervous system we have," and the symptom, constant trembling of hands and extremities; accordingly she had zinc 3x, a dose hourly. A perceptible effect of the zinc treatment was observed in about six hours, and at the end of twenty-four hours from my first visit the convulsions had ceased altogether, but child appeared limp, haggard, heart's action feeble, imperfect vision, and twitchings of muscles and lids, eye balls rolling or twitching from side to side; nausea, which had been for weeks a troublesome symptom, continued, and although prognosis continued unfavorable, yet from all the symptoms I was able to get from the action of zinc it seemed the appropriate remedy. On the third day of treatment child remained in *statu quo*, the zinc had controlled the nervous excitement, there was no longer any symptoms of spasms, sleeps better at night, but the physical exhaustion remains, with cadaverous countenance, and characteristic thirst of arsenicum. So I determined to try arsen. 6th. After two days there was a change, the countenance assumed more of a natural appearance, the breath, which had been foul, was less offensive, less thirst, but there was more marked nervous twitching of hands and feet and a return of the former sleeplessness, head hot, cold feet. I then returned to the zinc. She had this remedy for several weeks during her slow and tedious convalescence and until final recovery.

CASE 2. Child of Mr. B., aged eleven months. Case pronounced this day, Aug. 20th, by the attending physician as hydrocephalus, and prognosis unfavorable. Child on my arrival was in a spasm, which the opiates, bromides, etc., together with ice bags to the head had only seemed to aggravate. The head was very hot, temperature, 104, pupils dilated, feet cold, toes purple, and altogether the case seemed an unpromising, if not a hopeless, one. The child had been having trouble with cutting teeth, the gums had been freely lanced, and the summer complaint which had persistently followed it for a month had wasted patient's flesh and vitality. The diarrhoea and so-called "cholera infantum," had been checked by opiates with the above results, "the disease had gone to the head;" the physician retired from the case with a sense of positive relief. Patient could keep nothing on her stomach; there was constant nausea and empty retching. I began treatment with one drop doses of coffee in alternation with one drop doses of beef tea, once in ten minutes. When in convulsions I gave belladonna by inhalation. The head being very hot I changed the ice to hot fomentations often repeated. Perceptible relief followed and in twelve hours the spasms had ceased entirely, but there was a constant twitching and movement of the hands and feet, which

is so characteristic of zinc. As there was from this time on a sure but very gradual abatement of all the more violent of the symptoms, I continued the zinc and here again was verified the fact that "zinc proves to be one of our greatest nerve tonics," restoring vitality and nerve force to this thoroughly exhausted brain and debilitated body.

FURTHER EXPERIENCE WITH A NEW SPLINT.

BY GEORGE H. EARL, M.D., BOSTON.

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

At the meeting of the Society two years ago, I had the pleasure of presenting a new splint for the treatment of club-foot. The result in the single case in which it had been used at that time was most satisfactory, the patient being twenty years of age at the time of commencing treatment, and coming out with a straight and useful foot. Since that time the splint has done good work in a case more unpromising than the first, a lad sixteen years of age with double club-foot. He had been treated when an infant by operation and apparatus, and again when between five or six years of age, but without effecting a cure or much improvement. This case was undertaken without hesitation, but not without considerable misgiving as to the result. Both feet were very tender and presented the common appearance of equino varus, the boy walking upon the outer sides of both feet. The usual tenotomies were done, the feet kept in plaster a couple of weeks, and then the splints applied. They were worn without pain until the feet were so far righted that the boy could stand on the bottoms of his feet, when a wedge of bone was removed from the outside of each foot to complete the cure.

I have the pleasure of presenting to you one of these cases for your inspection. A few words on the advantages of elastic traction may not be out of place. A well-known orthopedic surgeon of New York City, said to me a few months ago, "We do not depend much on elastic traction in the treatment of club-foot. We have tried it but get no results. It requires positive force to correct a club foot." Many forms of apparatus, however, have been devised for the application of elastic traction, and the only reason it is not depended upon, is because it has not been successfully applied.

The proper treatment of club-foot should include not only the correction of the deformity, but the development of a serviceable foot from one which has been of little or no use. This the usual treatment of club-foot cannot attain. The crooked foot may indeed be made straight, but during the process the

ligaments, muscles and tendons have been subjected to such brutal treatment, that they may never again resume their normal functions.

Ellis, on "The Human Foot," says, "In respect of the ligaments collectively one point of great importance should be noted. They share the influence of a law, universal in all the tissues of the body, that constant pressure or constant tension causes wasting, while intermittent pressure, or intermittent tension promotes growth and strength, with consequently increased capacity for resistance. Thus if ligaments be constantly stretched, as in prolonged or careless standing, happens to those which bind together the bones forming the arch of the foot, yielding and consequent deformity ensues. The words constant and intermittent are here used in their relative sense only. The rest which the night affords is not enough to counteract continuous strain during the day. When the stretching is absolutely constant, changes take place with great rapidity. On the other hand when stretching and relaxation follow each other in frequent succession of changes and in great vigor then the full effect in promoting growth is seen. Not only do the ligaments become stronger, but the attachments to the bones, become more secure; projections of bone are thrown out, making the surface rough and so giving a firm hold."

Now if all this be true not only is any form of positive traction wrong in the treatment of club-foot, but an intermittent and elastic traction, is the only thing which fully answers the requirements.

The screw and rack and pinion machines, which are in common use to-day in the treatment of club-foot, apply the constant and unyielding force which weakens the ligaments and destroys the usefulness of the foot, while the new splint applies an elastic and intermittent force, which develops and strengthens the foot at the same time that it is correcting the deformity.

NEURASTHENIA WITH MORBID FEARS.

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

BY E. P. COLBY, M.D., BOSTON.

By the term morbid fears is not meant those wholly irrational and unregulated fears of the mildly insane, but a definite fear on one or perhaps a limited number of subjects, occurring in a person rational and fully capable of reasoning even upon the subject of the trepidation, able to recognize the error and only yielding to it through the physical symptoms causing him to feel for the time being too ill to act in the usual sound manner. Of the few cases coming under my notice, they have all

occurred in men of more than ordinary mental capacity, men who had the faculty of managing large interests as proved by their lives past and present.

I would gladly give the details from my notes but in some instances the pictures would surely identify the patient and prove a source of great annoyance, as such patients are sensitive to the last degree in this particular. The patient suffering from this complication has in this respect a symptom common to many melancholics, but with this difference, that he is never misled for a moment as to the unreality of the cause, knows most fully that the cause lies wholly in himself and that he ought to be able to overcome it, many times does so overcome it by the force of determination that none but his confidants suspect the existence of such a state of mind and body. There may have been a substantial cause producing this condition as of some catastrophe occurring at the time of the first breakdown, and which he fears may occur under like circumstances again, or rather similar circumstances act as a vivid reminder of the first misadventure. Other instances there are in which there can be found no such precipitating cause, the fear was present at a given time to such an extent as to be uncomfortable, and the recollections of this discomfort remained so that at the next combination of similar circumstances the recollection became painfully recalled, and he dreaded the next opportunity. As for instance something very disagreeable or dangerous happens in the busy and crowded portion of the city, or an exciting wrong is done the person by some one who is in the habit of frequenting the business section and passing too and fro between his business and home. The patient is so irritated or excited that he does not desire to meet this obnoxious individual, and remains at home for a few days to prevent it. This procedure may be enough to establish the habit and finally result in interfering with his regular routine.

In another type of the same trouble of which I have seen several instances, a person who has perhaps for years been in the habit of acceptably addressing bodies, is some day without known cause seized with that curious complex known as stage fright, but manages to say his say in such a manner that he is congratulated upon his success, but on the next occasion the memory of the past experience is so terribly bright that he breaks into a profuse perspiration, feels weak and faint, in some instances nauseated and is really ill for twenty-four hours thereafter. These examples may seem not unlike those cases where a person has a morbid fear of roofing, slates and chimney pots falling upon him; in fact if a patient had narrowly escaped such an accident or been present when some one was in this

way killed or mangled the cases would be similar. The symptom is not a monomania, in reality it is not mania at all, it is as nearly as such a function can be, physical fear. The man goes to his business and transacts it as shrewdly as ever, but all the time endures a great deal of mental and considerable physical suffering. The speaker gets through his oration and does it so well as to be congratulated, but is all the time hovering between emesis and diaphoresis from fear that he shall break down.

The detail of symptoms varies with the individual peculiarities. In one restlessness, insomnia and a degree of nervous tremor may predominate, while in another we find gastric disturbances and some vaso-motor irregularity just as we see worry and irritation variously affecting different persons.

In all cases which I have watched there has been a previous history of mental overwork, *i. e.* the subjects have been for years carrying a heavy load of responsibility, and for prolonged periods had labored continuously without proper regard for regularity of sleep, food or relaxation; some of them exhibited the usual dyspepsia, headache and palpitation before the fear took possession of them. My records show that nearly all were habitually constipated. Just where the line should be drawn between mental alienation and neurasthenia with fears it is quite impossible to say. The mildly melancholic or paranoiac is sometimes developed from the neurasthenic, but the cases to which I refer could not by any candid judge be declared insane. As I have before stated they are not for a moment misled as to the unreality of the feeling. Nor do they often fail, if necessity demands, to overcome it, but at the expense of great personal suffering.

Instances parallel in nature but less in degree are not very rare among our own profession. I have several times been told by overworked physicians that there were times when they dreaded to go home, fearing to learn of some disaster to family or to property, in some instances so impelled by this fear as to hurry through their calls to the sooner prove the reality or unreality of their fears. But physicians as a class are so drilled to hold their feelings in check to sound judgment, that they seldom give way to any noticeable extent, and the more careful ones recognize the cause in season, and take a few days' rest and change of scene.

The treatment has not been remarkably satisfactory. It naturally follows that relief cannot be expected until the tired nerve centres are fully rested, and this result can only be attained by a complete change of occupation and surroundings. These patients are not of a class to calmly and patiently sub-

mit to the "rest cure," nor is it probably necessary that they should. A long vacation with entire release from responsibility such as can be obtained by an extended sea-voyage is probably the most complete relief. Being unable to take this, a trip into the country or to the woods of Maine or the Adirondacks would be salutary. A certain amount of pleasurable occupation with the minimum of care and worry. Diet should be generous and plain. In none of the cases have I found indications of lithæmia or oxaluria, therefore the diet need not be so restricted as if those conditions were present.

To tide the patient over some trying time, I have given lupulin, hyosciamus, and in two cases bromide of potassium, apparently with good result, but I am not prepared to say that a placebo would not have answered equally well. Until the neurasthenia is relieved I have but little confidence in the administration of remedies. In our materia medica we have enough of the symptomatology of fears of this and fears of that, but very few if any which apply to the condition causing these fears; therefore medicine at best can be only palliative. We have remedies for the pangs of hunger, but nothing so effectually works a cure of that symptom as food.

REPORT OF A CASE OF HYSTERIA.

BY EMILY A. BRUCE, M.D.

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

The strange malady, hysteria, occupying, as it does, that mysterious border land between sanity and insanity, must always be to the physician an intensely interesting study, if sometimes a puzzling and even exasperating one. The protean forms under which it manifests itself renders the whole management of each case individual, to an extent unusual in other forms of disease. Can so many and varied results arise from a single cause or form a pathological unit? Can one drug or combination of drugs cover such a multitude of sins and symptoms? These are questions which the careful attendant constantly puts to himself, when called to a new case of this form of disorder.

It seems to me that the assumption of nervous spasm as chief exciting cause of these diverse phenomena simplifies the whole matter, and renders diagnosis and treatment comparatively easy. As for the predisposing causes their name is legion; tuberculous tendencies being among the most frequent and important, as in the case of some other neuroses, also.

In the following case all the manifestations are easily explained by the hypothesis of nervous spasm, and the results of treatment seem strong evidence of the correctness of the

hypothesis. In this case the vaso-motor nerves seem the ones chiefly concerned, the loss of power and sensation as well as the perverted mental action being due to partial or complete suspension of nutrition of the affected regions. In other manifestations of the hysterical condition, such as ecstasy, catalepsy and trance, the motor and sensory nerves also are evidently primarily involved in the spasm; while in somnambulism the centres presiding over the higher intellectual faculties are the ones chiefly affected, perhaps through a modification of their vascular supply, perhaps through the agency of some inhibitory influence exerted upon the nerve centres themselves, about which, as yet, we know little.

The underlying causes of the spasm in this case may have been a neurotic temperament and general feebleness inherited from a tuberculous mother, chronic constipation and fecal impaction from abuse of purgatives, and a flexed uterus crowded into the left side of the pelvis as a result of the other faulty conditions.

On the 30th of May, 1892, I was called to Miss M—, a patient who had been under my care at intervals since the January previous. She had been suffering for more than a year from a considerable degree of nervous depression accompanied by digestive difficulties, and had at times exhibited decided hysterical tendencies. Her father, still living, is a very robust man; her mother died when young of tubercular disease of the lungs. Miss M. had suffered for six years from obstinate constipation aggravated by the "Garfield tea" habit. She had been subject to violent attacks of cephalalgia, to dysmenorrhœa and general nervousness. She cried or laughed uncontrollably on the smallest provocation. Once after a warm bath she fell into a violent delirium which, however, was of short duration.

Not long after the attack of delirium she arose from her bed in the dead of night, descended to the parlor, and after lighting every gas jet on the floor seated herself at the piano, and was in the midst of the performance of a difficult piece of music when the family aroused from sleep by the unwonted sounds descended in a body, and after allowing her to finish her favorite nocturne, led her, still in the trance state, to her bed. Her father assured me that he had never heard her render the difficult music with such skill and expression as upon that night; but she could never recall the least event of her midnight adventure. Previous to, as well as subsequent to, this attack of somnambulism, she had several times fallen into a state such as I have never met with elsewhere in my practice, and never seen described in books. The attacks generally followed some unusually trying mental annoyance, and were preceded by pecu-

liar prodromes, among which an extreme restlessness and irritability were prominent; to this was added a sort of visual hallucination, unstable, varying from one time to another.

Previous to one of these attacks she saw constantly before her eyes the head of an ox with blood upon the severed neck; this gradually changed into the head of a horse which finally disappeared. Other appearances were dark discs, rings, and something that she called maccaroni; when this last came she knew that the attack was close at hand. Her mother so long dead seemed to be by her comforting her with whispered words of tenderness.

She complained much of her head just previous to attacks. Sometimes it seemed to be far from the body, in a box, or she had two heads. Sometimes there was a sense of quivering throughout the brain. The attack consisted in an instantaneous transformation of a perfectly normal intelligent being into one in whom all the higher intellectual faculties were for the time abolished. The beautiful face became expressionless, the eyes stared at vacancy, or wandered round in a purposeless way. No word escaped her lips and she seemed to recognize no one or be conscious of their presence. Later in the attack she seemed to be afraid of persons and objects. She would seem to be searching among the bed clothes and if she found the smallest particle of anything dark in color regarded it with a look of horror. The end of the attack was as sudden and as silent as the beginning. In the twinkling of an eye she was her complete self again, and could not remember anything that occurred during the attack, which might have continued for half an hour or half a day. On one occasion she remained in the strange state, almost uninterruptedly for a whole day.

The inhalation of ether seemed to act more rapidly than any other remedy, but did not prevent recurrence of the attack. Other antispasmodics had more lasting effects, but were not able to prevent the return from time to time of the greatly dreaded state. Several attacks occurred between Jan. 1st and the middle of February, during which time the patient was upon tonic and sedative treatment and careful diet, and avoided scrupulously unnecessary excitement and worry. From the middle of February to the 28th of May following, there was not a single return of the trouble. On the day mentioned and for some days previous, the patient had suffered considerable physical fatigue and not a little mental worry, and having become too restless to remain at home went to the house of a friend for a visit.

Almost immediately after her arrival she fell into one of the dreaded attacks and the experience was repeated on the two fol-

lowing days. On awakening in the morning of the next day she found to her horror that her lower limbs were absolutely powerless and the lumbar and sacral regions numb and aching. There was no delay in summoning the doctor.

Upon examination it was found that from the lower borders of the scapulæ to the end of the coccyx there was complete anæsthesia; the thighs also showed anæsthetic areas, more extensive in the left, temperature and pulse normal; no other symptoms of importance except extreme prostration and nervousness. Two days later she was taken home in an ambulance, and had an attack like those referred to at the beginning and end of the journey. The mental condition was never better apparently, than after the attack passed off, temperature and pulse perfectly normal; but it seemed as though the nerves controlling the whole body below the gastric region had quit work for the time. No urine was secreted for thirty hours, no intestinal evacuation occurred for three days, and the menses which were in progress were at once wholly suppressed. The surface of the lower half of the trunk and of the lower limbs was pale and cold, and no amount of friction and artificial heat sufficed to produce color or warmth.

On the third of June I commenced the use of the faradic current to the affected parts, and continued its use daily for six weeks. Friction of the surface was also used by the attendant. To seclusion and simple nourishing diet were added as remedies, moschus, ignatia, puls. and valerianate of zinc, as symptoms indicated. The anæsthetic area diminished daily from above downward, and strength gradually returned to the back and limbs after a few faradizations, so that in ten days after the advent of the paralysis, the patient began to move about a little by the aid of crutches; but the feet were dragged rather than lifted and the ankles bent inward to such an extent that the soles of the feet were visible. Progress seemed too slow to satisfy physician and friends until one day during the faradic treatment there came suddenly into the parts such a color and warmth as had not been obtained previously. From that day there was rapid gain in every way, and by the middle of July the crutches were abandoned. Since that time the general condition has steadily improved, and there has been no return of the attacks. The derangements in the abdomen and pelvis were corrected, and today the patient is better in health than for years.

THE highest honor as a medical student ever won by a woman has been gained by Miss Louise Aldrich Blake, the daughter of an English clergyman. She was "double first" in the examinations at the London University.—*Med. Times*.

REFLEX TINNITUS.

BY A. A. KLEIN, M.D., BOSTON.

[Read before the Massachusetts Homœopathic Medical Society.]

Tinnitus aurium (noises in the ear), occurs in diseases of the ear, and from reflex irritation of the acoustic nerve, due to diseases of other organs or from drugs taken into the system.

Tinnitus aurium signifies noises which are not caused by sound waves, and are not perceived by the patient from outside of the ear, but within the cranial cavity, and is due to morbid vibration of basilar membrane and hair-like terminations of ciliated cells within the cochlea. The cilia receive the morbid vibrations either as magnified, diminished, or interrupted impulses, and transmit them as such to the brain centre.

Noises caused by friction of muscles, ossicles, circulation of blood or mucous râles are considered intratympanic noises, and are real sound impulses as distinguished from morbid impulses. Such noises can be perceived by the physician by auscultation.

Tinnitus is caused by abnormal pressure of the stapis upon the labyrinthine fluids, by morbid resistance of the membrane of the fenestra rotunda, by increased pressure of arachnoid fluid within the cranium, when a vacuum is created, and the fluids are taken from other parts of the body by suction to fill the vacuum.

It is also caused by constriction or dilatation of labyrinthine vessels due to reflex irritation of vasomotor nerves from diseases or drugs; by irritation, pressure upon, or paralysis of acoustic nerve; by morbid changes of labyrinthine fluids, by changed caliber of space within the labyrinth due to exostosis, necrosis, or new tissues; and by change of membranes within the cochlea.

The kind of tinnitus varies according to the cause. If the labyrinthine fluids are but slightly compressed, the basilar membrane can vibrate, and the "hair-like terminations" have free motion. The patient perceives deep humming noises. If the pressure is greater, the impairment of vibrations greater, the sound becomes loud, roaring, hissing, whizzing.

If the pressure is still greater, the vibrations of the basilar membrane become more impaired. The cilia are abnormally irritated. Fine musical noises are perceived.

We have to differentiate noises caused by diseases of the organ of hearing from reflex tinnitus caused by diseases of other organs or by drugs. Tinnitus due to pressure of stapis upon the labyrinthine fluids is found mostly in pathological changes in the middle ear. We find it in acute and chronic catarrh, with or without perforations, although more frequent

in acute inflammation without perforations of the membrana tympani. In acute catarrh we have besides noises, pain, and deafness. The noises are temporarily relieved by inflation and disappear with the abatement of the disease.

In chronic catarrh without perforations the changes brought about within the tympanum cause the greatest number of cases of tinnitus from pressure of the stapis. Here the mucous membrane of the tympanum has become altered, hypertrophied. Exudations, fibrous changes, adhesions, forced the stapis in, causing loud roaring noises, which are constant.

Such noises are sometimes temporarily relieved by pressure upon the mastoid or by plugging the meatus.

Inflation will temporarily relieve the noise, but it returns as soon as inflation ceases. Rupture of the membrane relieves the tinnitus, provided the changes within the tympanum have not become permanent. The tensor tympani is not paralyzed and the foot plate of the stapis is still movable. After the rupture of the membrane, very high notes of 40,000 vibrations are perceived more painfully, showing that the quicker the vibrations of sound, the greater is the irritation of the nerve endings. The acoustic nerve possesses fibres which are irritated by sound, but do not transmit it, but reflect painful impressions.

Another frequent cause of pressure from the stapis is the contraction of the tendon of the tensor tympani. If this muscle becomes attacked with rheumatism, which is often the case, it will cause the stapis to be forced in, and the noises may become unbearable. Noises from this cause will disappear as soon as the tendon assumes its functions. It will be recognized if by the use of the force-pump the noises stop, but return as quick as the air is released from the tympanum.

Noises caused by morbid resistance of the membrane of the fenestra rotunda can hardly be diagnosed. We can consider this to be the cause if we find that this membrane is infiltrated, hypertrophied or adhesions have formed. The movement of the healthy membrane cannot be seen during life, but if the stapis moved normally, and we could exclude nervous irritation from any source, and could exclude intralabyrinthine troubles with altered appearance of this membrane, we could diagnose tinnitus due to increased resistance of membrane of the round window.

Tinnitus from increased pressure of arachnoid fluid is diagnosed by other cerebral symptoms and by exclusion of tympanic pressure. It occurs in acute and chronic hydrocephalus, meningitis, cerebritis, cerebro spinal meningitis. Since the labyrinthine fluids are in direct communication with the arachnoid spaces by means of aqueducts, it follows that any increase or

decrease of fluid within the spaces will also influence the labyrinthine fluids. In anæmia of brain, when fluids are diminished and a vacuum is created, the labyrinthine fluid will suffer by the suction created by the vacuum to fill the space. A fine musical tinnitus is caused, or by the repeated filling and emptying of the labyrinthine cavity interrupted tinnitus occurs.

Changes in the diameter of the spaces in the labyrinth will cause tinnitus. Bony growths, infiltration of lining membranes, increase in size of membranous labyrinth, swelling up of blood vessels, all may help to diminish the room within the labyrinth and impair vibrations. To recognize tinnitus from such causes, we must exclude all others. We must be sure there is no tympanic pressure, no disturbance of circulation, no brain diseases. Sifting down the symptoms we may succeed in making a successful diagnosis.

Tinnitus from changes in the calibre of the blood vessels or constitution of the blood, often depends upon changes in the larger blood vessels and in the heart. The labyrinthine vessels may become dilated, contracted or occluded. If the tinnitus is pulsating, then we either have congestion of the labyrinthine or tympanic blood vessels. The pulsation of the larger blood vessels is plainly perceived by the physician, and should be distinguished from intralabyrinthine pulsations by the finer tinnitus. The purring of the blood through the larger vessels caused outside the labyrinth does not give any such musical sensations. Reflex tinnitus may be caused by irritation of the vasomotor nerves upon the blood vessels, causing them to either dilate or contract.

An eminent author considers that all tinnitus is due to increased, diminished or interrupted flow of blood through the vessels. This may be one of the indirect causes, for no matter where the increased tension comes from, the blood vessels will be compressed; but the tinnitus is certainly not due to the friction caused by the blood being forced through the constricted vessels. Unquestionably this author considers that since the larger blood vessels cause pulsating, purring, or humming noises outside the labyrinth, the smaller and more delicate vessels within the labyrinth would cause the fine musical noises. In tinnitus from reflex causes the condition of the smaller vessels has a great influence upon the tinnitus by their dilatation, constriction or rigidity. The labyrinthine space is infringed upon. Their congested condition compresses the delicate nerve structures and thus false impressions are conveyed to the brain. In this way, reflex tinnitus occurs in heart, in kidney, lung and liver diseases.

In fact any obstruction in other organs to the circulation may

cause enlargement of blood vessels within the labyrinth, and by the mere increase of size cause tinnitus.

Tinnitus due to disturbance of the digestive tract, stomach, intestines, etc., whether due to diseases of the stomach or intestines or from substances taken into the stomach, is due to the disturbed nutrition of the labyrinth.

The food is not properly assimilated. Poisonous substances are carried along the circulation and are brought in direct contact with the cilia within the cochlea, inciting them to increased action or depressing and paralyzing them. Bile, urea, drugs and other toxic substances act in this way. The malnutrition if carried on too long will eventually weaken the cells, and they become impaired without chance of recovery.

The lasting effects of quinine upon the labyrinthine structures is an excellent picture of that kind of tinnitus. Quinine causes hyperæmia and hemorrhage in all parts of the labyrinth. It has been given to destroy the remaining hearing power, so as to check the tinnitus and dizziness. Some drugs will form by combination within the system most poisonous substances. They also will create forces by combinations, which act as electric or magnetic irritations upon the nervous system. The organ of hearing is the most delicate electric machinery in the human body. Any disturbance of the nervous system will be reflected within the labyrinth. Toothache, neuralgia, sciatica, in fact, any irritation of the nerves may cause the severest kind of tinnitus.

This is plainly shown if the otic ganglion is irritated. The irritation of the fifth nerve will cause irritation of the nerve supplying the tensor tympani, which contracts and causes loud, roaring tinnitus from pressure of the stapis. It has been demonstrated that, if a delicate glass tube is connected with the vertical semi-circular canal, the labyrinthine fluid will rise on the irritation of the fifth nerve, and that the membrane over the round window will make excursions during such irritations.

Medicines will cause tinnitus, first, by change of nutrition; second, by irritation of vasomotor nerves, either exciting or depressing them; third, by toxic influences coming in direct contact with hair terminations of acoustic nerve within the labyrinth; fourth, by depositing foreign substances within the labyrinth; fifth, by causing increased or decreased electrical and magnetic changes, which abnormally excite the nervous system.

Since tinnitus is caused by so many different influences, the majority of authors neglect to go into a closer analysis of it. Only in homœopathic literature do we find ear symptoms of the majority of medicines. Before giving any medicines for tinnitus, we should try and find its cause.

I do not believe in prescribing blindfold, according to superficial symptoms, without thorough examination of the whole system. A deal of harm might be done by so doing. Supposing we have a case of loud roaring tininitis, with stuffed feeling in ears, such symptoms belong to many medicines. We would not be justified in giving any medicines until after close examination of the ear with mirror, speculum, and by auscultation and inflation. If we would exclude middle ear and other affection, we should examine nose, throat, larynx, teeth, heart, lungs and liver. Not finding any cause in the above organs, we should examine the urine; for diabetes, albuminuria, bile in the system may be the cause. Even erosion of the skin may cause tinnitus.

Again, persons are so addicted to taking all kinds of patent medicines, teas, drops, etc., that the tinnitus may be simply due to certain kinds of substances taken into the system. I consider it a great mistake to begin treatment with *nux vom.*, if persons have taken patent medicines. A great many kinds of tonics contain *nux vom.* or its alkaloid, strychnia. Far better give only sugar pills so the system can purify itself.

We should never try to cure a tinnitus with medicine alone, if it is due to direct pressure or from middle ear affection. The tinnitus in fevers is caused either by changes of structures, relaxation of blood vessels, exudations, or infiltration within the labyrinth. Thus we have in typhoid fever, infiltration of the membranous lamina spiralis, the sacculus and ampullæ, by small lymphoid cells. The same may take place in other fevers. Copious exudation of white and red blood cells have been found in scarlet fever.

What has been said in regard to tinnitus holds also true in regard to otalgia. The simple irritation of cutaneous nerves by a caterpillar may cause severe otalgia. Cases have been known where the irritation of corns caused severe earache which was removed with the removal of corns. The pain in the ear from teething is a well known fact. A great many persons will suffer with intense earache with every exposure to wet and cold winds. In all such cases the earache may be traced to irritation of distant nerves. In all diseases, in which a high temperature exists, or in which nerves become compressed the most severe earache may occur. To illustrate this, I will relate a few cases.

This spring I was called to see a little girl who suffered with intense earache, Elsa K., three years; was constantly crying, "my ear, my ear." I examined the ear with mirror and speculum, and found *membrana tympani* perfectly normal. I pulled the auricle without increase of pain. Pressure upon the mastoid did not increase the pain. I examined the throat, which I

found congested, without enlargement of tonsils, temperature, 101°, pulse, 120°. I gave aconite, and ordered a five per cent. solution of cocaine, warmed, to be dropped into ear. The next day, the little patient was somewhat easier from the pain, but the fever had increased to 102°, so I kept on with aconite; ordered hot chamomile bags to be applied to ear. The next day, the earache had disappeared. The temperature had risen to 103°, pulse, 130. A hacking cough had come on during the night. An examination of the chest revealed pneumonia and pleurisy. In this case all the symptoms had pointed to an acute otitis media, but inspection and inflation showed negative results. The otalgia was due to reflex irritation from infiltration of lungs. No more ear symptoms appeared during the progress of the disease.

CASE 2. W. E.; age, 11 years; was taken one night with severe earache, vomiting and dizziness. A physician who was called thought it to be a case of indigestion, and treated it as such. The next day he found his treatment without result. The pain in the ear was worse, if anything, so he punctured the membrane and inflated the ear. Not a speck of mucus or pus came away, but the pain was worse. Vomiting and dizziness kept on. On the fourth day, the patient became unconscious with delirium. The membrane was again punctured without result. On the seventh day, convulsions set in, which lasted until the ninth day, when the patient sent for me. I inspected the ear, but could not find any change in the appearance of the membrane, except where it had been punctured. Ossicles moved normally, inflation showed that Eustachian tube was pervious. Pressure on mastoid had no effect on patient, only when head was lifted he moaned, otherwise he was comatose. I inquired if patient had a fall, and found that six weeks previous he had fallen from a fence. He had been sick for a few days, but got all over it. I diagnosed cerebral meningitis due to the fall. The physician had been led astray by the ear symptoms. The pain was due to reflex irritation from the meningitis.

Cases have been recorded in which the whole membrane has been cut out to relieve the tinnitus, when it was found to be due to reflex irritation in some other organ. The same way that severe pain and tinnitus are caused by reflex irritation, diseases or irritation of meatus or middle ear will cause reflex symptoms in distant organs. Many persons will cough or sneeze as soon as the ear speculum is employed.

In an old lady who came to me with distress in the stomach, pressure as from a stone, with a tightness around the waist, nux vomica did no good. At her next visit I noticed she was hard of hearing. On examining her ears, I found both ears

stuffed with wax and dust, almost enough for a potato patch. After removal of the wax, and an inflation, her hearing became normal. I gave her *sac. lactis*. She came to the next clinic, not for treatment, but only to tell me what a wonderful medicine I had given her. She said that after she had taken one powder of the medicine she felt no more pain in her stomach, and she could eat as much now as ever, and she had not heard so well for the last ten years. Unquestionably her stomach symptoms were due to reflex irritation of pneumogastric due to pressure of the cerumen upon the membrane.

SOCIETIES.

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WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was opened at 11 A.M., Aug. 9th, with President E. A. Fisher in the chair. Dr. Wm. O. Mann, of Westboro, was elected to membership of the society. The following physicians were present as visitors: George B. Peck, of Providence; James R. Cocke, of Boston; Edith C. Varney, of South New Market, N. H.; Emelie A. Young, of Westboro'; W. T. Hopkins, of Lynn; Thomas Dyke, of Cliftondale; M. B. Flinn, of Worcester. It was voted to have another banquet at our next, which is the annual meeting in November.

The first paper was read by Dr. C. S. Pratt, of Shrewsbury, on "Puerperal Pelvic Peritonitis." After going over the pathology, etiology, symptoms and treatment of this "bête noir" of the obstetrician, he threw out some very practical suggestions for its prevention, calling especial attention to the great importance of asepsis in the lying-in chamber, both during and after confinement, seeing to it that the secundines are completely removed from the uterine cavity. His principal remedies are: in the incipiency of the disease, *verat. vir. 1x* or *colocynth 3x*; later *fer. phos. 12x*. Also the persistent use of hot applications. For the fetid discharges he prefers *eucalyptus glob. ̄j* to the quart of hot water.

Dr. E. R. Miller read a very carefully prepared paper on, "Intestinal Obstruction," in which he called attention to the many causes of this condition, viz.: congenital malformation; invagination; strangulation by bands; diverticula; membranous adhesions or attachments; volvulus; impaction of foreign bodies; paralysis and distension of the bowel. Chronic obstruction is generally due to stricture, neoplasms, pressure external to the bowel or to impaction of fæces. After giving in detail the path-

ology of the various forms of obstruction, he cited a case from practice which he brought to a successful issue principally by the use of mag. sulph., croton oil and the Faradic current.

Dr. J. F. Worcester's paper on : "Occipito-Posterior Positions" evidenced careful study of the subject and was much enjoyed by all present.

Dr. D. B. Whittier's paper entitled, "Sequelæ of Obstetrical Traumatism" was a very opportune hint to the entire profession, and a friendly warning especially to the younger members. Many of our older *confrères* have, either through carelessness or ignorance, allowed many women to go through life with badly torn cervixes and perineæ, which rents in a large number of cases could have been prevented; and if not prevented, should have been repaired. The rising generation should profit by the mistakes of their elders, and do better. Dr. Whittier called particular attention to the great importance of examining every patient, whom we are engaged to attend in labor, and if there be any abnormal condition of the uterus, to give it proper treatment and thereby prevent trouble during and after confinement. A very wise suggestion which we trust will be heeded. "Physicians should strive to have their lying-in patients conform to a system of pre-engagements, that they may be able, with considerable certainty, to prescribe what treatment is required before confinement." Thickened and hardened cervical tissue may be much improved by the local application of wool saturated with hot vaseline. Even at labor, when the pains are very severe and the os uteri unyielding, relief can be given by applying the same.

One of the most interesting features of the day was a practical talk on "Abdominal Palpation" by our esteemed colleague from the Hub, Dr. J. R. Cocke. The Society much wished that he might have remained throughout the entire day, but professional duties called him away.

The doctor's method is as follows : "With the patient placed in the prone position upon a convenient chair, lounge or table and the shoulders elevated to an angle of 45° , we may begin general palpation of the abdomen. At all times the palmar surface of the whole hand should be in contact with the abdominal walls. Want of method in palpating causes many failures. Facing the patient's feet, palpate from above downward. After general palpation, examine the different regions of the abdomen separately. Having found a mass which is suspected to be abnormal, determine whether it is connected with the abdominal wall or not. Placing the hands on a portion of the abdomen not occupied by the mass, by gently pressing the tissues down, gradually approach the mass. Determine its consistency, shape,

attachments, if any, and if it be moveable, to what extent. The great law of contrast applies as much to the sense of touch as it does to sight and sound. The examiner should first in palpating the abdomen begin in that portion which is least resistant, and gradually approach the mass; and when he has reached its border, his hand should play backward and forward on it so as to render the contrast more distinct to the sense of touch, and again, after palpating the abdomen generally, each region should be investigated separately and systematically."

After thus explaining his method of palpation he cited a number of very interesting cases from practice, some of which had been sent to him by other physicians simply for massage treatment, and where he found abnormal growths, which neither the patient nor the physician had known of before. The doctor, though blind, can see more by his wonderfully developed sense of touch, than many of us, whose ocular vision is perfect. We hope to have the pleasure of having Dr. Cocke with us again.

Under the less startling heading of "Miscarriage," Dr. J. P. Rand expressed his mind very clearly on the question of abortion, abortionists and the wily measures of women to procure an abortion from the unguarded physician. The law says: "Who-soever with intent to procure miscarriage of a woman unlawfully administers to her or causes to be taken by her any poison, drug, medicine or other noxious thing, or unlawfully uses any instrument or other means whatsoever with like intent, aids and assists therein, shall, if the woman die in consequence thereof, be imprisoned in States Prison, not exceeding twenty or less than five years. And if the woman does not die in consequence thereof, shall be punished by imprisonment in the State Prison or jail not exceeding seven or less than one year, and by fine not exceeding \$2000.00."

When the mischief has been done and there is but slight show of blood, he advised the administration of ipec., sabina, cinnamon or ergot; when severe hemorrhage has set in, apply the tampon and await expulsive pains. Be careful to obtain the entire foetus and secundines. Long fingers make the best placenta-forceps. After the uterus has been thoroughly emptied, the patient should be kept quiet and in bed for two weeks and fed on eggs, milk and other good nutritious food.

Dr. George Slocumb presented the clinical record of an obscure case, hoping to gain some suggestion for diagnosis and treatment.

Our chairman, Dr. Amanda C. Bray, gave an interesting account of a case of placenta prævia centralis, which she had recently attended. Patient was a primipara, very nervous, age, about twenty-five, pregnant about eight months. For three

weeks previous to confinement slight hemorrhages occurred at different times. The day before confinement she lost considerable blood; the vagina was thoroughly tamponed and further developments awaited. In the evening slight labor-pains set in, but soon died away. An attempt was made to dilate the cervix with Barnes' dilators, and if possible to deliver, but this was impossible. At five A.M. patient became very nervous, labor pains commenced as did also hemorrhage; the os uteri was very rigid. After waiting several hours it was evident that the woman could not survive much longer unless help came. Her extremities were cold, wrist almost pulseless and she complained of vertigo; she was on the verge of going into collapse. Under the administration of ether she revived considerably, and expulsive pains were strong. The cervix was now dilated about the size of a silver dollar. In a few moments it dilated sufficiently to permit the extraction of the placenta, application of the forceps and bringing the head down against the cervix. Now came the hardest part of the operation. It seemed like an attempt to pull the head through a knot-hole, so unyielding was the cervix. Finally, however, the rigidity was overcome, the child was born and the patient revived sufficiently to recognize those around her. The cervix was torn bilaterally. She died of shock about two hours after the operation. It is possible she might have lived had she been delivered twelve hours earlier.

This certainly was one of the most interesting meetings of the year. The papers, in general, showed careful preparation and reflected much credit upon the writers.

CARL CRISAND, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

A CHAPTER ON CHOLERA FOR LAY READERS. By Walter Vought, Ph.B., M.D. Illustrated. 12mo. 110 pp. 75 cents. Philadelphia: The F. A. Davis Co., Publishers.

The reading of this little book by the laity would be at once an excellent protection against the "cholera scare," and an excellent means of preventing the appearance of cholera as a grim reality. Though modestly addressed to the laity alone, it has much information for which physicians would be the wiser; as for instance the history of the various epidemics of cholera, and the instruction as to the identification and culture of the cholera bacillus. A clear and convincing statement of the etiology of cholera, and of the very few channels through which it can possibly be disseminated, will be of much service in quieting the unreasoning terrors of lay readers; and if the precautionary

measures recommended are faithfully carried out, there will be no need to consult the chapter on therapeutic treatment; which is, by the way, the only one to which homœopathic readers will be inclined to take any exceptions.

RECENT DEVELOPMENTS IN MASSAGE. By Douglas Graham, M.D. Second Edition. Geo. S. Davis. Detroit: 1893. 128 pp.

The bringing together of so much information as to the possibilities of massage as a therapeutic agent, into one small volume, is a welcome service to the busy practitioner. Dr. Graham gives little space to theorization; he states briefly and cogently, in his well-classified chapters, what massage has been known to accomplish in various diseased conditions; and cites cases illustrative of his statements. Not much is said of the *modus operandi* in administering massage; it is justly taken for granted that massage is work for trained specialists; and such are now, fortunately, easily available. The physician burdened with cases of chronic rheumatism, rapidly progressing diabetes or the like obstinate and baffling maladies, may find in this little book hints that will prove of much value.

DUNGLISON'S NEW PRONOUNCING MEDICAL DICTIONARY.

A new edition of Dunglison's Medical Dictionary is announced as in press for early publication. It has been thoroughly revised and greatly enlarged, and will contain about forty-four thousand new medical words and phrases. Pronunciation has been introduced into the new edition by means of a simple phonetic spelling. This work has always been noted for the fulness of its definitions, ample explanation being its distinguishing characteristic. In the new edition much encyclopædic information, difficult of access elsewhere, will be found conveniently at hand. Especial attention has been devoted to matters of practical value. A review will appear in an early issue.

The great topic of the day — the silver question — has the first place in the September POPULAR SCIENCE MONTHLY. Under the title Why Silver Ceases to be Money, Prof. F. W. Taussig, of Harvard University shows that the high price of silver hitherto has depended largely upon legislation, and that certain growing tendencies have caused its recent great fall. Ernest Hart, F.R.C.S., editor of the British Medical Journal has an article tracing the pilgrim path of cholera. He shows that the hordes of pilgrims that gather at Mecca, Kalighat, and other sacred places, bathe in and otherwise pollute, yet at the same

time drink the sacred waters, and then scatter to their homes, are the means of conveying cholera to the shores of the Mediterranean and across to southern Europe. Scientific Cooking is the subject of an essay by Miss M. A. Boland. New York: D. Appleton & Co.

The complete novel in the September number of LIPPINCOTT'S MAGAZINE is "A Bachelor's Bridal," by Mrs. H. Lovett Cameron. The seventh in the series of Lippincott's notable stories is "The Cross-Roads Ghost," by Matt Crim. Captain Charles King, in "Uncle Sam at the Fair," describes the Government Exhibit at Chicago. Mrs. Elizabeth Wormeley Latimer gives "A Girl's Recollections of Dickens" on his first visit to America in 1841. Judson Daland, M.D., writes of "Hypnotism: Its Use and Abuse." M. Crofton, under "Men of the Day," discusses Kosuth, James Whitcomb Riley, and the Earl of Aberdeen. Philadelphia: J. B. Lippincott Co.

PERSONAL AND NEWS ITEMS.

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DR. MARY E. WEBB has removed her office from 264 Boylston Street, to Hotel Berkeley, corner Boylston and Berkeley Streets.

DR. HORACE PACKARD will return to Boston late in September, and will be ready to receive patients and make appointments for October 1st and thereafter.

DR. F. D. STACKPOLE has given up his office at 86 Dudley Street, and may be found after October 1st, at 24 Kenilworth Street, Roxbury, (in the same locality) from 8 to 10 A.M. and 1.30 to 3 P.M.

IDA J. BROOKS, M.D., B. U. S. M., '91, is one of the Judges of Award in the Department of Liberal Arts in the Columbia Exposition, a position reflecting honor alike upon herself and her alma mater.

WANTED.—At Ware, Mass. A senior student or graduate to come for a medical practice for two weeks in September. Apply at once to George F. A. Spencer, M.D., Ware, Mass.

THE PINE TREE CLUB, of Northampton, Mass., at a reception recently given by them, presented Dr. L. B. Parkhurst, the well-known homœopathic physician of that city, with a very handsome gold-headed cane, and an address voicing the esteem in which the Doctor is held by his many friends in Northampton, and their regret at his permanently leaving that city as his field of practice. Dr. Parkhurst will, in the early autumn, make his home in Boston.

DR. JAMES R. COCKE has removed his office to 138 Huntington Avenue. Dr. Cocke who has attended many post-graduate courses and clinics at the Boston Polyclinic and Harvard Medical School, since his graduation from B. U. S. M. in 1892, will make a specialty of physical diagnosis by means of palpation, auscultation and percussion, and will personally give treatment by massage, in cases where especially delicate manipulation is called for. His office hours will be from 12 to 3 and 7 to 8 P. M.

Editor New England Medical Gazette:

The AMERICAN INSTITUTE OF HOMŒOPATHY at its recent meeting authorized the Executive Committee to confer with the officials of the World's Congress, with power to act, in reference to the publication of the Congress Proceedings. I have

now to report that the manuscripts were placed in the hands of the General Secretary, on Aug. 18th, and under the direction of the committee will be issued in a separate volume.

All institute members, not in arrears, and all foreign physicians who in any way contributed to the success of the Congress, will receive a copy free. Others may obtain copies by sending five dollars to the Treasurer, Dr. T. F. Smith, 264 Lenox Ave., New York City.

PEMBERTON DUDLEY, *Gen. Sec. A. I. H.*

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION will hold its third annual meeting in Chicago, Sept. 12th, 13th and 14th. Among the discussions will be: "What are the Possibilities of Electricity in the Treatment of Fibroid Growths." The following among others have been asked to take part: M. le Docteur Georges Apostoli, of Paris; Dr. La Torre, of Rome; Dr. Augustin H. Goelet, of New York and Dr. A. Laphorn Smith of Montreal; and "The Influence of Frequency of Interruptions and Character of Induced Current Waves upon Physiological Effect." The following among others have been asked to take part: M. le Prof. d'Arsonval, of Paris; Prof. Du Bois-Reymond, of Berlin; Mr. Newman Lawrence, of London; M. le Docteur Larat, of Paris; Prof. Edwin J. Houston, of Philadelphia; M. le Docteur Apostoli, of Paris.

WE are much indebted to our esteemed colleague, Dr. H. M. Hunter, of Lowell, Mass., for the following exceedingly interesting information concerning the new hospital recently established in that city: "The Lowell General Hospital, recently established in this city, has a fine set of substantial buildings, situated on a high bluff, with about a dozen acres of land just back from and overlooking the Merrimac river and a half mile or more above Pawtucket Falls and bridge. The estate was bought by one of Lowell's generous business men, at a cost of 30,000 dollars, and placed in the hands of a board of trustees, who have put it into thorough and perfect shape for the benefit of the sick of Lowell.

Herewith may be found a copy of the rather "red tapeish" regulations, which explain the Medical Staff regulations; which seem to be all that need be asked for. The world does move!

Sincerely,

H. M. HUNTER.

1. Applicants for admittance to the Hospital must present to the House Physician a card of admission signed by a member of the Medical Staff or Advisory Board. The physician signing the card, if not in attendance at the time, will advise by telephone or otherwise with the Hospital.

For the poor, for whom the city is responsible, an order from an overseer or the Secretary of the Board of Overseers of the Poor, shall also be required.

Any applicant for the charities of the Hospital must be a resident of the city of Lowell or vicinity, and must be recommended by a physician of good standing. In doubtful cases, the physician applied to shall confer with some member of the Medical Board. Patients will be admitted only between the hours of 9 and 11 A.M. In cases of emergency these requirements may be temporarily suspended, and the House Physician, or in his absence the Superintendent, may receive patients at once upon the recommendation of any physician.

2. Contagious and infectious diseases shall not be admitted until a separate building is provided.

3. No patients having delirium tremens or venereal diseases shall be received until further accommodations shall be provided.

4. Incurable cases shall not be admitted.

5. *Patients may elect, upon admission to the Hospital, the school of medicine by which he shall be treated, and no change shall afterwards be allowed. When no preference is expressed, the House Physician shall assign them, in alternate order, to the two schools.*

6. If the two schools shall receive and treat their patients in the same room, the respective patients shall be located upon the opposite side of the ward, if possible; and each division so designated as to give information and avoid confusion.

7. *When any patient shall desire the services of a woman physician, the woman member of the Staff shall be at once notified to take charge of the case.*

8. Patients shall be entitled to the services of such clergyman as they may desire, who shall have free access for the discharge of his duty at all proper times.

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EDITORIAL.

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EXPERIMENTS IN MEDICAL LEGISLATION.

Massachusetts has, in the long past, been proverbially in the habit of leading in reforms, not in following in the lead of others. But with one reform,—namely medical legislation, with a view to protecting the community against charlatanry,—she seems strikingly disinclined to meddle. Twice or thrice, efforts, originating in different quarters, have been made, looking toward the establishment of such legislation for Massachusetts; in every case the failure of the effort has been prompt and decisive. The reason for this is not far to seek. In such a struggle, the educated and reputable part of the medical profession, rent with sectarian suspicions and dissensions, has presented anything but an unbroken front; the quackish side has presented an absolutely united and unbroken front. With lukewarm public opinion as the arbiter in the case, the issue was a foregone conclusion. So has it been; so, with Massachusetts ever increasingly the Mecca and the stronghold of the medical parasites of which other states have disinfected themselves by sound and stringent legislation, is it likely to continue to be.

But it is none the less interesting, as a general question, to occasionally study the experiments in medical legislation which other states are making. So rapidly are such experiments progressing, that already there exists an influential National Association of Homœopathic Medical Examiners, organized to study into and perfect the workings of the various systems of exam-

ining and licensing which are now in process of being experimented with. It will be seen by the interesting report of the proceedings of this Association, published in our present issue, that the "three-board" examining system stands high in favor. It has its manifest advantages, as it has its eloquent advocates, but its machinery grates sadly yet in practical operation. For instance many openings are left for charges of partisan discrimination, for sweeping deductions, such as those recently drawn by certain medical journals as to the insufficient education evidenced by the students of one medical sect, as against those of another; for hair-splitting, of many varieties, over the interpretation of a single phrase in the law; in a word, for endless bickerings and recriminations. Perhaps, under any law, such things are unavoidable, among workers of sharply differing views, in the beginning of a new *régime*. But they do not invite unconditional adoption of the system under which they are seen to exist.

The diploma system, too, has many friends. It is an exceedingly practicable entering wedge, where the time is not yet ripe for more stringent reforms. To permit no one to practise as a physician who does not hold a diploma from some chartered medical college, is certainly to effect a first and general separation at least, between the honest and more or less qualified medical sheep and the dishonest and utterly unqualified medical goats. An even narrower and simpler entering wedge of reform is that proposed several years ago by Dr. I. T. Talbot, and which for immediate utility and aptness has never been bettered; namely a law that no one should be allowed to assume the title of doctor, either verbally or otherwise, who can not show a diploma to make good his claim. If any one chooses, thereafter, to commit his physical welfare to a practitioner who can claim no such title, he does it with open eyes, and may fairly enough be at liberty to do it, and to take the consequences. Surely for such a law as this, all conscientious and thoughtful physicians might at any time unite. It would be a solid foundation-stone for future labors in medical reform. Later, of course, more stringent lines could be drawn, and must be drawn before anything approaching ideal legislation can be

attained. For instance, it is not enough, in view of the machine colleges disfiguring our country throughout its whole extent, throwing out a diploma for a given number of nickels dropped into their treasury-slot,—it is not enough for the protection of the community that a physician should hold a diploma, since his diploma may be of this make. It will give the greatest possible impetus to medical education throughout the country, when all the leading states require, as a qualification for practise within their limits, a diploma from a college where a diploma is unattainable except after three years, at the very least, of medical study. The influence for good of such a law on the general status of American medicine would be incalculable. Naturally such a law would carry provision for examination of candidates desiring license yet possessing no such diploma; and in this connection laws could utilize all that to-day is most serviceable in the “three-board” system. And duly qualified practitioners would, by the possession of their diploma, be saved the delay, annoyance and expense of an examination to demonstrate what their graduation from a college of honorable standing has already quite sufficiently demonstrated. This is a point well worth considering. Experience is said to have demonstrated that physicians of many years’ graduation make quite as creditable a showing in minor technical points, as those more recently from college, and therefore fears to the contrary are unfounded. But there can be no doubt that physicians of old standing would feel very annoying apprehensions, lest their memories stored with so many invaluable facts of practical clinical experience, should let slip many theoretical details, questioned upon which they might come to humiliation. This the diploma proviso happily meets.

As outside barbarians, and likely so to remain, we of Massachusetts can only speculate from afar, on the chances of these various experiments in medical legislation, proposed or already established, achieving their desired end. Meantime quiet, continuous effort to educate public opinion to the point of tolerating — we can hardly, as yet, venture to say demanding — medical legislation, is always in order.

EDITORIAL NOTES AND COMMENTS.

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THE DECREASE IN THE BIRTH-RATE not only of the United States but of other civilized countries, is a problem of much interest to sociologists, and one receiving of late much attention from them. Dr. J. S. Billings writing in a recent issue of the *Forum* gives the following statistics of the birth-rate's proportionate decline :

“In the United States, the proportions per 1000 for 1880 and 1890 were respectively 36.0 and 30.7 ; England and Wales, 34.2 and 30.2 ; Scotland, 33.6 and 30.3 ; Ireland, 24.7 and 22.3 ; France, 24.5 and 21.8 ; Belgium, 31.1 and 28.7 ; German Empire, 37.6 and 35.7 ; Austria, 38.0 and 36.7 ; Switzerland, 29.6 and 26.6 ; Denmark, 31.8 and 30.6 ; Norway, 30.7 and 30.0 ; Netherlands, 35.5 and 32.9.”

Speculating on the probable reasons for this decline, Dr. Billings writes as follows :

“The most important factor in the change is the deliberate and voluntary avoidance or prevention of child-bearing on the part of a steadily increasing number of married people, who not only prefer to have but few children, but who know how to obtain their wish. The reasons for this are numerous, but I will mention only three.

The first is the diffusion of information with regard to the subject of generation, by means of popular and school treatises on physiology and hygiene, which diffusion began between thirty and forty years ago. Girls of twenty years of age at the present day know much more about anatomy and physiology than did their grandmothers at the same age, and the married women are much better informed as to the means by which the number of children may be limited than were those of thirty years ago. To some extent this may also be true as regards the young men, but I do not think this is an important factor.

The second cause has been the growth of the opinion that the abstaining from having children on the part of a married couple is not only not in itself sinful, or contrary to the usual forms of religious creeds, but that it may even be under certain circumstances commendable.

The third cause is the great increase in the use of things which were formerly considered as luxuries, but which now have become almost necessities. The greater temptations to expenditure for the purpose of securing or maintaining social position, and the correspondingly greater cost of family life in what may be called the lower middle classes, lead to the desire to have fewer children in order that they may be each better provided for, or perhaps, in some cases, from the purely selfish motive of desire to avoid care and trouble and of having more to spend on social pleasures."

The decrease in the birth-rate of civilized countries may or may not be an evil. It is a problem of many factors. If it involves a diminishing of the population below what the resources of a country can support in simple comfort; if it means a decrease in the fighting force, the thinking force, the working force needed for the country's prosperity and advancement, it is an evil. If it means decrease in the number of children born to an inheritance of impaired vitality, children borne of mothers whose forces, nervous and physical, are exhausted by rapid and unwilling child-bearing, it is a good.

The replacement of the old crass ignorance on all questions of sexual hygiene and morality, by popular enlightenment, is a good so far, and only so far as the enlightenment is thorough and radical, and bears on the ethical aspects of the facts taught. Nowhere is a little knowledge a more dangerous thing than here. Dynamite toys put into the hands of children were safety to the community, compared to the spreading broadcast of filthy secrets as to appliances for and means of reconciling sexual indulgence and absence of consequences. Physical disease, moral degradation and national decay walk in the footsteps of the teachers and the learners of such secrets, and the venders and the buyers of such appliances. What the public needs is teaching not how to prevent conception but how to curb sensuality; — nay more; how to recognize sensuality, though it parade under the cloak of lawful marriage. It makes for the prosperity of any country, when its citizens bring forth no more children than can be endowed with a reasonably sound physical inheritance, and a reasonable certainty of a hopeful start in the strug-

gle for material existence. But this limitation of the birth-rate can consistently with physical and moral decency, be brought about in one way only; namely the voluntary fore-going of the indulgence which risks an undesired conception.

HINTS ON COLOR-BLINDNESS of a very interesting and significant sort, are embodied in the recent report of the committee appointed by the Royal Society to investigate this, which among physical defects is so eminently perilous to the safety of the travelling public. The report of the Society is interestingly summarized in a recent editorial in the *Medical Times*, from which we quote these suggestive lines:

They found that the defect most common, and therefore most dangerous, is what is known as red-green blindness, which fails to distinguish between red and green, and both are often mistaken for white. As these three colors are those generally used for signals, at sea as well as on land, they think rigorous tests ought to be applied to those who seek employment in positions where the safety of human life depends upon a complete power of accurate and rapid discrimination. It was also found that color-blindness of one pronounced kind or another runs in a family, and that it is much less among women than among men. Cases are recorded where it was caused by disease and by the excessive use of tobacco. With respect to the latter, G. Nettleship, in his evidence before the committee, stated that he had never seen a case where alcohol solely had caused color-blindness, but there is abundant testimony that tobacco alone can cause it in teetotalers, especially if the smokers use such tobaccos as shag cavendish and strong cigars. Cases also occurred among women smokers. The committee recommend that the Board of Trade or some other central authority should schedule certain employments in the mercantile marine and on railways as dangerous to be filled by persons whose vision is defective either for color or form, or who are ignorant of the names of colors; and that all applicants for such positions should be required to hold a color certificate from duly qualified examiners.

CO-OPERATIVE PARENTAGE, if one may so phrase it, seems to be one of the latest and most interesting experiments in the line of the co-operation which is a fad of the age. By the phrase is not meant the state ownership of children which the socialists advocate as millennial; but only the co-operative sharing, on an imposing national scale of the experiences of parents, their ideas and theories; with a view to the enlargement of the ideas and the bettering of the experiences. The Parents' Association of America was organized a few months ago, in New York; seventeen States of the Union being represented at the organization meeting. Its objects as set forth in a recent issue of *Childhood*, are as follows:

1. To afford to parents opportunities for co-operation and consultation, so that the wisdom and experience of each may be made profitable for all.

2. To stimulate their enthusiasm through the sympathy of numbers acting together.

3. To create a better public opinion on the subject of the training of children, and, with this object in view, to collect and make known the best information and experience on the subject.

4. To assist parents to understand the best principles and methods of education in all its aspects, and especially in those which concern the formation of habits and character.

5. To secure greater unity and continuity of education by harmonizing home and school training.

6. To demand such a readjustment of the educational processes that they may be made to harmonize with the normal physical development of the child, and thus obliterate the spirit of cram and emulation which is now regnant in school life.

7. To give special emphasis to the subject of character building in its relation to citizenship in order to foster a genuine and patriotic Americanism among the rising generation.

All these objects are highly useful ones: though we would say, in passing, that we take for granted the second clause is directed to the parents who, so to speak, are familiarly and numerously so. "Stimulation" of the parental enthusiasm of such is often undoubtedly needful; while added enthusiasm on

the part of parents of three weeks standing or so, were supererogatory, to put it mildly.

The Parents' Association of America assuredly deserves, in the phrase of well-beloved Rip Van Winkle, to live long and prosper forever. Especially to be commended is a clause in its by-laws for admission of members not yet parents, but with legitimate prospects of becoming so, in future years. Such the Association should instruct on the immortal plan of Mr. Squeer; who thus, it will be remembered explained his methods to his new usher,—“The boy he spells c-l-e-n-e, clean, w-i-n-d-e-r, window. And then he goes an' does it.”

A PROVING OF “LUNA” published in a recent issue of an esteemed though credulous contemporary is a fine instance of—we speak etymologically, and not ironically,—one especial form of luna-cy. We are not told how the “Luna,” was prepared, from which the proving was made. It is difficult for imagination to supply this omission. Did the lu-nee, as surely, in strict accuracy the prover must be called, sit in the rays of the dangerous luminary? How then could effects be obtained varying from those induced in the thousands of millions of other lu-nees who are thus exposed, three weeks out of every four? Was the proving obtained from drinking water—or smelling it—on which the moon had shone? For our sins, so do we all drink, and alas! when Cochituate, according to frequent custom, gets “riled,” smell such water. Where are the striking effects it should produce in us? Perhaps,—but why waste time in moonshine speculations? Let us instead note some of the effects of this unique and delightful proving, as chronicled on many printed pages. According to the chronicle, moonshine causes:

Irritability on being spoken to. (A very common symptom, by the way, when provers of high potencies are accosted by science.)

Disinclination to mental or physical labor. (Symptom confirmed in the thousands of tramps who are so constantly exposed to moonlight.)

Slight giddiness with slightly bitter taste on left side of tongue. (Tasting with the left side of the tongue is a characteristically lunatic symptom.)

Severe headache, ameliorated by magnetic passes. (Moonshine cured by moonshine; *similia similibus*.)

These are by no means all the gems in the symptomatic collection. It is deliciously entertaining reading from first to last; as Gilbert said of Beerbohm Tree's Hamlet, "so funny, you know, without being vulgar."

COMMUNICATIONS.

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A CASE OF POISONING BY POTASSIUM CHLORATE.

BY EDWARD KIRKLAND, M.D., BELLOWS FALLS, VT.

That chlorate of potash is an active poison when taken in sufficiently large doses is a well known fact to the medical profession. It is, however, very generally used among the laity in the domestic treatment of throat troubles, and one finds surprise expressed very generally when its poisonous character is mentioned. In view of its frequent use by ignorant persons it is strange that cases of poisoning are not more frequent.

The following case is of interest as a simple confirmation of previous reports of poisoning. The warning it contains will unfortunately probably not reach the ears of those who most need it.

Sunday morning, April 16th, I was called at 1.30 to see J. S. C., a boy of seven years. I had never prescribed for him before, although I had been in attendance on other members of the family. On entering the room where the sick boy was, I was struck by the peculiar, dark, livid color of his face, and noticed at the same time that he was evidently just coming out of a convulsion. The head was rolled back upon the shoulders, and his hands and feet were twitching. Asking a hurried question or two of the mother, as I removed my overcoat, I stepped to the lounge on which the patient was lying, to find that he was dead. The heart had ceased to beat, and although I made every effort to resuscitate him, I knew it was useless.

It appeared from the history gathered from the mother, that on the previous day the lad had been a little indisposed and had spent the day in the house. In the afternoon, his mother found him "playing doctor" with a large box of chlorate of potash tablets, five grains each. Noticing him eat one, she took the box away, and on asking him how many he had eaten, he replied two. A visitor at the house during the day says, however, that the boy had a large bottle of them and ate a great many. In the evening he was seized with symptoms

of gastro-intestinal irritation; made several attempts at vomiting, but threw nothing up with the exception of his supper. He complained of colic-like pain in his bowels and had one or two loose stools. The pain in the bowels continued, although less severe, through the night, and some time after midnight occurred the convulsion which determined them to send for me.

The previous history of the case was of some importance in determining the fatal issue. Three years before, the patient had scarlet fever. He was cared for at that time by an old-school physician. The fever was followed by severe uræmic symptoms. Since then the patient had never been well, but still never ill enough in the opinion of the family to require the services of a physician.

A post-mortem held on the following afternoon, at which I was assisted by three other physicians of the place, showed the characteristic lesions of chronic tubular nephritis. The kidneys were somewhat enlarged and contained numerous small pus centres. The left side of the heart was hypertrophied and the liver enlarged and hardened. But the condition of affairs that satisfied us that the immediate cause of death was chlorate of potash poisoning was the peculiar appearance of the viscera. Every organ, whether of the thorax or abdomen, was a uniform dark chocolate brown. The muscular tissues of the body were of the same color, and even the skin had a peculiar cast of color, drab, perhaps, describes it best. This could be accounted for only upon the theory that some deep disorganization of the blood had taken place; and such we found to be the case, for on opening the large blood vessels of the abdomen, there was a gush of blood of the same dark chocolate color. The blood seemed thicker in consistence than normal, and stuck to one's fingers like tar. It was not coagulated. The heart was empty.

H. C. Wood in his "Materia Medica and Toxicology," quoting Dr. Felix Marchand, speaks of this peculiar degeneration of the blood in poisoning from chlorate of potash. I find no other work that mentions it.

Probably the kidney lesion was a factor in hastening the end in the above case; but in view of the appearances at the post-mortem, I feel justified in calling this a case of poisoning by potassium chlorate.

A FEMALE SANITARY INSPECTOR — The Brighton (England) town council have taken a new departure in their sanitary work by appointing a woman as an inspector of nuisances for the borough. For the present the appointment is for three months, at one pound per week. Her duties will be to visit the houses of the poor in which cases of children's ailments occur. The candidate appointed has been a district nurse in Brighton, and has also been at St. Bartholomew's Hospital as a nurse for two years, in addition to having been a nurse at the County Hospital and at Brighton Workhouse. — *Medical Record.*

THE ABDOMINAL BANDAGE.

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

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

Whether the abdominal bandage is an instrument of use or abuse to the puerpera has not been settled to the satisfaction of the medical world. Among American physicians there has been, during the last fifteen years, a decided tendency to condemn its use, while with the English and Continental it receives general approval. Among patients there seems to be more unanimity of opinion, most women decreeing that the accoucheur has not properly and fully performed his duties until he has adjusted the abdominal bandage.

In this matter the same questions which are fundamental to all cases in medicine and surgery come up for decision. Will it be conducive to the present comfort of the patient, and will it promote her future well-being? It might seem that the first question is answered by the fact that, as a rule, women request its use. Custom and traditional accounts of evils resulting from its non-use might, however, so prejudice her mind as to lead her to bear with equanimity present discomfort, and invite future ills, rather than discard an old and routine practice. Certainly the martyr-like complacency and persistency with which she allowed herself to be denied the comforts and benefits of sunlight, pure air, good food and water, and religiously drank mother-wort tea and castor-oil would show that she is capable of such things. If, however, we for a moment consider the conditions incident to a speedy evacuation of the contents of an enormously distended abdomen, and the methods by which it has been brought about, we can readily see that the support given to the abdominal walls by the binder must mean great relief and comfort.

The over-strained muscles have but just completed the task of aiding delivery by being brought into repeated or almost constant contractile activity. Like any other severely overworked muscles they are sore and lame from the strain, and weak from fatigue. As in an overstrained arm or leg, the muscles demand the relief coming from rest and support. Without the bandage this can not be obtained, for every time the woman turns from side to side, which she should ordinarily do freely, the collapsed abdominal walls drag flabby and helpless upon them. Every surgeon understands this when he performs paracentesis abdominis, or removes a large ovarian cyst, and never omits the supporting bandage. There is no reason why the comfort-giving support should be denied the woman when her abdominal walls have been over-distended by the physiological

condition of gestation,*and granted when the same condition is brought about by the pathological process of disease. It is not, however, a matter of immediate comfort alone that recommends the use of the bandage.

The long continued distention of the abdominal walls from pressure of the gravid womb brings about marked changes in their musculature. The space represented by the linea alba becomes widened by the separation of the internal edges of the recti. This is brought about in part by the normal strain-resistance action of the transversalis and the external and internal oblique, but most by the fact that the strain resulting from the intra-abdominal pressure is concentrated upon the linea alba, which includes the aponeurotic sheaths of the recti. This is most marked when in the erect position. The distance between the ensiform and the pubes is found to be nearly twenty per cent. greater when in the erect than when in the horizontal position. The result of this pressure-strain is that the recti are pushed apart. The intervening lax tissue between the bundles of the recti is quite observable immediately after delivery.

The transversalis and internal and external oblique suffer loss of tonus and pressure-atrophy as a result of the constant strain. The recti, except in cases of extreme distention from multiple pregnancy or hydramnion, seem to be less affected in these respects. These changes in the musculature of the abdomen may become, in a degree at least, permanent, after many and frequent pregnancies.

There is no doubt the bandage acting as a compressor of the abdomen from side to side not only gives the relief derived from mechanical support, but by relieving all tension favors the contraction of the aponeurotic tissues forming the linea alba to their normal condition; the recti are drawn nearer together and the transversalis and oblique muscles regain their normal tone. Thus the popular idea that proper bandaging is a safeguard against the so much dreaded pendulous abdomen, is substantiated by sound reason as well as by practical results.

The binder should, however, be of proper material and properly applied. The specially made bandages are, as a rule, worse than useless. Support rather than warmth being sought, a single thickness of common unbleached cotton cloth, wide enough to cover the entire abdomen, fills all requirements, and is generally satisfactory. One end of this being rolled, it is passed under the back to an assistant on the other side. Having smoothed it out, so as to be free from folds and wrinkles, the lower edge is brought firmly and tightly around the hips and pinned. Another pin is inserted about two inches higher up, the bandage here also being tightly drawn. The objects ob-

tained by this most important feature of its proper application are, that being very tightly drawn around the hips it is less inclined to slip up, although the napkin pinned to it back and front prevents this; the firm pressure gives great comfort to the patient, and it insures support to the heavy uterus, keeping it well up above the pubes. This latter is very important. Above the lower two pins the bandage should be more loosely applied, just close enough to be in close apposition to the abdominal walls, and support but not constrict. Except where there has been post-partum hemorrhage and there is fear of a recurrence, the compress upon the womb had better be omitted. It is liable to become displaced and thus by forcing the womb from its proper position in the median line above the pubes it is productive of evil. I have seen experienced nurses apply the compress between the fundus and the umbilicus, thus forcing the womb down into the pelvis. They claimed to be following the instruction of the training-school, which was to place the compress upon the contracted womb; "above" and "upon" being synonymous terms with them. As to the length of time the bandage should be worn opinions vary from a few hours to a few weeks. Some will have them worn as many as eight or ten weeks. In two or three weeks the process of involution will have so far reduced the size of the womb, and the abdominal muscles will have so nearly regained their normal tone as to require no special support. If, however, in moving about, there is a marked sense of abdominal weakness, it may be resumed in a modified degree. The value of massage as an aid in restoring tone to the muscles is not within the scope of this paper.

HAS HOMŒOPATHY CONTRIBUTED TO THE PROGRESS OF GYNECOLOGY?

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

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

The medical treatment of the diseases of women is represented by the two schools of medicine; and the question before us is whether homœopathy can present valid claims to furthering the progress of gynecological therapeutics. Its older rival represents another school of therapeutics and necessarily some comparison can not be avoided. Surgery, electricity, hydro-therapy and mechanical treatment are the common property of both schools and not peculiar to either one. If any comparison is drawn between the dominant schools of medicine, it must be in their points of difference, their therapeutics.

It is fair to assume that medical literature presents evidence

of the thought and experience of members of these schools. Appeals for earlier surgical aid are matters of common observation, and often with justice, though such appeals are a reproach to the therapist and a confession of the impotence of medicine. Some diseases necessarily require the surgeon's aid, and the sooner the therapist recognizes them and sends for the surgeon without trying to effect impossible cures, the better it will be for the patient. There are, however, diseases occupying the border-land between medicine and surgery, and there is a wide divergence in the treatment of these by the dominant schools. Let us take for example the common disorders known as amenorrhœa, dysmenorrhœa and menorrhagia, so often dependent on functional rather than organic disturbance of the pelvic organs. How many are cured by homœopathic remedies, and how few are treated by the old school by other than merely "tonic" drugs or surgical operations? The cure of these cases by medicines alone, not at all of the "tonic" character, is a matter of very common experience with us; while our neighbor employs his curette, uterine dilator, stems, electricity and local treatment in addition.

The characteristic features of gynecological practice in the dominant school show a constant tendency to purely local or surgical treatment, which is a disadvantage to many women in attracting too much attention to the pelvic organs. The internal administration of remedies is almost unheard of, except as anodynes, tonics, or laxatives. New remedies are rare; but the mind is bewildered by the descriptions of new instruments and methods of local treatment, which demand for their successful employment an amount of expert knowledge which can be obtained by comparatively few physicians. These are well-known facts, which show the very unsatisfactory condition of such a system of therapeutics. It builds up the practice of specialists because it denies successful treatment by the general practitioner. It is a comparative injury to womankind on account of its limited application to the few, and to the suffering of the many who might be cured, were a system of general medicinal treatment employed which was applicable by the great majority of physicians.

The characteristics of homœopathic literature are well-known and have been already suggested. General treatment which can be employed by every general practitioner is of first consideration; in addition, local treatment is often employed with success, but it is of secondary importance. This general treatment admits of the widest possible application and is a priceless boon to many a sensitive or unmarried woman who shrinks from the local brutalities of the old school. It is the reason

why specialism does not thrive among us as in the allopathic school. The general practitioner is so successful he does not need the specialist to the same degree as his neighbor of the contrary faith. It seems hardly necessary to add that the physician who summons to his aid all the symptoms and conditions of the body in prescribing a remedy is far less likely to be misled than he who concentrates his attention on the pelvic organs, a matter of no little importance in these days when we have so many uterine and ovarian pains of a purely neurasthenic character. The polycrests of a quarter of a century ago are the favorites to-day. New remedies are gradually introduced and more are to follow. Our provings are deficient, our clinical experiences are too seldom recorded. Homœopathy to-day is the only system which can claim a rational system of gynecological therapeutics. It is not perfected. It can be elevated to a high position. We can make history in medicine if we make the effort. There are plenty to record the effects of local treatment and the results of surgical operations. There are comparatively few among the one hundred and fifty thousand physicians of this country to record the effects of our remedies in gynecological practice. The common and the rare experiences are both valuable. Every single case is a help in the confirmation of a symptom or a remedy. It may be only one, but some one else may furnish another verification. It is this mutual exchange of our personal experiences by which we can help each other. Can it not be that most of the meetings of this section of the Boston Society be devoted this year to collecting and arranging for publication the clinical experience of the members of our society, in such form as may be invaluable for ourselves and those who come after us? It is the old story of the fagots. The whole bundle is strong, the separate sticks are easily broken. A single experience with a remedy may seem of very little importance but a collection of them is invaluable.

I will take the liberty of reporting a few cases briefly, not because they are unusual or safe from criticism, but they may serve to illustrate some of my remarks and to begin a general discussion of like cases.

Nocturnal Enuresis. — Miss —, age, 17; has suffered all her life from this mortifying complaint. She has been treated by many physicians without success, all of whom, so far as I can ascertain, were of the old school with the exception of the time she was in the Homœopathic Hospital. She was treated for some time at the City Hospital with temporary benefit. She was apparently cured in the Homœopathic Hospital, but the cure was of short duration. She is constipated and the enuresis is often more troublesome when she is much consti-

pated though this aggravation is not a constant symptom. The enuresis will occur every night for a week or more with intervals of freedom from it for a day or two, sometimes for a week and very rarely has passed a month without wetting the bed. The enuresis is almost sure to occur for a short time before the menstrual periods, and if she commences to wet the bed after a period of freedom from it, she seldom fails to do so every night for a week. She is pale and anæmic. Food sours on her stomach. Gas forms in her stomach in considerable quantities and she complains of a faint feeling in her stomach, worse after eating. The patient has received no treatment but *nux vomica*, and restriction of liquids afternoons and evenings. The acid condition of her stomach has improved and her bowels are less constipated. She has been two months under observation. During this time she has wet the bed but three times, and has passed a menstrual period without the preceding enuresis. She reports that she can not remember being anything like so well for the same length of time. This case can not be reported cured, as a sufficient time has not elapsed, but the writer can not account for her improvement except on homœopathic principles, after very thorough trial and failure of old-school methods.

Mrs. —; five months pregnant; complained of morning nausea and vomiting which was characterized by the appearance in the vomit of one or two bloody patches like clots the size of silver half dollars, and bloody streaks in addition. She had suffered from this bloody vomiting (as she described it) nearly every day for a week. Oxalate of cerium 3x was prescribed. The morning nausea was not relieved; but after the second or third day there was no further appearance of blood in the vomiting, which was diminished, and the patient expressed herself as feeling very much better. There has been no return of the trouble for three months.

I report the case to illustrate how needless are large doses of this drug, which was introduced into old-school practice by one of the most bitter enemies homœopathy has ever encountered. I believe it to be a good remedy for the nausea and vomiting of pregnancy, curing in accordance with similia. Surely the demonstration of the efficacy of small doses must be an invaluable contribution to the practice of medicine.

Climacteric Flushing. — Mrs. —, age 41; very plethoric; I have seldom seen her equal in this respect. The flushings are very violent, are often accompanied with a little throbbing in the head. The flushing comes very quickly. She states that it seems to start from her feet with a weak feeling over the stomach, and sometimes with palpation of the heart. There is

more flushing in the evening than in the day time. It is readily caused by heat from the stove and particularly from the least excitement. She is very careful to avoid the sun in the summer, and fears to venture out in it; so that a distinct account of aggravation from it can not be obtained. She also suffers from heat on the vertex, with slight pressure and throbbing. She is very much benefited by amyl nitrite, and complains very little while using it. Its action is prompt and she never allows herself to be without the remedy, though it is not taken continuously. This case, like the others, is not reported as being unusual. Nearly if not every one here can duplicate them. The proving of the remedy is very familiar and easily demonstrated to every professional man, and the symptoms relieved appear to be in striking accord with homœopathic principles.

Metrorrhagia. — Girl, age, 14 years, 6 months. Grown rapidly, tall for her age; brunette. She woke at night thinking she heard burglars in the house, and was much frightened. This was six week after last menses. She had previously been irregular, flow every three weeks. First menstruation was at twelve and a half years of age. The day after the fright the flow appeared, dark, fluid, painless, odorless at first, in two weeks became offensive, and has remained so ever since. She is neither restless nor nervous, has no chills or fever; usually soiled two or three napkins a day, staining them through. Symptoms of anæmia are now present, as dizziness, throbbing headache over left orbital region, and doughy pallor of skin. The flowing had continued without interruption for nearly four months, and three excellent allopathic physicians had been unable to check it. I gave her aconite 3x once in three hours. She began to improve immediately. The headache ceased permanently after a few doses. The flow rapidly diminished, first ceasing at night, then in the day, and after the third day ceased for good. She had no other treatment of any kind with the exception of three two-grain doses of china, ix. trit. at the time the discharge ceased. The next monthly had a tendency to become protracted, but a few doses of aconite arrested the discharge, and the girl has remained perfectly well. About a year later, she commenced to flow profusely again but aconite arrested the excessive flowing.

Mrs. —, age, about 30; profuse flowing with scarcely any intermission for five months. Flow gushes profusely without warning. No history of an abortion, no odor to flow, no pain, no sign of organic disease. Patient appears to be naturally plethoric but very anæmic. She had been treated at the City Hospital and elsewhere without benefit. Bell. 3x was given and the following week she stated that the flowing had ceased, but

she was constipated. *Nux vomica* 3x was given and the flowing reappeared, but not so severely. *Bell* 3x was repeated without success. *Ipecac* 3x was then prescribed and she reported in a week that the flowing had become profuse and the clots were very large. *Hamamelis* 3x was prescribed. The next week she reported that she was no better. She was anæmic, very despondent, crying freely about her trouble, and complained that the least mental excitement increased the flow. I urged her to go to the hospital for curetting, as I feared such long protracted flowing might depend on the presence of a polypus in the uterine cavity, or a more serious condition, which would require the use of the curette. She was unwilling to do this and entreated me for some strong remedy "to kill or cure." I then made a mistake and gave her *aconite* 3x and *sabina* 3x in alternation. The next week she reported that the flow had ceased. I am unable to say which remedy was beneficial. She complained of bad dreams and disturbed sleep, and *aconite* alone was continued. She continued to gain but became constipated. The next prescription was *sac. lac.* The week following she was very nervous and complained of faint, all gone feeling, at stomach, bowels regular, soreness all over the body and watery vaginal discharges. She was given *ignatia*, 3x. Flowing of a bright color appeared three weeks after cessation of last. Constipation again appeared with dry, hard, black stools. *Aconite* 3x was prescribed and the flow ceased. Three weeks later the flow reappeared, very profuse, worse from excitement, bright, clear, gushing, odorless. It promptly ceased after taking *aconite*, and I am of the opinion that *aconite* was very useful in controlling the flowing. The two intervals of three weeks each suggest prematurely appearing periods, but I do not think that the prompt cessation of the flow after using *aconite* was entirely due to natural causes.

NOTE. Dr. Southwick also reported a case of adenoma of the uterus which had been curetted four times. Diagnosed by Dr. J. P. Sutherland and an eminent pathologist of the old school as malignant adenoma of the uterus. Dr. Southwick curetted the uterus, (Mar. '92) and *thuja* and *sanguinaria* were given internally. Thus far there has been no return of the menacing symptoms.

J. E. B., *Sec.*

ESSENTIALS IN THE EARLY CARE OF THE INFANT.

BY ANNA B. TAYLOR, M.D., SOMERVILLE.

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

The first care of the infant is to see that it is not suffocated or drowned in the liquor amnii. Next, care for the eyes by immediately after birth and before they are opened, wiping the lids with a moist, soft sponge or cloth so that the secretions of the mother shall have no opportunity to come in contact with

the delicate membranes. Particularly is this important, yes, imperative, where the mother has a leucorrhœa or where suspicion of infection exists, and in the latter case the vagina of the mother should be frequently cleansed and disinfected during labor. The baby should now have an olive-oil or lard bath and be wiped clean with soft flannel; no soap or water should be used in this primary bath. The child can thus be made perfectly clean and will not have the boiled lobster color so common where soap and water are used. Cases of eczema have been induced by this careless method of giving the bath and using irritating soap. The eyes should be bathed with warm water, wiped dry, and where specific infection is suspected, would advise the Credé treatment of instilling one drop of two per cent. solution of nitrate of silver into the eye as prophylactic against ophthalmia neonatorum. I have never used this method, but have regretted in one instance that I did not, believing that if I had, a very obstinate and aggravated case of ophthalmia neonatorum might have been prevented. Dr. Bull, of New York, says that in all cases of vaginal discharge in parturient women, whether specific or not, the vagina should be carefully cleansed and disinfected repeatedly before parturition begins. As soon as the child is born, the external surface and edge of the eyelids should be carefully cleansed with a one or two per cent. solution of carbolic acid, and then the conjunctival culdesac be washed out with some of the same solution or a saturated solution of boracic acid.

The care of the funis should not be neglected. My own method is to strip all the blood out of it before applying the ligature, and this should be tied from an inch to an inch and a half from the body. Now take a piece of soft linen about two inches square after being once folded, make a hole in the centre, pass the cord through the opening, then fold it each way upon itself enveloping the cord, after which apply the belly-band to hold it in place as well as to afford suitable protection from cold. We are now ready for the soft flannel shirt, woven or knit, with long sleeves and high neck, and such other clothing as the season or climate may demand. The baby is now ready for his first nutriment, which should be a teaspoonful or two of pure cold water, and this to be repeated at not infrequent intervals until the mother's milk is established, but never to be altogether omitted, for water is very grateful as well as healthful to all babies. If the mother is qualified to nurse the baby, and this can usually be known only by a trial, then by all means she ought to nurse it, and no ordinary excuse can be considered valid. If she has no milk or has an insufficient quantity or inferior quality, some other method of supplying nutriment must be

devised. For while I believe nothing has ever been discovered as an infant's food that is worthy to be compared with a good quality of mother's milk, I still believe that almost any of the known substitutes are better than the thin blue milk of some mother's, or the very scanty supply, though better quality, of others. As I have said elsewhere, I believe that next to mother's milk stands cow's milk as the ideal infant food. But cow's milk is difficult to obtain in its freshness and purity, especially in warm weather. It can be sterilized, however, and thereby rendered pure, and this is what I should recommend as the substitute for the natural food of the infant. There are numerous infant foods in the market, all having more or less merit, but that which has served me best is Mellin's or Horlick's, which are nearly identical in composition.

One thing more, and I have had my say on the early care of the infant. This last thing is not least; it is the daily bath. It should be commenced with tepid water and given quickly; a child does not need to be soaked, he simply requires cleansing, and the functions of the skin kept active by the stimulus of rubbing with a linen towel. The temperature of this bath should be gradually lowered, until by the time the child is three months old, he will relish the water fresh from the faucet. What is this cold bath for? To harden the baby, to make him able to resist the effects of atmospheric changes, to quicken his circulation, to make him every whit alive. His blood circulates in its strength and purity, and he throws off disease tendencies as if he had a charmed life. Microbes may enter his system, but there is sufficient activity in the blood corpuscles to furnish no pabulum for microbial existence.

ASEPSIS AND ANTISEPSIS.

BY JAMES KRAUSS, M.D., MALDEN, MASS.

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

The subject of aseptic and of antiseptic treatment of wounds is based upon the germ theory of putrefaction. For a long time it was suspected that the disturbances in the healing of wounds present phenomena analogous to the changes which grape-juice undergoes during its fermentation into wine, and which accompany souring of sweet milk and of sweet wine, and the putrefaction of animal and of vegetable matter. It is no wonder, therefore, that the subject of fermentation and putrefaction has engaged the minds of such investigators as Stahl, Liebig, Schwann, Cagniard-Latour, Gay-Lussac, Mitscherlich, Pasteur, and others of our time. Liebig believed that putrefaction was merely a process of chemical decomposition, and that the mi-

nute living organisms which are present in the putrefied substance are the result of the decomposition. So long as this theory, which really originated with Stahl, two hundred years before, was the working basis of surgeons, these organisms were considered as "scavengers eating only dead materials, and so converting harming matter into harmless living substance" (Helmuth, *Surgery*, p. 304); and it was the rule to expect wounds to heal by suppuration as the only means of removing from them obnoxious matter, and this in spite of the fact which did not escape notice, that a simple fracture, which is nothing but a subcutaneous wound of a bone, invariably healed *without suppuration*.

But in the years 1857-61, when Pasteur was busily occupied in his laboratories with this same question, he came to a conclusion exactly the opposite of that at which Liebig had arrived. Pasteur established that these minute organisms are really the causes or agencies of putrefactive changes, and maintained that these germs, being always present in the atmosphere, find a suitable lodging-place in putrescible material, grow and multiply, and thus produce the chemical decomposition as the result of their action.

These two opposing theories have since influenced the technique of surgical operators, and even to-day we find a great many of the best surgeons who believe these germs to be the cause of putrefaction, while there are others who though in the minority yet forming a respectable number, as firmly believe that the former proposition is not proved and that these organisms are, just as Liebig asserted, the result of decomposition. However, we have simply to look over the field of surgery, and compare the achievements of to-day with the teachings of the past, to find the answer to the question whether germs are the causes or the results of putrefaction. Not many years ago, we were taught that inflammation and suppuration are caused either by mechanical irritation, as when foreign substances, i. e., steel-blades, etc., are imbedded in the tissues of the body, or by chemical agencies, when brought in contact with living tissues, or by the effect of heat, as burns, etc. But to-day, we see operators unite ends of bones by driving steel nails through them and keeping these nails in the tissues for thirty or more days; we see massive pedicles, which are necrosed through stoppage of their circulation by disease or by ligature, dropped back into the peritoneal cavity, where they are absorbed; we witness the use of the thermo-cautery in the peritoneal cavity and the joints; all these remarkable procedures are demonstrated daily in the hospitals and in private practice, and yet inflammation and suppuration are the exception, and not the rule, as was formerly

the case. It seems, therefore, clear that mechanical, chemical, and caloric influences in themselves are not sufficient to explain untoward phenomena in the healing of wounds, and that there must be some other agent, the introduction of which into the wound will at once produce these unwelcome disturbances.

This infection of wounds has been shown to depend upon the presence of micro cocci, such as the staphylococcus aureus and albus, and streptococcus pyogenes, which generates pus; or upon the presence of bacilli, such as the bacillus saprogenes, which cause what is commonly called putrescence. When these germs are implanted in the bottom of a wound, fermentative changes occur, during which certain alkaloids, or chemical poisonous substances, the ptomaines, are produced. If these ptomaines enter the circulation, the system will suffer from a sort of blood-poisoning, septicæmia, in short sepsis. When the tissues liquefy, we have suppuration, and if a portion of a septicly infected thrombus be detached and carried into the circulation, emboli, metastatic abscesses, pyæmia will result. How healing can take place while a destructive process lasts, is a question which has been left unexplained by the past; in the light of present knowledge, it is an absurdity, for, as Gerster says, "healing never takes place while active suppuration lasts; it occurs only after the limitation and termination of suppuration, not by it, but in spite of it." (Surgery, p. 198).

But, although the micro-organisms are the active agents in septic infection, they would really be harmless if favorable conditions for their action were absent. Without moisture and a certain degree of warmth, they cannot set up that fermentative action upon which sepsis depends. In a fresh wound the divided tissues furnish the warm moisture in the oozing blood and lymph, and the dead cells; and if now the bacilli and micrococci gain access into the wound, all the conditions are present for the development of sepsis. It was acting on this knowledge that Lister, in 1868, proposed the exclusion of the conditions, or the destruction of the agents, of putrefaction, and demonstrated the modern antiseptic wound treatment, which more than any other method in surgery, has determined the brilliant results of the last twenty-five years.

Long before Pasteur had made his great discovery, and before Lister attempted to utilize it in the treatment of wounds, putrefaction had been prevented in fact by the removal of one or more conditions essential to its occurrence. In the ancient practice of embalming, the moister portions were removed before the addition of the chemical agents by which the dead were preserved, showing that it was known that in the absence of moisture, dead organized matter may remain unchanged. In

one of the icy caves of Siberia, a colossal mammoth was discovered sweet and fresh thousands of years after its death, proving how potent a preservative extreme cold is. In the torrid zone, animal food is preserved by exposure to the sun, which dries the flesh by removing the moisture; and we all know that even roasting, to a certain extent, will prevent meat or fish from spoiling. Appert, the discoverer of the process of preserving meat in sealed tins, taught us the fact that putrefaction can be prevented by thorough boiling and subsequent exclusion of the air, even in the presence of moisture and warmth, so long as the air remains excluded. Then also Schwann found that certain chemical substances, like corrosive sublimate, will stop putrefaction. Thus freezing, burning, heat, drying, exclusion of the air, and certain chemical agents which are now called germicides or antiseptics, have proved to be so many different modes of successful preservation, and these various methods of prevention of putrefaction, except that of freezing, really form the basis of modern aseptic and antiseptic surgery.

The difference between asepsis and antisepsis is the difference between the prophylaxis and the cure of sepsis. Aseptic surgery refers to the management of a fresh or clean wound in such a manner as to prevent its septic infection; it is wholly a preventive discipline. Antiseptic surgery, on the other hand, deals with such wounds as have already become infected, the infection being manifested by inflammation, suppuration, phlegmon or gangrene.

Naturally the difference between the principles of prevention and those of cure of sepsis, influences the technique of aseptic and of antiseptic surgery. But this technique has also been influenced at various periods by the different theories in regard to the mode of infection of wounded surfaces. In the early years of the antiseptic era, it was thought that infection took place through the atmosphere, which was supposed to be crowded with the dangerous germs, and Listerism, with its cumbersome spray apparatus, held full sway over the management of wounds for over a decade. It cannot be denied that the condition of the air in an operating-room or a sick-chamber has some influence upon the healing of wounds; and Hægler, in an elaborate investigation of this question, published in the *Beiträge Zur Klinischen Chirurgie*, Bd. 9, 1892, comes also to the conclusion that the air must be considered a factor of wound infection. The germs come into the atmosphere only as dry dust, when the air is in violent commotion, as after sweeping or in windy weather; during the removal of dry dressings containing dessicated pus which has not been previously moistened, and from dried excrements, sputum or expectoration.

The germs cannot rise from moist surfaces, hence moist air, such as sea air or the air of mountain tops, is almost free of germs. Experience has shown that even dry air is comparatively harmless as regards its infection of wounds. We have learned that wound-infection occurs far more often through neglect of cleanliness, unclean hands and instruments, and improperly prepared dressings, than through impure air. Infection through contact, or direct contagion, has relegated the doctrine of infection through the air to the background. Even atmospheric infection often becomes a contact infection, the germs falling into the wound from the air, from the hair and the clothes of the operator and of the assistants, etc. It is, therefore, of the greatest importance that whatever comes in direct contact with a wound shall be not only clean, but surgically clean, i. e., aseptic.

1. It is a matter of great difficulty to obtain a dustless atmosphere in inhabited localities, hence the necessity of removing the particles of dust that may have settled in a wound. This is done by irrigation. Simple water, which has been boiled and afterwards strained, would answer admirably if we could be absolutely sure that even energetic irrigation would dislodge all the dust particles. But since we cannot rely with certainty upon this process to remove all dust particles, germicidal solutions are used in order to destroy the noxious effects of those particles that remain in the tissues in spite of irrigation. Scores of chemical substances have been employed for this purpose, but only two or three need be mentioned. Carbolic acid, which Lister introduced in the antiseptic management of wounds, and to which, according to a series of lectures published in the *London Lancet*, on Jan. 14, and Feb. 11 and 18, 1893, he returns with the ardor of a first love, is at present used mostly in a three per cent. or five per cent. solution for the immersion of instruments. Lister asserts that carbolic acid is the most trustworthy germicide known, having a powerful affinity for the epidermis and penetrating deeply into its substance. But it has been observed that irrigating a fresh wound with carbolic solution will each time provoke profuse oozing, on account of the destructive effect of the acid on the fresh blood-clot. For the irrigation and disinfection of wounds, the most widely used antiseptic solution is that of corrosive sublimate, which is prepared from 1 : 500 up to 1 : 18,000, Thiersch's solution (salicylic acid, 2 parts, boric acid, 12 parts, hot water, 1,000 parts,) is used for irrigation in serous cavities, and wherever carbolic or mercurial poisoning would be induced by mercuric or carbolic irrigation. To wash out ulcers or old sinuses in the neighborhood of a fresh wound, a solution of chloride of zinc 1 : 12 in

water may be used. Iodoform, as powder, is dusted over all sorts of wounds.

2. Of course, all the articles employed for the disinfection of the cutaneous and mucous surfaces must themselves be aseptic. The alcohol, the ether, the iodoform ether, etc., must be absolutely germ-free. Only such soap should be used as has been boiled in the process of its manufacture. Sapo viridis is to be recommended, but especially Hanks' liquid soap mixture: \mathcal{R} 3 parts best commercial green soap, 1 part 95 per cent. alcohol, 1 part glycerine, 1 part water, 1 drachm oil rose geranium to each part of alcohol (*Medical Record*, Vol. 43, No. 1). The nail-brush deserves the closest attention as it is one of the most frequent carriers of infection. Before use it is sterilized in steam for thirty minutes, and then kept submerged in a 1 : 1000 corrosive sublimate solution, placed in an enamel receptacle. After special contamination, the brush should be cleansed in very hot or boiling water.

3. The operator's and the assistants' arms should be bared; the hands and forearms, but especially the finger-nails, should be well scrubbed in hot water with soap and brush for five minutes; after this the hands should be immersed in alcohol, and then for one minute in 1 : 1000 corrosive sublimate.

4. The field of operation is prepared in the following manner: The skin is shaved carefully, washed with soap and hot water, rubbed and dried with sterile gauze; then alcohol is applied for one minute, afterwards a solution of corrosive sublimate, and if there is an unusual amount of dirt to be removed, the part is also washed with ether or iodoform-ether. Such a thorough disinfection of the skin is necessary, because the skin, with its pores and epidermal folds, usually filled with dirt, is a fertile soil for every possible form of bacterium. Then the operating region is surrounded with towels soaked in a sublimate solution, so that if we touch any neighboring object, it would be impossible to contaminate the wound as the result of this contact. If the operation is to be performed through mucous membrane, a mechanical cleansing may be effected by means of tepid sterilized water and gauze or a solution of common salt 1 : 100.

5. The instruments should be made with a view to simplicity, one piece of steel entering into the formation of both the blade and the handle, or the latter may be detachable. It has been proved that antiseptic solutions are not sufficient for the proper disinfection of instruments. They must be sterilized, and this can be done either by means of hot air, steam, or boiling water. Spores of many bacilli will live in hot air at 140° C. for two hours; in steam, from forty minutes to one hour, while boiling in

a one per cent. soda solution kills even anthrax in three minutes. Rotter's sterilizing apparatus, is, in my opinion, very effective, simple, and especially adapted for the wants of an operator in private practice. On a four-legged stand, the sterilizer, with three different trays for instruments, is filled with water deep enough to cover the instruments, a heaping teaspoonful of ordinary cooking soda is added to a quart of the water, then the Bunsen burner below the stand is lighted by means of alcohol and a match, and in the course of three minutes, we have the satisfaction of knowing that the instruments are aseptic. Should an instrument happen to drop during the operation, it is simply put into the sterilizer, and within three minutes it may be safely used again. Moreover, with this apparatus, it is not necessary to make the preparations at home, as the sterilizer can be easily taken from place to place, and while the dressings and other necessities are put in their places, the instruments undergo the most thorough sterilization. After use, the instruments are carefully dried with alcohol and dry sterile gauze. In case of special contamination, pus, blood and masses of fat must be removed from the instruments by washing with water, soap and brush before putting them into the boiling soda.

6. The sponges may be prepared according to Schimmelbusch, by washing them thoroughly in hot water, removing all foreign substances, and after several rinsings, by boiling them for thirty minutes in a one per cent. soda solution; then they are preserved in 1:1000 corrosive sublimate. For use they should be enveloped in gauze, so as to prevent direct contact with the finger.

7. Catgut, of different thicknesses, still answers all purposes of a ligature and of a suture, but it is also a dangerous carrier of infection. Its preparation by Bergmann's method is probably the best. The bottle is first sterilized for three-quarters of an hour in steam; the catgut is placed for twenty-four hours in ether, and is then submerged in a solution of 10 parts bichloride, 800 parts absolute alcohol, and 200 parts distilled water. Silk may be rendered aseptic, according to De Garms, by boiling in a 5% carbolic acid solution for twenty minutes, then preserving it in alcohol, and before use, putting it again in a carbolic solution.

8. Drainage is established by means of rubber tubes, sterilized iodoform gauze, rubber tissue, catgut, horse-hair, etc. The tubes are kept aseptic in a 5% carbolic solution, and are fastened into place by a sterilized silk thread passed with an aseptic needle.

9. The dressing of a wound in the proper manner marks the accomplished surgeon. The dressing-material should absorb

the secretions gradually, drying out by evaporation. It must be made aseptic by means of sterilization in steam, for which purpose the Arnold sterilizer is to be recommended for the use of a private operator. The gauze is exposed to the steam for an hour or more. If blood or serum happens to penetrate to the exterior of the dressing, a merely aseptic material cannot prevent microbes from finding a nidus in this moistened gauze, or cotton, or wool, and sepsis may be thus carried from outside to the wound. This mischief is obviated, first, by removing a dressing as soon as soiled by the undried secretions of the wound, and, secondly, by adding to the sterilized gauze an antiseptic, like iodoform, corrosive sublimate, etc., which will prevent the development of microbes. However, in an aseptic wound the probability is very small that the secretions will not dry out by evaporation in an ample dressing, provided we do not interfere with the evaporation by covering the wound with an impervious material, such as oil-silk or gutta-percha tissue; and as we know that dryness, as opposed to moisture, is one of the greatest enemies of bacterial life, we have in the dry dressing, properly applied, the best means of bringing an aseptic wound to undisturbed healing. In an infected suppurating wound, the indications for a dressing are different. If an ordinary dry dressing be applied to such a wound, the septic matter would most certainly reach the surface of the dressing in a comparatively short time, and thus give rise to an unsatisfactory septic condition not only on account of free exposure to the external world, but also because the dry dressing in itself cannot prevent the accumulation of the fetid secretions. A septic wound must, therefore, be dressed in such a manner as to exclude the possibility of aeration, and to favor rapid absorption of the secretions by exposing them to a moist chemical agent which will neutralize or destroy the vitality of the germs. This is done best by the so-called moist antiseptic dressing; after thorough antiseptic irrigation of the infected wound, it is well dusted with iodoform powder, covered with iodoform gauze and corrosive sublimate cotton, well moistened, and the whole is well enveloped by a piece of rubber tissue, Mackintosh, or any other impermeable material, which has been soaked in a 5% carbolic lotion; a bandage completes the dressing, which will remain in a moist condition for an indefinite length of time. Besides the dry aseptic and the moist antiseptic dressings, there is a third variety to be mentioned, which finds application in such aseptic wounds as cannot heal by primary union. This is known by the name of Schede's dressing, which is applied as follows: Immediately over the aseptic wound and overlapping its edges, is placed a piece of fine rubber tissue which has been

well soaked in a carbolic solution ; this is covered with iodoform gauze and corrosive sublimate gauze, and is enveloped by a bandage. This dressing favors the organization of the moist blood-clot which fills up the defect soon after the injury or the operation ; the outer dressings absorb and render innocuous the surplus of blood and serum, while the film of rubber tissue preserves the underlying clot in a moist condition until it is gradually consumed by the granulations and the cicatrization.

The aim of aseptic surgery, to prevent the infection of a fresh, healthy wound, is attained by an adherence to strict cleanliness in the use of everything that is destined to come in contact with the wound. We have to use plenty of water, soap, and the brush ; we have to sterilize our instruments and the dressings ; we may even have to resort to so-called antiseptic solutions to obtain the desired cleanliness ; but these legitimate precautions make it possible for us to expect healing of a healthy wound by primary union, or in case there be too great a defect in the tissue to allow primary union of the wound, we may expect healing by secondary union, but without suppuration. Thorough cleanliness, closure of the wound, and the dry dressing are the three great factors of aseptic surgery.

Antiseptic surgery aims to cure an already present septic process. The indications are to give free vent to the secretions, and to extinguish the vitality of the micro-organisms, so that absorption of the secretions thus made harmless may take place, and the wound may heal by granulation. Certainly the principles of cleanliness must be observed here as thoroughly as in an aseptic wound, but even if we are successful in preventing further contamination of the wound, we have to deal here with a septic process which has the inherent tendency to extend by the destruction of neighboring tissues. Hence the necessity of counteracting the infection by the thorough use of antiseptics in a moist form, to be kept moist by the exclusion of the atmosphere. The open wound with free drainage, thorough antiseptic irrigation, and the moist antiseptic dressing with exclusion of the air, form the different factors of antiseptic surgery.

In asepsis, the idea is to prevent the germs from finding the moist congenial soil for their propagation by the use of dryness in dressing. In antiseptics, having to deal with a septic process the moisture of which threatens to be persistent, we aim to destroy the vitality of the germs in their own element, moisture, by the use of antiseptics or germicides. Dryness is the stronghold of asepsis, germicides, that of antiseptics.

The conscientious execution of the principles of aseptic and of antiseptic surgery controls the results of all operations. There was a time when the number of operations performed

decided the fitness of a man for an operator. To-day the criterion of the fitness of an operator rests with his ability to heal invariably an aseptic wound without suppuration.

GENERAL PARALYSIS IN WOMEN.

BY W. O. MANN, M.D., WESTBORO.

[Read before the Boston Homœopathic Medical Society.]

Synonyms. Paralytic dementia, progressive general paralysis, general paresis, parietic dementia.

Definitions. General paralysis is a cerebral disease of chronic remittent type, characterized by dementia of gradual onset, usually merging into mania or melancholia, generally with stupid and expansive delusions, and accompanied by tremor, ataxia, pupillary alterations, and finally paresis.

History. The disease was first described by Bayle in 1822, who considered it an arachnitis. It was treated of by Frenchmen till 1854, when Erlenmeyer, a German, wrote of it as an atrophy of the brain, and it has been so considered to the present day. It was not recognized in America till 1843.

Age. It is much more common between thirty-five and fifty, and occurs oftener in men than in women; authors differ somewhat in the ratio between them. In this hospital, of sixty-six cases admitted in six years, forty-nine were men and seventeen women, thus about one-quarter being women. In these women the average age was forty years, the oldest, fifty-two years, and youngest, twenty-eight years. The percentage of female general paralytics to the total number admitted is one and three-tenths; the percentage of males, four and six-tenths.

Causes. A nervous heredity prevails in most cases. The chief exciting causes are syphilis, excessive venery, alcoholism and overwork, especially if mental. In the female cases here, I find the causes to be as follows: Syphilis in eight cases; alcoholism in four cases; overwork in three cases; unknown in two cases. The duration varies from a few months to two, three or more years. In women, the average duration is longer than in men. Here the average time in hospital has been eleven months.

Symptoms. Generally the mental symptoms precede the motor and are very varied in character from the excited, self-satisfied patient with delusions of grandeur to the tearful melancholic. If exalted ideas are present, they occur soon after the onset. The melancholic symptoms may appear at any time or last all through the disease. General paralysis has been divided by different authors into two, three or more stages; these are only of limited value, so diverse are the order of evo-

lution and course of the mental symptoms. Generally there is a prodromal stage, where there is moral and intellectual alteration; then the first stage, so-called, of pronounced mental alienation; the second, a state of mental confusion and dementia, which may frequently undergo remissions, and the last stage where the patient is completely demented and approaches the animal in his instincts.

The most prominent symptoms are first, the mental; delusions of grandeur and self-importance or those of a depressed condition. In women, I think, there is more depression with melancholic symptoms. When they do have exalted ideas, they are usually of rich clothing, diamonds and fine equipages, or, as Dr. Talcott puts it, "These are simply exaggerations of the normal dreams of the feminine mind." Loss of memory occurs, more often for recent events, insomnia sometimes supervenes; the sensory system may be affected and hallucinations of sight and hearing, rarely of smell, result. Later on, we have dementia and complete fatuity of mind. There may be periods of maniacal excitement, which, as a rule, only last a short time, when the patient may do vast injury to property or persons.

Physical symptoms; vertigo and inco-ordination of gait may appear early. There is tremor of the tongue and labial muscles, difficulty in articulation, especially of consonants, motor disturbances of the hands and fingers and the handwriting is irregular and trembling, words are omitted, the ideas become confused and the effort is finally abandoned.

Epileptiform and apoplectiform seizures occur frequently during the height of the disease, although it may be ushered in by one or more attacks. The eye symptoms are quite important. Inequality and irregularity in the shape of the pupils are frequent; there may be persistent dilatation, or they may be contracted to the size of a pin head. Almost always they are insensible to light with failure of accommodation. As the disease progresses the mind becomes weaker, the patient talks less and the delusions appear to be forgotten, and the ability to articulate words and form them into sentences is lost.

The sphincters become affected, and the utmost care is required to keep the patient clean and free from bed-sores which when once formed are apt to extend. Mickle, Spitzka and others have called attention to a form of acute bed-sores which often appear after epileptiform or apoplectiform attacks. They develop rapidly and, without doubt, are due to trophic disturbances.

Pathology. The most important lesions noticed on post mortem examination are as follows: The skull is thickened and

the diploë is lost. Atrophy of the brain, the weight being diminished from three to five ounces; the sulci are wider than in health, the pia mater is adhered to the cortex, and when detached tears off portions of the gyri. This adhesion does not dip down between the convolutions. There is increased serous exudation between the pia mater and arachnoid. The pyramidal cells of the cortex are destroyed to a great extent. The ventricles are diseased, the lining membrane being thickened and roughened and often presenting nodules on its surface. The membranes of the cord are thickened, especially the pia mater, and the cord itself may be softened and lessened in volume. The prognosis is a very serious one, the disease almost invariably resulting in death.

Treatment. In this hospital if the patient is excited, she receives either belladonna, stramonium, or veratum viride. If only mildly excited, phosphorus is given. During the congestive attacks veratum viride is prescribed. Most important of all, however, are good care and nursing. In the later stages when the pharyngeal muscles are paralyzed, the patient has to be regularly fed by means of the nasal tube. I will now present three cases.

CASE I. H. D.; female; aged, 37 years; gives no history of intemperance or syphilis, but has always been a hard-working servant girl. Entered here March 27, 1893. At that time, said she was to be married soon to two men and described the beautiful dresses she was to have, but for last few weeks has been depressed and cries easily. Her pupils are unequal, the left being the larger and it is also irregular. Both are irresponsive to light and accommodation. She has marked tremor of the tongue and facial muscles, and her gait is ataxic. Her articulation is also defective.

The next case M. B.; aged, 43 years; has been here for eighteen months and gave the following history on admission. Maternal grandmother insane, and husband died in Worcester Lunatic Hospital three years ago; says that he had three fits and died in the third. Says that several years ago she had a severe sore throat, and has suffered much from headache and rheumatism; so, probably, syphilis is the cause of her trouble. When first admitted she was much depressed and feared something would happen to her. Her pupils were unequal and did not respond to light. She improved, and was able to help on the ward for several months, when she had a congestive attack from which she rallied so as to be up and dressed again. At times she has had hallucinations of sight as she would see "things" on the wall. Last fall she had a series of congestive attacks, from which she has never improved much. She is

now much demented and filthy. Is kept in bed all the time, and for medicine is taking phosphorus. There is marked tremor of the tongue and labial muscles, pupils are now equal but do not react, and her face has the vacant expression of the general paralytic.

The next case is that of a man. I had intended to limit my paper to women, but as we have no women with exalted ideas, would like you to see this case as he had marked delusions of grandeur, and of his own self-importance. The patient was here three years ago as an habitual drunkard, since then has not used liquor. Was admitted last July, quite excited, and full of schemes to enrich those about him; said he had a hundred wives, one being eight feet tall and weighing 700 pounds; that he was soon to marry a Beacon St. heiress with two millions of dollars, with which he would take his friends around the world. He has gradually become quieter but still has his delusions. His pupils are abnormally contracted, and there is slight tremor of the tongue. The cause in his case appears to have been his intemperance.

PUERPERAL PELVIC PERITONITIS.

BY CHAS. S. PRATT, M.D., SHREWSBURY, MASS.

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

With this form of local puerperal infection or inflammation, we find septic cellulitis and metritis of so frequent an occurrence that these three sites of the most frequent manifestation of this most peculiar phlegmon, had best be treated of together.

By puerperal pelvic peritonitis is meant inflammation of a part or whole of the peritoneum covering the pelvic viscera of the female in the puerperal state.

Cellulitis may be designated as inflammation of the adipose, areolar tissue, partly or wholly, which lies between the pelvic roof and floor. Metritis, of course, is partial or complete inflammation of the uterus.

Pathology.—In puerperal pelvic peritonitis there is, first, engorgement and turgescence of the vessels, with redness, dryness and pain.

In the second stage, the roof of the pelvis has a hard, wooden feeling to the touch, like a board, the uterus and appendages are generally displaced and firmly fixed by plastic lymph and sero-purulent exudation. Finally, as in all inflammatory conditions in the third stage, the uterus and tubes, ovaries and, perhaps, some of the intestines are bound together by adhesions, and produce a tumor which can be felt on examination. The diseased conditions present in puerperal pelvic peritonitis are

the ordinary ones in abscess ; hardness, swelling and suppuration in all or any part of the pelvic cellular tissue. The most common site of this inflammation is one of the broad ligaments, and with these the "Fallopian tubes and ovaries."

Metritis and endometritis are generally found together. The mucous membrane lining the uterus is ulcerated, red and swollen ; there is fetid discharge from the womb which may be infiltrated with with purulent matter. At times there are diphtheritic deposits.

Causation. The most frequent cause appears to me to be the failure to clean the uterus entirely of the placenta, only a small part of which is needed to develop a septic condition. Traumatism takes, perhaps, the second place, and then a chill, and the introduction of poisonous germs from the outside by the physician, or from germs present in the air of the room. And, finally, the rousing up to new action of old pelvic inflammation by the parturient state.

Frequency. As pelvic inflammation is said to occur in more than fifty per cent. of puerperal cases, we can not fail to need all the knowledge concerning it within our reach, though anti-sepsis will, I believe, greatly modify for the better this figure.

Diagnosis. Pain and tenderness over the hypogastric region, irritation of the bladder, fever, peculiar and anxious expression ; vomiting and at times delirium. At the commencement of the attack, the vagina to a sensitive finger feels hot and dry, even to smoking, and hours before the acute symptoms set in either in puerperal pelvic peritonitis or in cellulitis, this condition will give us warning of impending trouble and allow of the most successful and happy preventive treatment.

Vaginal examination will reveal in peritonitis at the beginning, soreness in the cul de sac and on moving the womb. Later, a tumor posterior to, or one side of the uterus, which is altered in position and immovably fixed by the contracting inflammatory deposits. The roof of the pelvis will feel as if made of a board instead of the usual soft yielding tissue, and will be very painful to the touch, as will also the tumor. Like all pain in serous membranes, they will be catchy, sharp and cutting, sometimes to the intensest degree. In cellulitis will be found chilliness, fever, pain, not very acute, unless complicated by peritonitis, dysuria and fetid uterine discharge. Weight and heaviness in pelvis will generally begin the attack, together with malaise of the whole body.

Physical examination will detect a doughy, swollen feeling and a tender point or tumor on one side, or near the neck of the uterus, which, when the abscess is well developed is pushed to the side opposite the swollen mass. The fixation of the womb

is not so complete as in peritonitis, and the pelvic roof not so hard. In metritis, we have a putrid flow, often a dark red; congested and enlarged womb, soreness on pressure over the middle hypogastrium.

Treatment. Preventive measures are of the first importance. All antiseptic precautions should be taken during labor as to the rooms, hands, finger-nails, instruments and vaginal douches.

The woman should be guarded as to taking a chill during and after labor. Avoid traumatism by first lessening time of labor, which can be done best by giving gels.ϕ, ten to fifteen drops in one-half glass of water, and one teaspoonful of this every fifteen or twenty minutes till labor is completed or the patient shows the effects of the gels., which is very rare. This will shorten labor fully one-fourth or one-third in ordinary cases. If under this treatment the os is rigid, rub a few drops of bell. cerate or fluid ext. bell. on the unyielding os, or give fifteen grains chloral every half hour for two or three times, or hot water douches. If the pains are inefficient and os dilatable or dilated, give one-half to one teaspoonful ergot, if the way be clear and presentation a normal one. When, during the latter part of labor, the pains and patient weaken together, or even if both are in good condition, the application to the vulva and perinæum, of flannels wrung out in hot water, every few minutes, will so reinforce the pains and dilate the parts that labor will be quickly completed, with but small risk of a perineal rupture. In any obstetrical operation, care should be taken to avoid injuring in any way the pelvic lining, viscera, and external organs of generation.

In order to leave no points of infection the placenta must be carefully managed. If the cord be wound two or three times about the neck of the child, it should be cut and ligated so that the placenta may not be torn too abruptly from its attachments and leave a part behind. The uterus on the birth of the child generally contracts firmly; if it does not, rub gently over the fundus, and this will cause it to contract. There are three methods in vogue of expelling the placenta. One is to leave it to nature unless strongly adherent. Another, is to reach two or three fingers into the uterus as soon as the cord is tied, and separating the placenta from its attachments, let the placenta and hand make their exit together. Credé's plan seems to be more speedy than the natural way, very effective, and not so likely in careless hands to leave pieces in the uterus to decompose. It consists of gentle friction over the fundus, and during a contraction, making firm downward pressure with the fingers over the posterior, and the thumb the anterior surface. This continued during a few pains will expel it from the vulva or

into the vagina, from whence it may be taken as any foreign body, in the best way to get it out entire.

Acute pelvic peritonitis may be aborted if taken in the stage of congestion, and as it is usually met in company with cellulitis we will consider their medicinal treatment in union. The nurse should be instructed to send for the physician on the first onset of pelvic pain and uneasiness, not evidently the result of after-pains. If there are sharp, cutting pains in the hypogastrium, hot vaginal fever and anxious expression, one probably has to deal with pelvic peritonitis. Hot applications frequently repeated, and long continued over seat of pain, ferric phos. 12x. trit. and colocynth 3x, which is our prince of remedies for pelvic peritoneal inflammation, will, if freely used, nearly always make an end of the trouble before it has got much headway. Verat. viride 1x will dispose of cellulitis in the first stage speedily, aided by hot antiseptic douches; my preference, especially if the discharge from the womb be fetid, is eucalyptus glob. ʒi. to one quart water. When the lochia threatens to stop or does so completely, danger of serious pelvic trouble is near. The flow may be best brought on by hot antiseptic injections and hot cloths to the vulva, which is a powerful adjuvant.

Dr. Hughes says that nux vom. will at once cure puerperal inflammation of any part of the womb, and it has done so whenever I have used it.

TWO NOTEWORTHY RECOVERIES.

BY F. W. EDWARDS, M.D., SOUTHBRIDGE, MASS.

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

October 20th, 1892, I was called five miles to see H. A. C., aged 35, slight yet strong, and found him trying to enjoy stercoraceous vomiting and a "jag" of morphia at the same time. His history was rather marked. Working twelve hours each day in an auger shop, he had been accustomed during the previous seventeen years to polish the steel augers on emery wheels, and each day breathed the atmosphere loaded with very fine particles of emery. Within the last six or seven years he had been subject to severe "colic spells," and the only accessible physician, a "regular," squirted him regularly full of morphine, which would "knock out" both the colic and the patient. He would have gone on, like the brook, forever, in this way, but for this last time, when the morphia failed and Dr. R. was at his wit's end as his medicines "were not strong enough" to control the stercoraceous vomiting. He sent to Worcester for young Dr. G., but, as I had given the patient plumbum and opium and stopped the vomiting, Dr. G. said he

would continue the medicine as it seemed to be doing good, although he had no faith in it.

The patient was comfortable on *nux vom.* 6x until the twenty-third, although there was no movement from bowels, not even flatus passing. On that day I was sent for in great haste, and suspecting the trouble, I took another surgeon with me and drove rapidly to S. I found the patient in rather a bad plight. Bowels bloated and tender, patient beginning to feel very chilly, so I determined to operate at once. I suppose New York and Boston surgeons would give vent to boisterous cachinnations at the idea of a laparotomy being performed on a kitchen table in a small kitchen, and with the remnants of former meals plentifully scattered around to add *éclat* to the affair, but that's "where we were at." So with a good Baptist minister attending to the anæsthetic, I began an "antiseptic" operation. I made an incision over the spot where he complained of having most of his pain. The cut was about two inches long, and extended from one-half inch above to one and one-half inches below and to left of umbilicus. I introduced my finger and found a loop of about six inches of small intestines was protruding through a hole in the omentum, and around a part of the loop was a fibrous band one-eighth inch or less in width which constricted the intestine, completely occluding it. I easily reduced the omental hernia and with some little difficulty broke the band with my fingers. There was left a sulcus similar to many I have seen in a sausage from a constriction. The distal end of the intestines was purple in color, so, necessarily, the prognosis was not very enlivening. I stitched up the omental hole and peritoneum with fine catgut, and the walls with silk, and put him to bed in the same bed he came from two hours or less before, in a room, 8 x 12, and with no one but his nervous and devoted wife to nurse him. I gave the family every encouragement to expect a funeral, but he was at work again in less than a month and a half, and is now in better health than for years. When his bowels moved the liquid *fæces* was about one-sixth emery-dust, and when the vomit was emptied from the bowl the bottom was covered with emery. In my opinion the band was the result of previous inflammation at the same place, from the irritation produced by the emery, and the omental hernia was simply an accident at that time, and had "nothing to do with the case." I would state that every condition was met and overcome by the indicated remedy, which was an important factor in his rapid recovery.

I now wish to report, briefly, the case of Thos. M., aged sixty-eight, who fell, while getting off cars in motion, and had both legs crushed below the knees. When I was called, his

pulse was twenty-two and he was in a collapse. He revived under brandy and an injection of morphia, but I did not expect him to live until his arrival home. Expecting him to die, he yet gained strength, so I decided to amputate both legs at once. I took left leg off at lower third of femur, while Dr. Creeden removed the right below the knee. It took us two hours to restore his breathing again, although he was but thirty minutes under ether. In spite of his falling out of bed and standing on his head, (he could not stand on feet) and becoming crazy for a week or two, he made uninterrupted recovery and is now in fair health. These two cases were under treatment at the same time and were very interesting to me.

Their recovery is due to antisepsis and homœopathy.

A PHYSICIAN'S NIGHTMARE.

BY JAMES R. COCKE, M.D., BOSTON.

One night, recently, after a somewhat extensive perusal of numerous medical journals, I retired with a throbbing pain in my head. After speculating a few minutes as to what one of the many causes of headache might be, I fell asleep and dreamed a dream.

I thought that I consulted my family physician, who, when he had looked at me, had felt of my pulse, scanned my tongue, and given me a prescription, said: "This can only alleviate, not cure your head, so, my friend, you must consult an oculist."

In my dream, I stood upon the corner of a street, leaning my head for comfort upon the bosom of a white-ringed electric pole. I heard a mighty whirr and clank, and after madly shrieking and gesticulating, succeeded in stopping one of our fast electric cars, after it had gone half a block beyond me. Boarding the car at last, after a frantic run through snow and slush such as only Boston can produce, the conductor apologized, saying that he did not see me, as he was "engaged in reading Plato."

In my dream, I was transported to the office of the oculist. A man of grave demeanor met me, and after a few preliminary questions, he seemed to bring out endless boxes of lenses of every shape and variety. Like magic, these lenses were passed before my eyes, and I was told to read various signs which looked cabalistic. The oculist noting my every failure, touched a button, and suddenly flashed into view a brilliant electric light. Then rods were placed before my eyes, which caused the light to shimmer and burn, and I fancied that from each one of the little flames, a demon was looking at me. Then a wheel was placed before me, and the spokes seemed to revolve and twist,

some black, some gray, some faint, some heavy. Suddenly I began to wheeze, and feel great oppression of breath. "Ah!" says the oculist, "you must see a specialist of the throat and chest; but first let me put into your eyes some drops to paralyze the accommodation."

A few moments after the drops had been instilled, I opened my eyes, and the electric light seemed bright as the sun, and he again placed before my eyes the strange phantasmagoria of the lenses, the wheel and the rods. "Now, my friend," he said, "if there are not further reflex causes of neuroses about you other than your eyes, I can cure your head; but remember you have in the right eye hyperopic astigmatism with hyperphoria. In the left, you have a compound myopic astigmatism, with esophoria; also some degenerative changes in the fundus, which may make it necessary, after you have seen the throat specialist, to seek one who devotes his attention to the kidneys."

He shoved me then into a box, and slammed the door, and to a stalwart son of Africa, he said, "This gentleman to Dr. B." The black man stood inside the box, and pulled upon a rope, when suddenly it descended like a flash of lightning, and before I could realize what had happened, I was ushered into the room of Dr. B. "Sit down," he said, "you wheeze much, and I fear you have asthma, which is a vaso-motor neurosis. I will examine your throat and nose; I can cure it if the trouble be there, otherwise I must send you to Dr. D., who makes a specialty of the rectum, for there exist in this region many pockets and cicatrices, which cause a great variety of neuroses." He buckled on his forehead an instrument which glared like the headlight of an engine. He bade me open my mouth and put out my tongue. Seizing this unruly member between his fingers, covered with a towel, he placed a mirror in the back of my throat. "Ah!" he exclaimed, "you have a nasal polypus, hypertrophic rhinitis, a deflected septum, follicular pharyngitis, peri-tonsillitis, and last but not least, chronic laryngitis." Then stripping the clothes from off my chest, and placing an instrument in his ear, he proceeded to examine. "True asthma," quoth he, "with possible cardiac dilatation, and certainly emphysema; but, my friend, you must see the man who attends to the rectum."

Again I was pushed into the box as before; again it madly descended, and I found myself in a room, confronted by a long black table, upon which a sturdy man commanded me to mount. A great rattle of instruments was heard, and my heart grew sick, as I felt a piece of cold steel pass first from the rectum to the sigmoid flexure, and meander stealthily like a serpent through the realms of my descending and transverse colon.

“There are strictures through the lower bowel,” said he, “hemorrhoids, possible carcinoma, enteroliths, and various other affections, — but, poor patient, you tremble, and before we operate, you must see a neurologist.”

Strange pains shot through my limbs, and when I dismounted, I could not feel the floor beneath my feet. As if by magic, I was transferred to a hospital ward, and around my couch stood a row of wildly gesticulating men, most of whose faces were familiar to me. They were the specialists whom I had previously consulted. “’Tis the eyes!” shrieked the oculist. “No! the cause of the morbid reflex is in the throat!” shouted the throat specialist. “Hang him up by the arms,” said the neurologist. “Wash out the stomach with a tube,” said another voice, and at this juncture, a man with a strange wild look appeared on the scene, and giving me one casual glance, said, “Poor fellow, he must die, for as he belongs to the masculine gender, he has no ovaries and tubes to be removed.”

With a terrible groan I awoke, and my physicians had vanished into airy nothingness; and as I lay and pondered over my dream, exaggerated though its imagery was, these reflections presented themselves.

Why is it that we in the medical schools are taught so much of theory, and so little of technical practice, in the use of the various instruments necessary in making exact diagnoses? Are we not carrying this idea of medical specialism to a great extreme? And I could but wonder how far off the time might be, when physicians would learn to use their own instruments, when one man can be able reasonably well, to examine the eyes, throat, nose, etc., and, at least, to recognize the ordinary affections which he will meet in daily practice; and I came to the conclusion that a radical reform was needed in our methods of education.

Specialists there will be, and always should be, but the general practitioner should not hide his ignorance behind the brilliant learning of the specialist.

SOCIETIES.

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NATIONAL ASSOCIATION OF HOMŒOPATHIC MEDICAL EXAMINERS.

The third annual meeting of the Association was held at Chicago, May 31st and June 1st, 1893.

The president, Dr. A. S. Couch, occupied the chair.

There were present representatives of examining boards from the following states: Arkansas, Dr. W. E. Green, Little Rock; Florida, Dr. H. R. Stout, Jacksonville; Illinois, Dr.

J. A. Vincent, Springfield ; Iowa, Dr. Frederick Becker, Clermont ; New Jersey, Dr. F. P. Lefferts, Belvidere ; New York, Dr. A. S. Couch, Fredonia ; Dr. A. R. Wright, Buffalo ; Dr. H. M. Paine, Albany.

Dr. A. R. Wright, of Buffalo, in brief remarks, spoke of the desirableness of supporting the association and of making it an instrumentality for promoting the advancement of the special work for which it has been organized.

Dr. Frederick Becker, of Clermont, described the provisions of the Iowa law, the standard thereof requiring three full courses of medical lectures and four years of study.

Dr. John A. Vincent, of Springfield, Ill., expressed confidence in the safeguards established by the Illinois law, which, fourteen years ago, inaugurated the plan of revising and regulating the diploma, by accepting only those granted by institutions requiring previous attendance during three full courses of lectures of twenty-four weeks each.

Dr. H. R. Stout, of the Florida examining board, stated that at first he believed the diploma alone would afford the profession and the public adequate protection against fraud and incompetency ; but his experience of the past three years had dispelled that illusion, and he had come to the firm conviction that the diploma was an unreliable test, and that State examining and licensing boards were necessary, in order to secure any reasonable approach to uniformity as to standards of attainment. He cited the case of a recent graduate whose answers showed gross ignorance of fundamental principles of practice. The applicant could not give the test for albumen ; could not state the normal specific gravity of urine, nor the normal amount in twenty-four hours ; could not tell the difference between chancre and chancroid, nor the distinction between a fracture and a dislocation.

He expressed the hope that, through the instrumentality of this association, measures may be instituted looking to the appointment, in every State, of State examining and licensing boards. He announced that the Florida board required a rate of seventy-five per cent. on ten questions.

Dr. Vincent, of the Illinois board, stated that a similar percentage was required in Illinois ; he held, moreover, that in the construction of questions and in the ratings of answers, members of mixed examining boards, who were opponents of homœopathy, occupied a position by which great injustice could be easily done to homœopathic applicants.

Dr. Paine strongly advocated the establishment of the separate rather than the single, mixed board system, for the reason that it (the single board) afforded special facilities for render-

ing, under the guise of fairness, an injustice to homœopathic applicants ; and, more particularly, because minority representation necessarily involved and always would be so considered, an acknowledged brand of inferiority.

Dr. A. R. Wright explained that the New York system provided for the presentation of a list of fifteen questions, the candidate to select ten, and to be rated on his answers thereto. This plan had been adopted in order to prevent, as far as possible, any injustice being done to practitioners of advanced years, and also, as a better method for ascertaining what the candidate does know, instead of what he does not know. A rating of seventy-five per cent. in all departments is required.

Dr. A. M. Duffield thought that provision should be made by the several State boards for the establishment, as nearly as possible, of a uniform standard of acquirements and a uniform system of ratings, in order that the State license, when granted by one State board may be recognized and endorsed by any other State board. A lawyer's license, granted by one State board, is always recognized and accepted without question by other States. This system ought also to be made applicable to physicians going from one State to another.

Dr. H. M. Paine, of Albany, N. Y., called attention to the interest manifested in sustaining a similar association of members of State examining and licensing boards by the old school, showing, by quotations from a circular issued by the officers thereof, that the scope of the work to be investigated, developed, and carried forward under the fostering influences of these two national associations, is one covering a very wide field of usefulness, one involving very important measures and principles.

The schedule of subjects, outlined by the old school, and presented for consideration and discussion at its Conference of State Medical Examining and Licensing Boards, held at Milwaukee, Wis., June 7th, 1893, embraced the following :

1. "The Evolution of State Medical Examining and Licensing Boards ; their present and prospective influence in elevating the moral and intellectual tone of the profession."
2. "The Composition of Examining Boards."
 - (a) The desirable number of members.
 - (b) The desirable appointing power.
 - (c) The advantages and disadvantages of separate examining boards representing the different schools of practice.
3. "The Provisions of the Various State Laws."
 - (a) Should the possession of a diploma from a recognized medical school be a prerequisite to appearing before a board for examination ?

- (b) What reciprocal relations should exist between State boards?
 - (c) Should teachers in medical schools be eligible to membership on State examining boards?
 - (d) Defects in existing laws; the best law in vogue; the ideal law.
4. "The Methods of Conducting Examinations."
- (a) How should the examination be prepared?
 - (b) The scope of examinations.
 - (c) The minimum and maximum requirements.

It will be at once seen that the foregoing list embraces a wide range for thoughtful investigation, and covers subjects which, at the present time, are of intense practical interest to the whole medical profession; subjects, the attentive consideration and thorough discussion of which cannot be suppressed or long postponed, and must in the near future, if wisely and prudently decided, result, as far as may be made practical, in the permanent adoption of higher and more nearly uniform standards of medical learning.

The time for holding the meeting being limited, members were unable to participate in a full and satisfactory discussion of the various subjects presented for consideration, the more important, however, had reference more particularly to the advantages desirable from the more general adoption of the State licensing system in addition to the diploma; the objectionable features of single examining boards and the advantages of the separate board system; the eligibility of teachers in medical colleges for membership in examining boards; the defects of present laws and the range of maximum and minimum requirements.

Copies of the laws recently enacted in Pennsylvania, Connecticut and New York were furnished, and the special advantages of each were described.

The report of the secretary shows that, during the past year four States have enacted, revised and improved medical laws, and that in two of these the State licensing system has been established, viz., in Pennsylvania and Maryland, and in two the supervision and regulation of the diploma has been considered a step as far in advance as could be readily secured; in all of these, however, while uniformity as to standards has been provided, the supervision, control and executive management, by the representatives thereof has been secured by each school separately.

The officers elected for the ensuing year were: President, Dr. A. S. Couch, Fredonia, N. Y.; secretary, Dr. H. M. Paine, Albany, N. Y.; executive committee, Dr. H. M. Paine, Drs. J. A. Vincent and H. R. Stout.

By a unanimous vote, Dr. George Logan, of Ottawa, Canada, was elected to associate membership.

A motion to adjourn, to meet at Denver, in connection with the next meeting of the American Institute, was then adopted.

RULES AND BY-LAWS.*

1. This association shall be styled the National Association of Homœopathic Medical Examiners.

2. The objects of the Association are, that of providing opportunity for mutual conference and the interchange of views, and the results of experience, in order to promote, as far as may be practicable, the general adoption, by the several States, of the best and most effective methods for securing higher and more nearly uniform standards of medical learning.

3. The permanent officers of the Association, to be elected at each annual meeting, and to hold office until others are elected in their places, shall be a president and secretary, whose duties shall be such as are usually required of officers holding like positions in similar associations.

4. Members and ex-members of State, county or district medical examining boards, are eligible to membership in this association, notification to the secretary being a prerequisite thereto. Associate membership may be acquired by a majority vote at a regular meeting of the Association.

5. The regular meetings of the Association shall be held, at least annually, in conjunction with the meetings of the American Institute of Homœopathy. At all meetings three members shall constitute a quorum.

*Adopted June 19, 1891.

REVIEWS AND NOTICES OF BOOKS.

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THE THROAT AND NOSE, AND THEIR DISEASES. By Lennox Browne, F.R.C.S.E. Fourth Edition. Phila.: Lea Bros. & Co. 1893. 734 pp.

Dr. Browne's exhaustive and classic work on the diseases pertaining to his specialty having been two years out of print a new edition, — the fourth, — is sure of an especially cordial welcome. It differs from its predecessors by being, in some respects, more abbreviated; for, says the author in his preface, "Views which a few years ago had to be sustained by lengthy arguments may now be shortly stated as facts." Much of the space thus gained is devoted to discussion of the influence of microorganisms in producing throat diseases. Perhaps the most significant of his observations in this connection are those which

go to support his strongly-expressed conviction that croup and diphtheria are distinct and different affections. The chapter on diphtheria is exceedingly interesting throughout; and physicians have much cause to thank Dr. Browne for the prophylactic hints he offers them, for their own use, while attending diphtheretic patients; which include "free gargling with some antiseptic or detergent solution, after each ministration that may have involved inhaling the patient's breath." The author adds "I also, personally, always give effect to a hint derived from a sanitary architect; who, whenever he is obliged to inhale any unpleasant effluvium, blows his nose freely, gathers his saliva and expectorates."

The style of the book is bright, simple and graphic. It is fully illustrated, and is offered in the entirely satisfactory form for which its publishers' stamp always gives warrant.

A SYSTEM OF DISEASES OF THE EAR, NOSE AND THROAT.
Edited by Charles H. Burnett, A.M., M.D. Vol. II. Phila.:
J. B. Lippincott Co. 1893. 858 pp.

An examination of the second volume of this valuable and encyclopædic work, confirms the excellent impression made by its initial volume. The essays are, as before, varied, comprehensive and practical. Among the contributors to the present volume are Drs. Carl Seiler, Wm. C. Jarvis and George M. Gould, all of whom write on diseases of the nose and nasopharynx; and Drs. J. Lewis Smith, Charles H. Knight, Lennox Browne and Solis Cohen, who write on diseases of the pharynx and larynx. Among the subjects treated are Surgical Procedures in Deformities of the Nose, Hay Fever, Skin Diseases of the Nose, Vocal Culture and Hygiene, Croup, Diphtheria, Chronic Diseases of the Tonsils, and Tuberculosis and Syphilis of the Larynx. Dr. F. H. Bosworth, who writes on hay fever, maintains the opinion that the malady is altogether dependent on the presence of certain pollens in the atmosphere, to which patients are peculiarly and varyingly susceptible; a conclusion which would seem at odds with the fact of many neurotic patients presenting all the symptoms commonly classified as those of hay fever, at any season of the year, as a consequence of undue fatigue or nervous excitement. Dr. Hartwell's paper on Vocal Culture and Hygiene is exceedingly novel, useful and entertaining throughout; and commends itself to the most careful study of all physicians numbering among their patients public speakers or singers. The hints on proper diet for those who use the voice are invaluable; and the paragraphs on "tone-blindness" curious and suggestive.

The essays are amply illustrated by diagrams ; many of them by fine colored plates.

GRAY'S ANATOMY, NEW (13TH) EDITION. — Another edition, the thirteenth, of this standard work is just from the press of Messrs. Lea Brothers & Co. It is hardly too much to say that this work has been the most popular of all medical text-books whatever since its first appearance in 1851. Its text has been revised successfully by the foremost anatomists of a generation, and the present edition embodies whatever changes were necessary to make it represent its advancing science. The illustrations have always been noted for their clearness. Their large size has rendered it possible to print the names of the parts directly upon them, thereby indicating not only their names, but also their extent — a most important matter. A liberal use of colors has been made to secure additional prominence for certain parts. Notwithstanding these improvements, the constantly increasing demand has justified a reduction in the price of the colored edition. An early review will appear in these columns.

A NEW MEDICAL DICTIONARY. A completely new Medical Dictionary is announced for early publication by Lea Brothers & Co. The author, Dr. Alexander Duane, of New York, is already widely known as the medical expert for Webster's International Dictionary. His new work has been drafted to supply medical students with all desired information concerning the words they will meet in their course of reading, and as the vocabulary has been selected most liberally, the work will be of value to practitioners also. The pronunciation of each word is given by a simple and obvious phonetic spelling ; then follows the derivation, an unexcelled aid to memory, and finally a full definition. Descriptive matter has been appended to such words as cannot be adequately explained by simple definition. Thus diseases are described, and their symptoms and treatment are given ; drugs are followed by their properties, effects, doses, etc. : extensive tables of bacteria, doses, etc., are placed in the alphabet most conveniently for reference. A work of real value is promised, and we shall take an early opportunity of reviewing it in these columns.

THE DUTY OF THE STATE TO THE INSANE is the subject of an article by Dr. Andrew Macfarlane appearing in THE POPULAR SCIENCE MONTHLY for October. The author describes the system of caring for the insane that has been recently adopted by the State of New York, and advocates greater differences between the care of curable and of hopeless patients than are now customary. New York : D. Appleton & Co.

THE CENTURY has just come in possession of one of the most unique and important historical documents of the age. It is a record of the daily life of Napoleon Bonaparte on board the English ship which bore him into captivity at St. Helena, as contained in the hitherto unpublished journal of the secretary of the admiral in charge. The diary will be published in early numbers of THE CENTURY.

MISCELLANY.

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“WHEN I was young,” says Jules Simon, “we prepared students for life. Now we prepare them for examination.”

—The investigations of Drs. Abbott and McCormick, of the Johns Hopkins University, shows that a solution containing 7 per cent. of acetic acid is more effective as a germicide than bichloride of mercury. — *Med. Times*.

ADMISSION OF WOMEN TO THE BRITISH MEDICAL ASSOCIATION. — In accordance with a resolution passed last year, the British Medical Association has amended its by-laws granting membership to women-physicians or as they are called in England “*lady-medicals*.”

THE value of negative information was well stated by the famous French savant who was once asked by a certain lady an apparently simple question in science. He replied, “Madame, I do not know.” “Well, what is the use of all your scientific education if you cannot tell that?” said she. “Madame, to be able to say I do not know,” he replied. — *Medical Times*.

INFLUENCE OF COLD BATHS UPON THE URINE. — According to Winternitz, the quantity of toxins contained in the urine, in typhoid fever, is increased six or eight times by means of a cold bath, indicating that by the application of cold, in some way, there is an increased elimination of these poisonous matters from the body. This may possibly be connected with the fact that, as has been shown by Winternitz, the application of cold to the part results in an accumulation of leucocytes. — *Medical Review*.

A FOREIGN BODY IN THE EAR FOR THIRTY-NINE YEARS. — A correspondent of the *Medical News* reports the case of a patient who complained of occasional pain in the left ear since childhood. Hearing was almost lost and the canal was filled with a hard substance. With some difficulty a large white bean was removed, with the immediate return of hearing. On questioning the patient it appeared probable that the bean had been in the ear for thirty-nine years.

FOR the tympanites so common in typhoid fever, in which the intestines are so filled with gas as to be a source of danger, Dr. Nealy in the *Sem. Medicale* recommends an enema composed of three fluid ounces of warm water, one ounce of sodium chloride, one and a half fluid ounces of glycerine and thirty drops of oil of turpentine. The administration of the enema is followed by the elimination of a large amount of gas, very much to the relief of the patient. The enema can be repeated as often as necessary. — *Medical Times*.

NOT DESERVING OF RECOGNITION. — “By the way,” said the gentlemanly looking person in the black broadcloth suit, “if you mention my name in connection with the accident you may say that ‘Dr. Swankem was called and the fractured arm was suitably bandaged,’ or something to that effect. Please spell the name correctly. Here’s my card.”

“Thanks,” said the reporter, looking at the card. “You are next door to Dr. Rybold, I believe. Are you acquainted with him?”

“No, sir,” replied Dr. Swankem, stiffly. “We do not recognize Dr. Rybold as a member of the profession. He advertises.” — *Med. Times*.

STUDY OF THE LINES OF FINGERPRINTS. — In a recent publication Dr. Galton, who has made himself famous by his study of the lines of the finger print, reports that after fourteen years the finger prints of certain individuals give the same ridges even under a magnifying glass. He says that the Bengal police are in the habit of taking the print of a single finger in order to identify criminals. — *Medical Review*.

A CASE OF TRAUMATIC HERNIA OF THE LUNG. — E. Massart, of Honfleur, records a case of traumatic hernia of the lung. It occurred in a robust, healthy man, thirty-eight years of age, as the result of a stab wound in the seventh left intercostal space, a little behind the anterior axillary line. The protruding lung formed a swelling in the wound of the size of half a hen's egg; it was smooth, of a rosy color, irreducible, crepitating under the finger, and not altered in size by the movements of respiration. The wound had occurred fourteen hours before seen, and the patient complained of severe pain in the part, and his respiration was short, rapid and embarrassed. The base of the tumor was transfixed with a needle carrying a double strand of catgut, with which it was tied in two pieces. The projecting mass was then cut away and the stump was reduced into the pleural cavity. The external wound was closed, and rigid antiseptic treatment carried out. The man made an excellent recovery, without either pleurisy or pneumonia. — *The Lancet*.

WOUNDS MADE WITHOUT INJURY TO OVERLYING CLOTHING. — In the *Lancet* Mr. Hulke reported the case of a man with a lacerated wound resembling a stab, that had been inflicted without injury to the clothing that covered that part. In the same journal for February 4th, Mr. Sidney Spokes tells of his having been called about ten years ago to see a man who had an incised wound of the scrotum which the right testicle was protruding, the wrinkled skin and contracted dartos closely surrounding the spermatic cord. The man's story was that, having on a pair of corduroy trousers, in one of the pockets of which there was a purse with a metal border and clasp, he had fallen and been trodden on by a cart-horse in such a manner as to force the metallic part of the purse against his genitals. On examining the man's trousers, Mr. Spokes found that not even the pocket was injured, and consequently he doubted the story, but it was substantiated to his satisfaction. Well attested instances of this sort are of important medico-legal significance. — *N. Y. Med. Jour.*

PERSONAL AND NEWS ITEMS.

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WORK was resumed in the pathological laboratory of the College, October 2nd

DR. MARY K. GALE WARREN has removed to No. 25 Highland Avenue, Newtonville.

DR. J. P. SUTHERLAND has removed his office and residence to 295 Commonwealth Avenue.

DR. JAMES R. COCKE has removed to No. 138 Huntington Avenue, Boston. Office hours 12 to 3 and 7 to 8 P. M.

DR. W. A. DEWEY, formerly of San Francisco, has removed to New York City and opened an office at No. 170 West 54th Street.

DR. I. T. TALBOT has removed his office to The Kensington, 685 Boylston Street, Boston. Consultation hours, 8 to 10 A. M., 2 to 4 P. M., Sundays, 9 o'clock.

DR. WINTHROP T. TALBOT has removed his office to 685 Boylston Street. Office hours, 12 to 1 and 4 to 6 P. M., Sundays until 10 P. M.

DR. WILLIAM L. JACKSON has taken an office at 685 Boylston Street, where he may be found between 2 and 4 P. M. He also retains his office in Roxbury, hours, 8 to 9.30 A. M.

DR. F. W. HALSEY is in Chicago, pursuing his studies in his specialty of rectal diseases, at the clinics of Dr. E. H. Pratt. On his return Dr. Halsey will remove his office and residence to 372 Newbury Street.

WANTED. — To purchase a medical practice. In a good location, in or near Boston. Price must be low, and practice must be of value. All communications confidential. Address A. B. C., care Otis Clapp & Co., 10 Park Sq., Boston.

DR. GEO. RHOADES, of Winchendon, Mass., desires to secure a successor to his present practice, which he proposes to leave, for an extended course of study. To this end he solicits correspondence with any well-equipped physician seeking a location.

DR. LUCY APPLETON, having returned from an extended Western trip, with entirely restored health, has resumed the practice of her profession, and has located at 160 West Brookline Street. Her office hours are from 8 to 9 A. M. and 2 to 4 P. M.

DR. H. R. ARNDT is located at San Diego, California, where he is making a specialty of diseases of the lungs. Eastern physicians sending patients to California for climatic advantages, can do no better than to commend them to Dr. Arndt's skilled professional care.

DR. L. H. KIMBALL who has been absent from the city during the summer months, for the purpose of further special work, has returned and opened his office in Woodbury Building, corner of Boylston and Berkeley Streets. Hours, 2 to 4 P. M. Diseases of the eye and ear exclusively.

DR. F. D. STACKPOLE wishes to announce to his patients and friends that he has given up his office at 86 Dudley Street, and after Oct. 1, 1893, he may be found at 24 Kenilworth Street, off Dudley Street, near his former office, between the hours of 8 to 10 A. M. and 1.30 to 3 P. M. Sundays, 9 to 10.30 only.

It is pleasant news to all friends of Boston University School of Medicine to learn that Dr. John A. Rockwell, having followed for several years a course of special studies in the physiological laboratories of Europe, has returned, and will resume his position as Professor of Physiology in the school.

DR. SAMUEL WORCESTER, late of Salem, Mass., formerly Lecturer on Mental and Nervous Diseases in Boston University School of Medicine, announces to his professional friends that he has opened an office in Potomac Block, South Broadway, Los Angeles, California. In addition to the special diseases above mentioned he will attend to general practice, and give careful attention to all patients who may be referred to him for professional care or advice.

NEW YORK, June 21st, 1893.

DR. CARL KOLLER, of Vienna, (now at 32 East 60th Street, New York) through whose discovery Cocaine was first introduced into medicine in 1884, says: "I have used 'Muriate of Cocaine' 'Boehringer' for some time in my practice and have achieved entirely satisfactory results through its physiological action. I found it to be a chemically pure preparation and have never observed any foreign and deleterious effects in its use."

THE following communication from Dr. Jas. R. Cocke is of general and very practical interest to the profession :

138 Huntington Avenue, Boston.

Dear Doctor : — I have for some years given instruction to a number of young men and women in the art of massage. Realizing fully the great importance of this therapeutic measure, I have endeavored to select from among my pupils, those best adapted to give thorough and scientific manipulation. Some of these are trained hospital nurses, others have studied physical culture and anatomy, in addition to massage. I am now prepared to furnish at call, thoroughly good manipulators, and, I believe, morally clean men and women for the work. If you are in need of massage for any of your patients, kindly let me know, and I will furnish you promptly a well-trained operator, at reasonable terms. I have also made arrangements to receive patients, either in hospitals or private families, who require the well-known rest, forced feeding, and massage treatment.

Fraternally yours,

JAMES R. COCKE.

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EDITORIAL.

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“THE CODE” AGAIN.

Dr. Ernest Hart, editor of the famous old *British Medical Journal*, is a skeptic in many matters, as the advocates of the wonders and values of hypnotism will somewhat uncheerfully testify. But on one matter he has lately shown himself a conservative of the conservatives, and that is the worth of the much-disputed Code of Medical Ethics. The entire and very eloquent address lately delivered by Dr. Hart before the Pan-American Medical Congress at Washington, had to do with this matter of the necessity and value of a Code to which physicians should cheerfully submit themselves, and while the speaker had nothing very original in the way of sentiments and suggestions to offer, his words were so graphic and earnest, his convictions so evidently and simply sincere, that his address as a whole commands very thoughtful and respectful consideration from all those who have the highest honor and advancement of the medical profession honestly at heart.

It may as well be said at the outset that the one blot on Dr. Hart's address, is his intolerant attitude on the question of consultations with homœopathists. His remarks on this point savor less of bigotry than of mere unintelligence, as will be seen by the following :

“Let us consider now those restrictions which operate to forbid a medical practitioner to consult with ‘homœopaths,’ and of which the wisdom has been by some disputed. We do

not believe, and we cannot appreciate the medical capacity or fitness to undertake the treatment of disease of those who hold that drugs which given internally will produce certain symptoms of disease, are the appropriate remedies for those maladies. For instance, medicines which produce skin-reddening for erysipelas; leucorrhine for leucorrhœa; syphiline for syphilis. We do not agree that all chronic maladies arise from syphilis, syccosis, or itch, and that medicines act with an intensity proportionate to the infinite diminution of the dose; or that there is any utility in prescribing, in accordance with these principles, say a decillionth of a grain, when we all know that a dose so small, if taken by every being on the globe once a minute would not finish the grain in thousands of years. Nor, again, do we believe that the activity of medicine increases in the ratio of the number of shakes given to the vessel containing it. We hold that we have nothing in common with those who assume to base their practice and theory on this kind of therapeutics. Being well assured that these methods and this theory are absolutely delusive, the negation of reason and the acme of folly, it would be useless, deceptive, and contrary to good faith and the public interest that we should pretend to consult with those who profess them and who take a designation derived from them, and to cover with the respectability of logical science what they are pleased to term their system of treatment. Faith curing, it may be, but in that too we can take no part under false pretences.

But then it is said, What if the physician or surgeon of good standing is only called in by the homœopath to assist in diagnosing the nature, the stage, the complications, or name of the disease? Ought he not to give this help for the patient's sake? The answer is, the physician is a healer; not a reader of riddles nor a conner of conundrums. He is there not to give a name to symptoms or pathological conditions, but to heal the patient; and if he knows that his solution of the riddle is not to be followed by a method of treatment which he considers capable of attaining that result, he would be infamously wrong, and he is always wrong when he gives the cover of his accepted position, of his recognized ability, and of his professional sanction, to what becomes under such circumstances a dangerous farce or a deliberate fraud. The riddle is read, but the patient is none the better.

But it is said, may a regular medical practitioner not be called in to perform a difficult surgical operation? If a surgical operation meant only cutting, sawing, and sewing, it would be a plausible excuse for the surgeon accepting the responsibility of acting as saw-bones to a quack. But there is no surgical

operation which does not in its preliminary stages, and may not in its various phases and sequels, require concomitant medical consideration and treatment, or in which septic, constitutional, or accidental complications may not arise. The surgeon cannot honorably, in the interest of his client, divest himself of the responsibility for the wise and faithful treatment of these as an essential part of his operative interference."

Barring the gratuitous ill-breeding of the phrase "saw-bones to a quack," this would seem to be honestly said, and of conviction. But with what blind stupidity does it repeat old, old errors, into which certainly no fair-minded man need fall to-day, so often and definitely have they been contradicted and refuted. Here is the old, silly, illogical, exasperating assumption that homœopathy means the psora theory, means high attenuations, things that assuredly it does NOT mean, and with which hundreds of homœopathic physicians have "no more in common" than do their rivals, the practitioners of the old school! Dr. Hart's premises being thus unsound, what can one expect of his conclusions? Not until writers on the Code question gain knowledge and fairness enough to state the issues fairly, can homœopaths stoop to pick up the glove of challenge to debate.

But apart from this question of consultation, which is as the poisonous herb touching which even the soundest and sanest thinkers become "lo-coed," as plainmen say, Dr. Hart's utterances are full of clear good sense and high ethical feeling, and will find echo in the thoughts of hundreds of those whom in haste and ignorance he stigmatizes as beyond the pale of professional recognition. We take sincere pleasure in quoting, at some length, his wise and weighty words:

"From the very beginning of their professional life it is impressed upon them, by their teachers, that their profession is a mission and not a trade; a mission involving frequent self-sacrifice and a steadfast regard for interests other than their own. In this, they are greatly helped by the force of precedent, by the example of those around them, and of the leaders whom they most respect. But even these are inadequate. Without the aid of the written as of the unwritten law, even the best of men are apt to decide wrongly in their own favor, on a doubtful question of ethics, and often in matters and cases where

there are settled instructions in the code which would guide them rightly."

"I have used the word quack. It is a word often used now in too restricted a sense. This is Dr. Johnson's definition of a quack: 'A boasted pretender to arts which he does not understand; a vain, boasting pretender to physic, one who proclaims his own medical abilities in public places; an artful, tricking practitioner in physics.' This strikes at the root of the matter, now as then. Observe, here is no distinction between those who have degrees and those who have not. The great lexicographer makes no distinction; neither do I.

"The essential note of the quack is love of advertisement. The public 'places' of Dr. Johnson's time were the coffee-houses; they are now the newspapers. Now what are the ways in which the diplomaed quacks adopt the methods and becomes the imitator, the rival, the accomplice of the undiplomaed? You may know them by their works. They are the gentlemen who put themselves forward to be interviewed, and are the sham Jupiters and willing Mercuries of the newspaper world. They confide to the ubiquitous reporter what is their opinion of the last new bacillus, the last new anti-toxine, or invite reporters to their amphitheatre and hospital ward. All this is only an outcome of the venal desire for advertisement. They are the gentlemen who, if they have the good fortune to attend a prize fighter or a ballet-girl, or the ruler of a State, are not slow to disclose the secrets of the sick-room, and all for the public good."

"Nor can I stay long to discuss the prohibition of open advertisement. The advertisement in the lay press of medical books intended for the profession; the submitting of technical books to review; the public criticism of the treatment of any disease or person; the thousand and one acts, in fact, by which the advertising surgeon or physician seeks to gain the ear and favor of the public by means of notoriety or self proclamation in place of hard honest work, real professional worth, and the judgment of those whose knowledge makes them alone competent to judge. Self-advertisement is the note of the quack. It is as dangerous to the public as hateful to the profession; for it misleads the masses by substituting easily purchased notoriety for merit, and covering by loud talk and bombast and plausible pretences the emptiness of the shallow pretender. It covers also with a pseudo respectability the venal corruption by which whole columns and pages of reading matter of the newspaper are very frequently devoted to quack nostrums and 'treat-

ments' — save the mark — often of the most fantastic, false and dangerous character. It destroys the landmarks of honor and reticence, when in successive numbers of the daily and weekly papers are found the lucubrations of these pests of society, and, along side of them, the interviews, the explanations, and the descriptive narratives put forth for the public good by reputable physicians, *apropos des bottes*, but hardly-veiled self-advertisement."

"Finally, I will say a word or two of what is known as the etiquette of consultation. The patient, it is said, and is said cogently, has the right to determine whom he shall consult, and to change his medical adviser if he desires so to do. No one will dispute that. But like other rights it is limited by the legitimate claims of others, and a medical practitioner may justly object if he shall be, without explanation or courtesy, superseded in attending on a case. In such event, moreover, the superseding practitioner is morally and ethically bound to take due care that the same courtesy and respect, which he individually would expect to receive, be paid to his discarded colleague, not only by himself, but by those who have professionally consulted him."

"The maintenance of a high standard of professional honor, the acceptance, adoption, and enforcement of a detailed code of professional etiquette, the agreement by all and the observance by every individual of the whole range of limitations and restrictions, which are set up by that code, and by the logical deductions from it, — these things are, I contend, demonstrably as valuable to public welfare as for any professional interests concerned or supposed to be concerned."

EDITORIAL NOTES AND COMMENTS.

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HIPPOCRATES AND HAHNEMANN are suggestively, instructively and entertainly compared by Dr. John H. Clarke, in a lecture delivered in the post-graduate course at the London Homœopathic Hospital, and lately published in the *Homœopathic World*. We quote, with necessary but regretted omissions, from the parallel drawn by Dr. Clarke.

HIPPOCRATES AND HAHNEMANN.

"There are two books in the literature of medicine, and two only, which stand out in absolute preëminence over all other medical writings, however excellent these may be. With the

Aphorisms of Hippocrates medical history had its beginning, and with the *Organon* of Hahnemann medical history begins anew. The Father of Medicine sums up in eight books of aphorisms, numbering 422 in all (supposing them all to be authentic), the practical wisdom of his day in the art and science of medicine; and so true is his estimate of what he observed, and so sound his judgment, that his descriptions of diseases and their gravity, and his general rules of treatment have scarcely been bettered by writers who have come after. Hahnemann, in his *Organon*, has likewise chosen the aphoristic form as the vehicle for his teaching. In a series of 294 aphorisms he sets forth the whole duty of the medical man. Hippocrates is more the artist of medicine, who saw clearly and described truly what he saw; Hahnemann is philosopher as well as artist. No less practical than Hippocrates he goes down into the reasons of things in a way it was not possible for Hippocrates to do.

Let me quote, almost at random, a few of the sayings of the Father of Medicine, to illustrate my meaning:—

‘When the disease exists in all its vigor, it is necessary to use the most sparing diet’ (i. 8).

‘Those diseases which are undergoing, or have already undergone the crisis, should neither be disturbed nor altered by medicines, or anything else that may cause excitement, but should be suffered to take their course’ (i. 20).

‘Spontaneous lassitude is the forerunner of disease’ (ii. 5).

‘Diseases arising from repletion are cured by evacuation; and those which proceed from evacuation are cured by repletion; and so in other cases diseases are removed by means which are exactly contrary to the causes’ (ii. 22).

[Here, I may remark, is the genuine sphere of an allopathic principle, which is sound enough provided it is confined to the cases in which it is fairly applicable.]

‘Acute diseases come to the crisis in fourteen days’ (ii. 23).

‘The fourth day is the indicator of the seventh; the eighth is the commencement of the second week. The eleventh day should likewise be attended to, for it is the fourth of the second week; we should also remark the seventeenth day, for it is the

fourth from the fourteenth and the seventh from the eleventh' (ii. 23).

'It is better that a fever should happen after a convulsion than a convulsion after a fever' (ii. 26).

These are sufficient to remind you of the character of this monument of antiquity. The celebrated passage in which the homœopathic idea is stated does not occur in the book of Aphorisms, but in another work attributed to Hippocrates, and, whether really his or not, the book is of undoubted antiquity. Hahnemann quotes it in his *Introduction*. The following is the passage :

'Through likes disease arises, and through likes being made use of diseases are healed in the sick — through vomiting sickness ceases.'

The difference in the tone and the scope of the two works will be apparent if we place side by side the first of the aphorisms of Hippocrates and the first two of those by Hahnemann. There is no more hackneyed quotation in the whole of medical literature than the '*Ars longa, vita brevis*,' which opens the Hippocratic book.

'Life is short ; the art is long ; the occasion is sudden, experience deceptive, and judgment difficult. Nor is it enough that the physician do his duty ; he should also see that the patient and his attendants do theirs, and that external things be well managed.'

Compare with this, true enough, but not very inspiring, estimate of the doctor's difficulties and duties the tone and confidence of Hahnemann's exordium :

'The physician's high and *only* mission is to restore the sick to health — to cure, as it is termed.'

This is his first aphorism, and here is his second ;

'The highest ideal of a cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest, safest, most reliable, and most harmless way, on easily comprehensible principles.'

Between Hahnemann and Hippocrates there is the difference between broad daylight and dim twilight. The difficulties of the doctor's position remain much as Hippocrates described

them, but Hahnemann has brought the fulness of light to bear upon the difficult places and has shown him a way through some of them. He has brought a new life, hope and confidence into the practice of the medical art.

To sum up: Hippocrates' aphorisms may be described as a well-ordered collection of excellent tips; Hahnemann's constitute an organic philosophy of medicine. Hippocrates' work reminds us of isolated fragments of some wonderful statue, whilst Hahnemann's is like the living human organism itself."

A PRICELESS GIFT TO NEUROLOGISTS, and indeed those interested in psychology from any point of view, is the work being carried on quietly, patiently, thoroughly, without self-advertisement, in the Psychological Laboratories of a few leading Universities. The idea of a psychological laboratory is scarcely a quarter of a century old. The first experiment in this line was made at Leipsic, in 1878, in the establishment of a small laboratory for experimentation in mental science by Wilhelm Wundt. Johns Hopkins University, ever a leader in scientific progress, established the first American laboratory of the sort, in 1883. The Harvard laboratory is but two years old, but already its fame has gone abroad, and its students are numerous and fervently enthusiastic.

To "minister to the mind diseased" has been with us, as with our "forbears" of Shakespeare's day, too often a blind groping among laws of which we are almost ignorant. So little is known of the laws governing the finer, more secret, more subtle operations of the human mind, in health, that it is small wonder we have blundered bewilderedly in bringing back to health a mind gone astray by the more subtle and secret paths of disease. Just here the patient, scientific, undogmatic, exact experimenters in psychological laboratories are going to bring us—nay are already bringing us—the fruit of their long, quiet, laborious days, in the form of precise knowledge about these infinitely common, infinitely puzzling and hitherto inexplicable operations of the mind in health. Dr. Herbert Nichols, in his illuminating and fascinating paper on the Harvard Laboratory, in a recent issue of *McClure's Magazine* tells us that,

“a few out of the many problems which have been experimented upon in the Harvard Laboratory during the last year are problems in perception, association, attention, ‘reaction times,’ psycho-physic law, kinesthetics, esthetics, memory, will, and so on, covering nearly the whole range of mental phenomena. The general aim of all the work is very simple. As in the other sciences, it seeks to establish fact after fact, in orderly manner, along the whole line of mental nature; and by unifying these to work ever to a larger knowledge of the whole.”

A few illustrations from Dr. Nichols’ paper, as to the purpose and method of the laboratory work will, we are sure, prove of interest.

AN EFFECT OF ELEMENTARY SENSATIONS ON ONE ANOTHER.

“Here is a lantern throwing a steady light through a large tube. By transparent slides of colored glass or gelatine, the light may be made of any color. At the end of the tube is a box, like a camera. The operator covers his head with a cloth, and observes the color of the light as it shines from the tube through, or on, a tiny hole in the dark box. The size of the hole can be varied by moving slides, worked by micrometer screws so fine that they measure the dimensions of the hole to the four hundredth of an inch.

The first step is to discover the ‘threshold’ of each separate color. That means the smallest-sized hole through which each color can be distinguished. This varies for different colors. But now comes the interesting point. The size of the hole, for any given *color seen*, varies according to the nature of any *sound heard* at the same time. For instance, in order to distinguish a given red, the hole must be larger or smaller, in proportion as the pitch of a musical tone is lower or higher, fainter or stronger.

The above experiment is one in a system of investigations intended to discover the laws by which the simplest sensations modify each other under the simplest conditions. These are laws as fixed as the laws of gravity, and, once determined, we may move on to study the combination of these elements into the higher thought processes.”

JUDGMENTS OF TIME.

“Every woman knows that color has an effect on the apparent size of objects; that of her dress on her figure. It is not as well-known that color affect our judgments of time. Our next experiment examines this matter.

Upon a cylinder, slowly revolving by fine clockwork, strips of different colored cardboard are fastened, and observed through a hole in a screen. The time of each rotation is measured precisely. By observation it is found that the period of rotation *seems* to vary with the colors on the cylinder. By combining colors differently through a long and tedious series of investigations on many people, it is being determined what part this sort of influence plays in mental processes. ‘When things look gay, time seems short.’ Psychology seeks the laws of such happenings.”

“The relation of our science to modern education has long passed from novelty to a recognized principle. A chair of psychology and a chair of pedagogy, side by side and hand in hand, is now the requisite of every institution of advanced learning. ‘To get up more fads? More patent methods?’ It is only the ignorant now who ask these questions. Galton has shown that some men do their thinking in visual pictures — in memories of what they see; others, in memories of what they hear; others, in the memories of their own speaking. There is reason to suspect that the lightning-calculator’s speed is largely due to peculiar ‘image processes’ used in his thinking, and that these could be taught if science could but catch his unconscious secrets. This in time will be done, and is but an instance of innumerable things that are sure to be accomplished. In the face of all present pedagogical fads and blunders we may yet say with confidence, of the mind, the instincts, the emotions, the conduct of man, individual and social, all is lawful; and the laws may be discovered. They are difficult — more difficult than all the physical laws achieved from Ptolemy to Darwin. But they can be scientifically determined and mastered, and modern methods, swift with gathering impetus, shall make of this no lingering matter.”

The interest of every thoughtful physician in such experimentation must be quick and keen ; his obligation to such workers is incalculable.

SALT, as a propylactic and therapeutic agent, in catarrhal and pulmonary diseases has had its advocates for many years. An interesting side-light is thrown upon the question, by a straightforward bit of testimony offered, lately, in that very un-medical magazine, *The Lumberman*. The writer says :

“In Saginaw and Bay counties, Michigan, nearly 2,000,000 barrels of salt are manufactured yearly, and it is made by saw-mill and planing-mill operators. No fuel account enters on the cost, as exhaust steam from the mills is used. The manufacture is a simple process. Wells are bored several hundred feet and the brine pumped out of them into vats. The salt blocks are medium or large size buildings, as the case may be, filled with evaporating vats and bins for the salt. Through these vats steam pipes run, and the heat from them does the work. There is rare life-preserving and life-giving quality in these buildings.

The men who do the work are very healthy and exempt from catarrh and lung diseases. C. W. Grant, a Saginaw Valley pioneer and a close observer, cannot remember during all his years of experience a case of catarrh, consumption, pneumonia, or hardly any other disease among his salt workers. He has seen these men many a time leave the blocks and sit and stand outside in a raw, raking wind, with no bad results. When he has contracted a cold, he takes a sweat in his block, better than a Turkish bath, and comes out as good as new.

“One of the oldest and said to be the ablest physicians in Saginaw says that during his many years of practice he had not known a case of catarrh or consumption among the salt men. Another said that he had never known among these men a case of catarrh or lung disease, either chronic or acute. Moreover, many a case of malaria had been cured in the works.

“One consumptive, who by the way was a physician, pinned his faith to salt. He carried it in a box in his pocket, and many times a day he ate a pinch of it. He fully recovered, and after

death from another disease, a post-mortem disclosed the fact that the cavities in his lungs were thoroughly healed. One other case was related by an old physician of Chicago, now in government employ, who performed a post-mortem on a sailor, and found sound lungs, which at one time had been badly diseased. Years on the salt water had worked a cure.

"These salt blocks are filled with a hot, salty, medicated vapor, and the inmates become thoroughly pickled. The sweat is running from their pores from morning till night, and their skin is white and soft as a babe's. Here they live in these hot, vapory places ten hours every day, and are absolutely exempt from the diseases named above — diseases which are the constant dread of the people outside, and which fill the cemeteries.

"The writer now feels that if he had a serious case of catarrh or incipient lung trouble, he would ask permission of some kind-hearted mill man to sit around in his salt block. He would pull off his shirt and shoes and stockings just as the salt workers do, and paddle around in the salt with them. He would pursue this course of treatment believing that if anything on the face of the earth would work a cure this would."

NEWS FROM THE MELBOURNE HOMŒOPATHIC HOSPITAL, as brought to us in its annual report, is pleasant and gratifying. Melbourne, in common with most English-speaking cities, has suffered severely of late from financial depression. As an inevitable result many subscriptions to the hospital, willingly given in former years, have not been forthcoming, and the income of the institution has been very appreciably lessened in consequence. In spite of this fact, the hospital has this year treated a larger number of patients than ever before, and with a smaller percentage of deaths, a showing in the highest degree creditable to the hospital's financial and clinical management.

LONG-LIVED PEOPLE. — An English investigator has examined the habits of centenarians. They were almost invariably lean people, of spare habit, and of great moderation in eating and drinking. Of thirty-seven, three took no animal food, four took very little, twenty a little, ten a moderate amount, and only one acknowledged taking much meat. With regard to alcohol, the returns are much the same, and abstemiousness is found to be the rule of life with the centenarians. Fifteen had been total abstainers, either during the whole or part of their lives; two took very little alcohol, twenty-two a little, and ten a moderate amount. — *Medical News.*

COMMUNICATIONS.

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A DIATRIBE ON DIPHTHERIA.

BY J. HEDENBERG, M.D., MEDFORD, MASS.

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

Let me ask, what do we believe about it (diphtheria)? Is it a local or a constitutional disease, or both? If both, should we treat it locally exclusively, disregarding the constitutional symptoms, or treat it constitutionally, exclusively, disregarding the local manifestations, or will a mixed local and constitutional treatment give better results? Is there a membranous croup not diphtheritic?

I think I can safely say I have had a large experience in diphtheria, dating from 1855 or 1856, when it prevailed in Albany, N. Y., to such an extent that the epidemic then spreading thence to many other places was designated as "Albany sore throat." Diphtheria had been rare or unknown for nearly a century; its symptoms were unknown, even its name was wholly unfamiliar to the physicians of that time.

In that year, 1856, I reported the first case of and death from diphtheria in Medford. The patient was a child in a large family of children, subject to sore throats (tonsilitis). I was called after a few days of domestic treatment by the mother, a very intelligent woman, and an excellent nurse, who saw that the usual treatment had signally failed, and realized that the child was in great peril. I found a nose and throat full of diphtheritic membrane, named the disease "Albany sore throat" or "diphtheria," and prognosed a speedily fatal termination. The child died within four hours, and the parents were quite convinced that my diagnosis was as correct as the prognosis I was forced to give.

For my ability to diagnose the case I was not indebted to my preceptor, my college "Professor of the Theory and Practice of Medicine," or to any book on the practice of medicine I had then read (diphtheria does not appear in the index to "Watson's Practice of Physic," published in 1850, the leading work on practice of the time, and my college text book.) My indebtedness was to accounts of the epidemic published in the daily papers of Albany and Troy, and more especially to an account of the disease as it appeared in Albany, sent me by Dr. Henry D. Paine, then a prominent homœopathic practitioner of that city, an old and highly esteemed friend. There has been no long interval since, that cases have not come into my hands, and for many years it has been ever present with us; *it has come to stay and is the greatest scourge of our day.*

I do not mean to make an exhaustive study, so shall only allude to points, each of which, for a careful discussion, would require a very lengthy paper.

On the first appearance of the epidemic, the attention of physicians was more particularly turned to the local appearances and the membrane, and it was thought desirable to remove it at all hazards, or destroy it "by fire and sword." Later writers paid more attention to supporting treatment, while not neglecting the local treatment, and one eminent physician said some thirty years ago, or more, that if he were to be limited to one thing in his treatment of diphtheria, he would choose a bottle of whiskey. I believe his head was level here, as it has well proved its power as a *local* and *constitutional* remedy of the first importance.

Coming down to recent times, we find a general consent to the fact that our city sewers and country cesspools have become great culture-beds from which the specific bacillus or poison, the "Klebs-Loeffler" bacillus if you will, finds its way into our houses.

Another point, meeting with an equally general consent, is that though a local manifestation may be the first thing seen, there is already a constitutional infection, in this respect at least resembling syphilis, over and about which there have been so many contentions.

(I was early taught that a prompt destruction of the initial lesion of the latter disease, the chancre would abort the disease. A failure could easily be explained away; "it was not treated (cauterized) early enough." This theory has appeared from time to time, but like many other things we were taught, is, alas, untrue, and is no longer held by the best syphilographers.)

Now, as to diphtheria, we are taught by those most competent to teach, that the specific bacillus of diphtheria does not penetrate deeply into the body and invade the organs (in this differing from the microbes of scarlatina) but works its mischief locally, and then by ptomaines, which are carried into the system, produces the paralytic and other symptoms so often fatal in this disease.

Given a case of diphtheria and a throat full of membrane, what we shall desire to do with, or to the membrane, may depend upon our training and belief in pathology and bacteriology; upon what we have been taught or may have worked out for ourselves.

If I believed it a thing conservative, like a wet woollen blanket to an incipient fire, I should carefully avoid doing anything to it, should wish that it might enlarge all its borders and increase in thickness; but as I believe it a thing destructive, a culture-

bed where bacilli of a specific kind grow and generate ptomaines, which thence pass inward on their deadly mission, and where, during the necrobiotic changes of such a membrane, many kinds of bacteria, as for instance the staphylococcus pyogenes aureus and its kith and kin (the pus-producing bacteria) may find lodgement and get in on their deadly work, I should wish to deodorize it, a thing easily done, to disinfect it a thing not so easily done, (but we can do much in this direction) and finally to aid in its rapid disintegration, dissolution and expulsion. Fortunately we have solvents perfectly harmless and quite efficient. I have for many years used them in faucial, nasal and croupal diphtheria. We first used lime-water or vapor by putting pieces of unslaked lime into a pail of water and filling the room with warm vapor, and I am sure I have seen most beneficial results largely if not solely attributable to this use of it, such as coughing up an inverted Y cast of trachea and right and left primary bronchus. We now use filtered lime water in an atomizer, adding glycerine, carbolic acid and oil of eucalyptol. Pharmacists have introduced many new solvents, but it is very doubtful if there is any better solvent than lime water. Additional virtues are that it is easily obtained, inexpensive, reliable; reliable in a sense not always applicable to the digestive ferments, long kept and sometimes poorly cared for in a pharmacy. To repeat somewhat, I believe that while we should be extremely careful not to injure sound mucous membrane by our manipulations or applications, it is certainly our duty to surround our patient with an atmosphere laden with antiseptic substances not injurious to him and possibly hurtful to the bacillus, to disinfect the throat so as to make him less a centre for disseminating poison to doctors and nurses, and also to prevent, if possibly we may, still further auto-infection.

I yield to none in my devotion to a constitutional and supporting treatment, and long, in common with most of you, for a day which may never come when we shall have efficient and safe germicides, and human skill may find an antidote to those deadly poisons we call ptomaines. I hope that should such things come in my time no preconceived opinions may prevent my being among the first to welcome and to use them. I repeat I yield to none in my devotion to a constitutional and supporting treatment by drugs, food, stimulants, and strict inertia, but should as soon think of keeping in the sick-room, *without disinfection*, the dejecta of a typhoid fever patient, or the rice-water stools of one ill of cholera, or of a surgeon as treating a gangrenous stump by strictly constitutional treatment and leaving the wound undressed, while he administered lachesis or some other drug, as left or right leg was the seat of injury. I

should as soon advise either of these, things hardly to be thought of, as to recommend to a student treating his typical cases of diphtheria, a total abstention from local treatment.

To answer my last query, long before I was a medical student, deaths occurred among my boyhood's playmates from what was called "membranous croup." I do not recollect a single instance in which other children in the same or in any neighboring family died at the same time or soon after, of what would then have been called "malignant sore throat," "putrid sore throat," or "throat distemper," and this at a time when no one feared it, no antiseptics were used and public funerals were always held. Yet as an answer safe to give a student in the present unsettled state of our knowledge, when it is so doubtful whether we have now a "membranous croup" not diphtheritic, I should answer, when in doubt say *no*, and say it boldly. Boards of Health act wisely in requiring all cases of so-called membranous croup to be reported as diphtheria.

A case of what might well have been, and in fact was supposed to be "membranous croup," occurred with fatal result in the city of Medford recently. The infant daughter (2 years 2 months) of a prominent young physician living but four doors from my own residence, was suddenly seized with croupy symptoms; there was laryngeal stenosis, lividity of face and finger tips, supra sternal depression, the breathing abdominal in type; with all these symptoms no membrane was visible in the fauces. Intubation was proposed, but there was some hesitation or delay and it was not done; death came, with (it seemed) unusual rapidity.

To add to the grief of the stricken family was the thought that membranous croup meant diphtheria, with its hurried and private burial, its placard on the house, its isolation from friends, its fumigation, and worse than all the anxiety and fear for the safety of the older children, three in number.

Autopsy — Intense redness, congestion, inflammation of larynx and trachea, no membrane.

Diagnosis — acute laryngitis with œdema glottidis.

In how many of the old time cases of so-called membranous croup would an autopsy have shown the same appearance, the same absence of membrane, and have given as the reason why diphtheria did not spread from such cases, "there was none to spread?"

One point in infantile anatomy we should always bear in mind; the small size of the larynx, that it does not grow in proportion to the child's growth, that its mucous membrane is remarkably succulent, and that but a very moderate amount of swelling is requisite to entirely occlude it. The larynx attains

its growth, as it were, at a bound at the puberic age. These facts I have carefully endeavored to fix in the minds of students, assuring them that delay is not only dangerous, it is deadly.

I have seen a number of cases of tracheotomy in older children in which no membrane was ever seen; they were probably cases of laryngitis. They are good cases and make good statistics for the operator, as they rapidly recover.

The opinions expressed in this paper, often expressed to students in the lecture-room, came to me with added emphasis as I read in the March number of *The Medical Student*, an opinion of one of the Professors in Boston University School of Medicine. The opinion referred to is this. "I do not consider local treatment of any service in cases of diphtheria. It quiets the mind of the patient and his relatives, and that is about all."

From the tenor of the foregoing you will see plainly that I cannot agree with opinion expressed by the learned Professor, but regard it rather as the outcropping of that old-time belief now happily rare, which denied the usefulness of local applications in ophthalmic diseases, in gynæcological work, and especially in skin diseases, and at the same time entertained views as to the etiology of the latter, which are to me a *bête noir*. If the opinion was expressed by the gentleman I believe it was honestly held, but I also believe it was unsound and unsafe. I do not so believe, cannot so teach, and close as I began, with a question, throwing in an anecdote by way of seasoning.

Is there a "missing link," or a link missing between two things, or is one "Chang," the other "Eng.;" the greatest skepticism as to the utility of local applications, and the fullest faith in internal medication, by medicines such as *lac caninum* high, (probably *c. m.* Swan,) which I see named in an article in the *Homœopathic Physician* for February, 1892, as our most valuable remedy for diphtheria. I have other references, but one is *quantum sufficit*.

In the early times in the town of Medford (now a city) (so the legend runs) was a pious parson, who feared God and loved his fellow-men, though there may have been exceptions to the latter statement, so vehement were his expressions when he disagreed with them in their views, religious or political. Reading the Proclamation of the Governor, he read it (and he was a master reader) with the fullest fervor, as a call to assemble in the house of God, for prayer and thanksgiving. Coming to the signature and concluding supplication, he wiped his glasses carefully, held the paper further off, turned, as if to get a better light, and then with an emphasis expressive of his contempt and disgust, ejaculated, "Marcus Morton, Governor?" "God save the Commonwealth of Massachusetts!"

I have something of his feeling when I read, "no local treatment" — "Lac caninum high the best remedy for diphtheria," and feel like adding, "God save the Commonwealth of Massachusetts."

I am well aware that the opinions and observations of one are of little value; if of any value, that value is in proportion to the number of observations, the period covered by the observations, the ability and honesty of the observer.

You have my opinion, it is left with you for valuation.

HOMŒOPATHY IN LARGE DOSES FROM ALLOPATHIC HANDS.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

I am sure the editor and readers of the *GAZETTE* will be pleased to note the results of a prescription, made upon the suggestion of a patient unacquainted with the homœopathic principle, by a physician who had no intention of practising homœopathically. The facts of this case are surprising and suggestive to all medical practitioners, whether allopaths or homœopaths, while the theorizing of the writer reporting them, in his attempt to account for the happy results, is especially amusing to the homœopaths.

But here is the report as given in the *Medical Review*, St. Louis, Sept. 16th.

"HEARING RESTORED BY LARGE DOSES OF QUININE. — J. S. Triplett, M.D., writes in the *Medical News*: The patient, a man of sixty-two years, is very robust, and has always had very good health. About eight years ago he noticed that the hearing in his right ear was steadily growing less acute, until he finally became absolutely deaf in that ear, the hearing in the left ear remaining normal.

Shortly after the deafness developed, both lenses of the eyes became cataractous, the left maturing before the right. Two years ago, in September, the left lens was extracted. All went well until he "caught cold" in the eye, when severe ophthalmitis set in. The pain was so severe that the opiate directed by his physician did not allay it. He told his physician to prescribe for him all the quinine he could stand. The quinine was put into large capsules, and he was directed to take one capsule every four hours; but instead of taking one he took three capsules every four hours. Cinchonism followed, and a "burning sensation" in the extremities, especially the lower, was experienced. The ocular inflammation subsided, but with loss of vision. With the subsidence of the inflammation hearing returned, and has been normal ever since. There was no dis-

charge from either ear, nor was there tinnitus aurium in either. No cause could be assigned for the deafness. The man had never been troubled with catarrh of the naso-pharynx.

In the following March the remaining cataractous lens was extracted. No complication arose, and the man now has good vision in the eye.

It seems that in this case quinine simply reversed its usual *modus operandi*. I suppose there is no practitioner who has not seen deafness of varying degrees, temporary or permanent, caused by large doses of quinine.

It is known that quinine produces congestion of the peripheral sense-organs, and it is probable that the auditory organs were in such a peculiar condition that congestion brought about this happy result.

I think it also probable that, unnoticed, a slight discharge may have escaped during the height of the congestion. I do not know the quantity of quinine taken."

Dr. Triplett had often known deafness and tinnitus aurium induced by quinine, and how could he account for its removal of deafness, as in this case? Rather than admit the plain homœopathic relationship — the like cured by like — he was ready to suggest that "quinine simply reversed its usual *modus operandi*!"

The therapeutic problem was — given a case of deafness, such as quinine in large doses often produces, cured by quinine; upon what principle was the cure effected? The surprise and suggestion to the homœopath, by this case, is in reference to the size of the dose — not the thirtieth, nor the third, nor yet one grain of the pure stuff, but ten or fifteen grains every four hours!

I am sure very few of us, acquainted with the danger of medicinal aggravation by the homœopathic remedy, would have dared to prescribe such doses, and, yet, look at the cure! Is there not danger of erring, sometimes, through fear of a medicinal aggravation, so that our remedy fails to properly arouse the *vis medicatrix naturæ*?

Observing the mention of "burning sensation in the extremities, especially the lower," as one of the striking effects of the large doses of quinine in the case, one is reminded of the homœopathy so unwittingly yet successfully practised by John Brown, of "Brunonian" fame, in cases of the aristocratic gout in Scotland.

If medical men keep their eyes open and their "wits about 'em," they will, some day, learn other things not before dreamed of in their medical philosophy.

A NEW METHOD OF TREATMENT FOR PLACENTA PRÆVIA.

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

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

Design in nature and the wonderful adaptability by which the purposes of nature are accomplished are sources of continual surprise and admiration. We can only rarely accuse her of faulty work, but in placenta prævia her error is most serious. Nature unaided seldom saves the life of either mother or child: and even with efficient aid the maternal mortality until recently has ranged from twenty-five to fifty per cent.; and sixty per cent. for the children. It is a mortality rate higher than that of some of the most serious operations of abdominal surgery, as performed by the ablest surgeons, in most favorable surroundings and with the best of hospital service. It is this dangerous complication which the general practitioner has to meet unaided by such service as his surgical *confrère* can obtain. A distinguished German obstetrician states that he knows of no complication of midwifery which gives him more care and deep anxiety than placenta prævia.

The endometrium hypertrophies as the result of conception and its folds nearly or quite fill the uterine cavity. The impregnated ovum drops into one of them, is lodged, and the villi of the chorion developing permanently in the decidua serotina leads to the formation of the placenta. It has been asserted with some evidence that if the permanent villi of the chorion develop in the decidua reflexa instead of the decidua serotina, the ovum will settle by gravity over the internal os uteri, and that placenta prævia will result. It is far more likely, however, that placenta prævia occurs when the folds of the endometrium are poorly developed, or when the uterine cavity is large so that the impregnated ovum easily drops down over or near the internal os uteri, and then the villi of the chorion become attached. We find ready illustration of this in the fact that placenta prævia occurs far more frequently in multiparæ than in primiparæ and the uterine cavity of the former is much larger. Placenta prævia has been divided into three varieties; the marginal, partial and the complete, which is attached to the entire circumference of the internal os, and is very rare. The more nearly the placenta approaches complete occlusion of the os internum, the earlier in pregnancy is hemorrhage likely to occur and to be severe. Spontaneous hemorrhage is due to disproportionate growth between the uterus and placenta, and the rhythmical contractions of the uterus over the placenta, which is a non-contractile body, causes separation. The chief danger from placenta prævia is hemorrhage before or after delivery, and associated

with it are numerous complications, such as uterine inertia or atony, laceration of the cervix during or after delivery, and sepsis in the puerperal state.

The hemorrhage has been well termed unavoidable, as the child can not be born without some detachment of the placenta and rupture of those large sinuses or reservoirs containing the vital fluid. It is evident that hemorrhage will be in proportion to the amount of placental separation, and to the time the ruptured sinuses and blood vessels remain open. In other words, the least possible separation of the placenta and the prompt closure of the open sinuses are of the utmost importance.

In this connection it is important to remember two facts; first, that hemorrhage very often occurs before labor or even full term, i. e., before uterine contractions are strong enough to grasp the child or to interfere with its mobility; second, that the membranes are intact, and the child is surrounded by liquor amnii, which is in larger proportion at the seventh or eighth month than at full term; a premature child is, therefore, much more movable than one at full term, and the more severe forms of placenta prævia are usually observed in the seventh or eighth month. To emphasize these anatomical conditions once more. The anatomical conditions usually accompanying severe cases of placenta prævia show a remarkable mobility of the child compared with the mobility of the child after labor has begun at full term and the membranes have ruptured.

Hemorrhage is the most dangerous feature of this complication, and even a slight amount of persistent hemorrhage should be controlled, or the consequent anæmia may prove a serious complication. The surgical ligature can not be employed and the open blood vessels must be closed by muscular contraction, nature's ligature, or by an artificial plug, or by both, as in the treatment often employed for marginal placenta prævia with slight hemorrhage, where after the uterine contractions have commenced, the membranes are ruptured to stimulate them further, and a firm cotton tampon is placed in the vagina. This tampon, however, is being discarded, as it is not a sure protection against hemorrhage, and is often the carrier of fatal infection. Barnes' method, which has been used considerably in England, is founded on close imitation of nature and deserves consideration, as it has given better results than the older methods of internal podalic version.

Barnes divided the uterine cavity into zones, the lower one being the dangerous zone of placental attachment. He had observed that any union of the placenta and uterus in this area interfered with both dilatation and retraction of the cervix, retraction of the muscular fibres being necessary to constrict the

blood vessels. He had also observed that when there was complete separation of the placenta from this dangerous zone the cervix retracted and contracted and hemorrhage ceased. Briefly stated, his method of treatment consists in dilating the cervical canal with rubber bags till the finger easily enters, and is then used to separate the placenta within a radius of three inches from the internal os; hemorrhage then ceases and labor is allowed to continue subject to the ordinary rules for interference.

This method is better from a logical than a practical point of view. As a matter of fact, the separation of the placenta to the extent required, is far from easy, and if it remains attached in the dangerous area, by even a mere shred, the cervix will not retract, and hemorrhage will continue; another serious objection is that hemorrhage during the placental separation is severe. My first introduction to placenta prævia was a hospital case of this kind, where complete separation of the placenta was not immediately effected and the woman barely recovered. Her cold, insensible face, her pulseless wrist, her cold, sighing respiration and pallid, sunken features always have warned me of the dangerous character of Barnes' method, which if once attempted must be completed at all hazards.

Podalic version in some form has been the favorite plan of treatment for many years, the child serving as a plug while the operator at the same time has complete control of delivery. The introduction of the forearm within the uterine cavity has proven particularly dangerous, as it causes extensive separation of the placenta, which is dangerous to both mother and child, and there is no small danger of rupturing the cervix, which is unusually friable in placenta prævia. Braxton Hicks studied the subject carefully and made one of the most valuable contributions of the century to obstetrical literature. He found that in placenta prævia version could be accomplished by introducing only two fingers into the uterus, with the aid of the external hand, and Somer, who astonished the obstetrical world by his results, further improved on Hick's method, by insisting on very slow delivery after version was completed and hemorrhage arrested. This method at the present time is universally employed. It has seemed to me there is room for further improvement. The great mobility of the child, the least possible separation of the placenta, and the prompt closure of the sinuses, are factors which admit of further consideration.

My improvement on Hick's method consists in performing version before disturbing the placenta, which is unavoidable with any other method of version. Hemorrhage, traumatism and the danger of sepsis are thus reduced to the minimum.

My method consists in first making a careful diagnosis by abdominal palpation. External rotation of the child is then attempted, and is likely to be successful if the patient is not unusually corpulent, the child small and the liquor amnii abundant, conditions which are the rule rather than the exception at the seventh and eight months of pregnancy.

In full term pregnancies the head is apt to have settled somewhat in the prim of the pelvis, in spite of the placenta being below the head, so that the head impinges on one side of the pelvic brim and is not easily pressed to one side by external pressure. This I overcome by introducing two fingers into the vagina and carefully avoiding the cervical canal, the lower segment of the uterus and its contents are pressed upwards about an inch and a half, so that the presenting head no longer impinges on the pelvic brim, and is easily pressed to one iliac fossa by the external hand which holds it there while the other hand is removed from the vagina and applied to the breech of the child. The breech is pressed down by one hand, the head up with the other hand and version is quickly and easily completed without so far interfering with the placenta.

The artificial plugging of the cervical canal has yet to be accomplished. It is very easily done by the external hand pressing a foot down on the internal os, while two fingers quickly enter at the side of the placenta, or where it is least attached, seize the foot and bring it down into the vagina. Slight traction is now made, merely enough to compress bleeding vessels and arrest the hemorrhage. The case is now under control. There is little or no danger to the mother, and it is very important not to hasten delivery, but to treat the case the same as an ordinary breech presentation. I have employed both external version and the modified form of Hicks' method, in the treatment of placenta with the best of success, and without the loss of more blood than is often seen in ordinary confinements. I have taken the liberty of calling it a new method as so far as I know it has not been described and is original with me. There is nothing about it to cause injury to mother or child or to interfere with the adoption of any other method if it fails. It has yet to stand the test of experience, and though my present experience with it is limited, it has been very satisfactory. It is important to bear in mind that version for placenta prævia is performed under different conditions than during labor, when this method of turning would be likely to fail.

I would offer in conclusion the following suggestions for the treatment of placenta prævia :

1. Terminate pregnancy as soon as placenta prævia is diagnosed. Delay may be followed by a fatal hemorrhage.

2. Do not use vaginal tampons except to check hemorrhage till assistance can be obtained, or in very rare cases when the cervix is long and rigid, and the cervical canal will not admit the finger ; and then with watchful observation.

3. Aseptic precautions are of the utmost importance, as patients anæmic from loss of blood are especially susceptible to septic infection.

4. External version or the abdomino-vaginal method, with or without ether, and bringing down the foot after version is completed, is my first choice in treatment.

5. Hicks' method of version is my second choice.

6. In either method, slow extraction should be the rule.

7. The danger to the mother is so great that respect to the child's life is of secondary consideration.

PLACENTA PRÆVIA: A CASE.

BY AMANDA C. BRAY, M.D., WORCESTER, MASS.

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

Several weeks ago I pondered over what subject I could possibly present at this meeting, as I had had no experience with any illness outside the usual varieties. I had performed no wonderful cures nor made any discovery of new symptoms for the materia medica, and the subject of my paper would seem rather presumptuous, had not fortune (for one could not consider the experience other than fortunate, even though the result was most unfortunate) placed in my way a case which proved to be one of complete placenta prævia, the experience of which will never be forgotten, and impressed upon my mind the tremendous demand made upon one in the medical profession and the need of the most faithful preparation to meet the exigencies of any case.

The patient came to me through the courtesy of Dr. Helen Goodspeed, she being ill at the time ; another instance of the friendliness and fraternal spirit shown me in my first years among you, my fellow-members of this society, and which I shall ever gratefully remember. The history is as follows :

Mrs. C. ; age, 23 ; primipara ; eight months pregnant. Had been in better health since gestation than ever before. On Sunday, July 1st, at 3 A. M. had a slight hemorrhage ; July 4th, at 3 A. M., another ; on the 8th and 15th others, which she described as very slight, sufficient to soil one napkin. The neighbors having alarmed her by telling her that people in her condition never lived through their labors, she sought the advice of a physician.

She had walked to my office that morning, a distance of more

than a mile, and a hard walk from the top of Belmont Hill. I forbade her walking any more or running a sewing-machine, which she had done almost constantly for two months. I told her if the hemorrhages appeared again to send for me at once, to go directly to bed, keep her head low, put a pillow under her hips and keep perfectly quiet.

I heard no more from the case till Thursday, 25th, being in the neighborhood I called in to see how she was getting along. On Monday, in the early morning, she had had another slight hemorrhage followed by another early that morning, but was apparently all right then. She had not gotten out of bed the two days, and was feeling perfectly well only very nervous. I found the os high up, the cervix long, wide and patulous. I could not discover any soft, boggy feel about the vaginal fornix nor any pulsations, and by counter pressure could insert my finger three-quarters of an inch into the canal. By abdominal palpation I felt sure the position was an occipital one. There was no hemorrhage then. I left sabina and ordered her to keep quiet in the bed and send for me whenever hemorrhage showed itself again.

On Wednesday, at noon time, the call came, and I took Dr. Fitch with me to see the case. The hemorrhage had been more profuse than any before, and after careful examination we decided to tampon the vagina, thus controlling hemorrhage and hoping to inaugurate labor. At 9 P. M., they came for me saying that the pains had come on. Dr. Fitch being away, I took Dr. Barton, expecting we would deliver the woman at once. We found the hemorrhage had been controlled by the tampon, pulse good, pains weak, few, and at prolonged intervals. Dilatation was still very slight, and we packed the vagina again, waited about two hours, and everything being favorable, left her till morning.

At 5.15 A. M., I was called, saying the pains were coming again. I took Drs. Barton and Fitch with me, reaching the house shortly after 6. She had rested quietly through the night till half past four when she had begun to have a few pains. She was exceedingly nervous. We gave ether enough to make it easy to introduce the speculum and proceeded to use a Barnes dilator, which it was impossible to introduce more than an inch, and which upon filling would pop out of the cervix like a stopper out of a bottle. We very soon saw that valuable time was being lost, and immediately sent for Dr. Crisand, for there was no one to assist, meantime tamponing the vagina again, for the hemorrhage had begun to be more profuse and her symptoms alarming; extremities cold, vertigo, syncope, pulse feeble. I gave her brandy and water, kept her

head low, and felt that the minutes were hours and help would never come, the only people in the house being her husband and mother-in-law, both of whom were perfectly useless.

A little before nine, all preparations ready, we etherized her, put her on the table, and, upon examination, found the placenta so completely over the os internum that one could not reach the edge in any direction. Dr. Crisand forced a hole in the placenta, tearing it away sufficiently to introduce the forceps, dilatation being about the size of half a dollar, the hemorrhage, meantime, being excessive. The head presenting, the child was as rapidly as possible withdrawn, the rigidity of the cervix and vulva being so great that it took the united effort of four to extract the child.

The woman was put into bed as quickly as possible, hypodermics of brandy and ergot given, hot-water bags and bottles and hot stove covers placed around her, her feet elevated to control the hemorrhage and keep the blood at the heart. She rallied from the ether sufficiently to recognize those about her, and gradually sinking passed away, living about an hour and twenty minutes after the operation.

The lesson to me was this: Don't waste precious time with dilators. Should ever another case present itself, I should deliver the woman at once, no matter how comfortable she might be. An experience which I had with a multipara who, six weeks before the birth of her ninth child, had hemorrhages very similar to this case, and whose child and placenta were born before I could reach the house, though very near me, made me feel less distrustful and apprehensive than I otherwise should feel. And, again, as statistics show that only about 1 in 1,000 cases of confinement are cases of placenta prævia, and I had not nearly reached my one-thousandth case, I felt more secure than ever I shall again.

If the woman had lived, I should always have had my doubts regarding the diagnosis, for since witnessing this case and comparing points in reading, I feel that the saving of one in four must most surely be cases of partial or marginal attachment, for the chance of living must be exceedingly small, where such extreme measures must be taken.

ABORTION.

BY S. MANNING-PERKINS, M.D., LYNN, MASS.

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

When this accident threatens, the first thing to be done is to direct the patient to take the recumbent position at once, and rest completely, mentally and physically. The selection of the

remedy to be given will depend upon the general symptoms of the patient and the stage at which the accident threatens. Sabina, secale or cimicifuga might first be considered, or if the symptoms are very urgent, sulphate of morphia may be required, less frequently viburnum or arnica.

When there is a predisposition to abortion, the woman should receive careful treatment before allowing pregnancy to recur. If the habit is the result of some constitutional disease, such as syphilis, this latter will have to be treated long and carefully before there will be much likelihood of carrying a child to term. In acute diseases, such as pneumonia, affections of the heart, chorea, hysteria, convulsions, etc., little can be done directly to avert a threatened abortion.

If dependent upon abnormal conditions of the uterus itself, such as laceration of the cervix, chronic endometritis, ulceration or misplacements, it is only by curing the disease upon which this tendency depends, that anything can be accomplished.

The general health of the patient is an important factor. An irritable uterus may be dependent on general weakness and debility. In these cases ferrum, arsenicum or china are useful. Cool sitz baths are also beneficial.

There are other causes, of which a better understanding might lead to better preventive treatment. The most important of these, and one too often overlooked, is the unreasonable marital demand made upon pregnant women. Careful inquiry into this abuse has led me to believe that a large percentage of abortions is due to this cause.

Destructive interference, whether by operations or drugs, produces cases which are by far the most dangerous to the patient and the most trying to the doctor. A call to a case of this kind is an unwelcome one to the physician, on account of the unjust suspicion often attaching to it.

Though the result to be obtained (the expulsion of the product of conception) is the same in both cases, yet the treatment of inevitable abortion differs materially from that of labor at term. At term, the uterus becomes a muscular organ of great expulsive power, the cervix is absorbed, and the os dilates with the uterine contractions. When the process of gestation is interrupted previous to the seventh month, the conditions are somewhat different. In abortion during the first month the ovum is usually cast off entire, the only symptom of any consequence being a moderate amount of hemorrhage, which may easily be mistaken for the menstrual flow. These cases seldom come under the care of the physician. In cases occurring later on, when the ovum is further developed, and its attachment to the uterus more intimate, it usually becomes ruptured in passing

the internal os. The embryo escapes, and the placenta and membranes are retained in the uterine cavity. The os contracts, and the partially-developed uterus lacks the expulsive power to overcome the obstruction ; a mass partially or wholly separated from the walls of the uterus, is confined within the cavity, to become the source of anxiety and danger.

In cases at the fourth month (and sometimes at an earlier stage) the expulsion of the fœtus leaves the os sufficiently patulous to allow the introduction of the finger, and the immediate removal of the placenta and membranes. Earlier than this it is not always possible to do so, and one must choose between two courses, either to trust to the expulsive power of the uterus, or to dilate the os and empty the uterus by manual or instrumental means.

The best authorities are about equally divided as to the course to be pursued. Parvin says : " Longer experience has made me less fearful of leaving these cases to nature, and more unwilling to interfere hastily ; the probabilities are that they will end in a few days by the spontaneous expulsion of the contents of the uterus." Churchill, Bedford, Dewees, Thomas, Martin and others favor this course. Other authorities — Simpson, Mundé and Leishman — advise that in cases of incomplete abortion the uterus be emptied at once.

In deciding this matter it seems to me that the condition of the uterus itself should be carefully considered. If the abortion is spontaneous, the uterine tissue in a healthy condition, and hemorrhage slight, by keeping the patient under close observation we may be justified in waiting for nature to complete her work. If, on the other hand, there has been any interference by drugs or manipulation, the danger of delay is greatly increased. When abortion is induced by the action of powerful drugs, hemorrhage is liable to be so great as to endanger the life of the patient. If there has been instrumental interference (unless in the hands of a skilful operator) there is great danger that the uterine tissue may have been injured, making a ready channel for the absorption of septic matter.

If the expectant method of treatment be adopted, it must be borne in mind that decomposition of the retained tissues is liable to take place. When this occurs they should be removed at once, to avoid septic poisoning. If putrefactive changes have already taken place, and we find ourselves called to a case likely to prove serious and possibly fatal, especially if there is reason to think the case one of malpractice, another physician may be called in before doing anything. If it is not convenient to do this, or the case demands immediate action, it is well to begin treatment by obtaining from the patient, in the presence

of a witness, a simple statement that we have done nothing to produce the abortion.

When it becomes necessary to dilate the uterus for the removal of retained placenta or membranes, care should be taken to have all instruments perfectly clean, and to avoid injury to the uterine tissue. For the dilatation, the colpeurynter, together with the internal use of caulophyllum, have proven most satisfactory. By this method two things are accomplished; the uterus is dilated without injury, and hemorrhage is controlled. This being done, the next thing is the complete emptying of the uterine cavity. For this purpose there is no instrument, in my opinion, equal in efficiency to the finger. The direct sense of touch enables one to recognize the location, extent and character of the uterine contents, and to work effectively and rapidly. If the finger cannot reach the fundus, the ovum forceps are a valuable aid. With these the afterbirth may be readily extracted, unless adhesions exist between the placenta and uterus. In that case the curette may be required. When all is removed the patient should have a thorough douche with some antiseptic solution. For this purpose I have used carbolic acid, bromo-chloralum, or when these have not been at hand, boiled water. The safety of the patient depends upon the thoroughness and care with which every portion of decomposing tissue is removed from the uterus without injury to that organ.

A CASE OF PUERPERAL CONVULSIONS.

BY J. H. SHERMAN, M.D., SOUTH BOSTON.

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

On Oct. 8th, 1892, at about four o'clock P. M., was called in consultation with Dr. A. D. Smith to see Mrs. K., aged 23 years, who was eight months pregnant, a primipara. She had been in fair health since conception to within a few weeks of above date, when she complained of pain in her head accompanied by defective vision. She also had swelling of the feet and legs, not excessive, and œdema of the face particularly about the eyes. Dr. Smith first saw the case on the morning of the consultation and learned that the patient had had two convulsions, one at four o'clock and another at seven A. M. The doctor administered jaborandi by the mouth and hydrate of chloral per rectum, also gave ether by inhalation during the convulsions. She had a third convulsion about nine A. M., and another at twelve M., and then an interval of about four hours when she had a very severe one. It was soon after this that I saw her. She lay in a state of stupor, breathing heavily, face livid. I advised immediate delivery if possible. On making a vaginal

examination, found the os closed and a vertex presentation. I commenced rapid dilatation with my finger, insinuating one, then two, and very soon three, at the same time rupturing the membranes. The forceps were then applied, but not without much difficulty. It was very easy to apply the first blade, but when an attempt to apply the second was made it was not so easy a matter, the first blade seemed to occupy all the space there was. It was done, however, without much delay, and the child easily extracted, apparently still-born. A few dashes of cold water upon the face and chest, thrown from the hand, aroused respiratory action, and the child soon told us he was alive. Dr. Smith, on attempting to remove the placenta by expression, found there was another child to be delivered. An examination per vaginam showed it to be a cephalic presentation with the membranes intact. The membranes were ruptured, the forceps applied and the child delivered. There were two placentas which were removed by expression. This second child was also without signs of life on delivery, but became viable after similar treatment to the first.

The patient remained in a state of quiet stupor until about ten P. M., when she had a slight convulsion lasting not over two minutes. She had conscious intervals through the night and spoke to her attendants. Between four and nine o'clock A. M. had five convulsions, then was very restless, constantly moving about, arms and legs continually in motion. Dr. Smith, who was with her most of the time, gave injections of chloral by rectum, as it was difficult to get her to swallow. At about eleven o'clock A. M. she went into a comatose condition. Towards the last there was much rattling in chest with labored respiration, and finally a large quantity of froth was blown from the mouth at each respiration. Died at nine P. M., or about twenty-seven hours after delivery.

It would have added interest to this case could the urine have been tested for albumen, but the urgency for immediate action seemed so imperative that the use of the catheter was not thought of. Now what was gained by immediate and forcible delivery? It evidently was no advantage to the patient, and is it probable that it is of advantage in any case? But there was the chance of saving the offspring, and this was accomplished; which would of itself seem a sufficient justification for the procedure.

FOR diabetes Dujardin-Beaumez recommends seven grains of carb. lith. and two drops of Fowler's solution in a glass of vichy water before breakfast and dinner, sponging the body every morning with warm water, rubbing briskly; plenty of out-door exercise and the usual diabetic diet.. — *Med. Times.*

CHOLERA AND ITS MANAGEMENT.

BY A. J. FRENCH, M.D., LAWRENCE, MASS.

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

The Cholera is on record as having existed in the earliest history of medicine ; but our history only goes back to 1817, when the English in India brought it to the notice of Europeans. But later, in 1829 and 1830, it invaded Persia and Russia and extended over Europe, and first invaded the United States in 1832. The next epidemic started in India. From Calcutta, it prevailed in China, Persia, Russia and Europe, reaching America in 1848, in Boston and New York in 1849. Again in 1864 and 1865, it was carried from Mecca to Egypt, and prevailed through Europe to America. The epidemics have always been most virulent the first year, and have never originated in Europe or America. The last epidemic in 1892, which made its appearance in New York the same year that it passed out of India, proved that it was not conveyed by atmospheric influences, and that it was an infectious disease, a poison that must be conveyed by the person having the disease, or by some material containing the seeds of the disease. The rapidity with which it reached America in 1892, was, of course, owing to the present improved mode of transportation. These last epidemics spread with frightful mortality in Hamburg and other European cities.

The disease led many to believe that it was very contagious and carried by atmospheric influences, and the mystery of the disease, with the ignorance of the people, added greatly to the mortality in the communities where it prevailed. It was not until 1854 that any new light was discovered upon its peculiar character. Then the investigations of Dr. Snow, of England, showed that the disease was carried through water infected with the excreta of cholera patients. This was a great discovery, and furnished the key for further investigations, and brought this frightful disease under the control of the medical profession and robbed it of its terrors. It is now conceded by the best medical authorities, that it cannot be communicated unless the excretions are conveyed into the intestinal tract, which is done by drinking water, or through food taken into the stomach. This being an acknowledged fact, it is not necessary to go over the proofs. Koch and other scientific investigators, have confirmed by scientific discovery that it is the comma bacillus which causes the disease.

Still others, as good authority, disagree with him as to whether the poison is in the comma bacillus, — that Koch's assertion, that it does depend upon the comma bacillus, is far from conclu-

sive. The symptoms that usher in the disease indicate a form of poisoning so manifest, that the chief upholders of the bacillus theory, hesitate and inquire whether, after all, some ptomaine or other alkaloid may not be the specific poison. Drs. Lewis and Cunningham, of the Army Medical School of England, have shown that the bacillus of Koch is constant in the mouth and throat of healthy persons. But Koch rejoins, that his bacillus differs in size and shape. Still these gentlemen were verified by Sir William Aiken and others, that the reaction of staining-fluids proves the precise contrary. Again cholera fluid may be boiled and disinfected to complete extermination of the bacillus, and yet fail to lose its infectious and toxic principle. So that it is evident, that the bacillus of Koch is not *per se* a cause. So we cannot boast of curing cholera, when the principles which should guide the treatment are antagonistic and undecided.

To this day the question is mooted, whether recovery depends upon persistence of the evacuations, or upon suppression. That patients under all kinds of treatment, widely different and antagonistic, recover, is generally acknowledged. In nearly all the cases the remedies prescribed by mouth or enema, are returned unchanged in the vomit or stool, or mingle with the fluids of stomach or bowels. Prior to the last epidemic in England, there were few physicians who did not believe it best to check the premonitory diarrhœa with astringents and opiates, and thought they prevented the development of the stage of collapse. But the theory upon which this practice is based is far from infallible. The whole subject of treatment has been so complicated by immature hypotheses, different individuals seeing the same class of cases under the same circumstances, were so opposite in their theory of treatment, that it seems difficult to form a reliable opinion.

Physicians, after each epidemic, learn that the lessons they taught with so great care and energy are of no real value, — in fact, have a mischievous tendency. Under all these circumstances, we may well ask — What shall be done? Certainly, from the old-school of medicine, as far as medicinal treatment is concerned, we get no light. So it seems a great opportunity is opened for our school whenever and wherever the disease manifest itself, and affords us a chance to demonstrate the principle of our school of medicine, which underlies the successful treatment of all diseases: *similia, similibus curantur*.

I have not time, and have not had experience enough, to suggest any particular line of medicinal treatment, other than that which is in the line of the similars. Be the origin what it may, — miasmatic, ptomainic or meteorologic, — its neurotic charac-

ter is most clear. As far back as the time of Cullen, it was classed in the order neuroses, class spasms. Sir Henry Mac-cormac, who had extended experience in the epidemic of 1834 in Ireland, regarded it as provoked by a lesion of the abdominal sympathetic system. The same opinion was ably corroborated by Charles Lewis, and subsequently upheld by Sedgwick, Johnson, Michael Foster, and many others, — especially by Alexander Harkins.

The influence or manifestations of the disease, in both subjective and objective symptoms, are very marked. The vomiting and frequent stools evidently result either from a paralyzed or a hyperæsthetic system, — two conditions that, apparently antagonistic, are physiologically the same, differing only in degree, depending upon the intensity of the poisoning. The crises, cramps, vertigo, anxiety, spasms, trembling, etc., all point to a neural origin.

The rapid deaths due to the so-called dry cholera, which occur in all epidemics, and with patients who had previously enjoyed good health, can only result from some powerful influence upon certain nerve centres. It is to the sympathetic system that must be referred the depression of the functions of respiration and circulation, which constitutes the gravest factor in cholera. Hence, the importance of antagonism to the sympathetic, affords the key to rational physiological treatment.

In all attacks of cholera, regardless of the stage, the first indications are to stimulate the vaso inhibitory, and antagonize the sympathetic, — especially the solar plexus. The remedies and general treatment to accomplish this, I leave for you to select and use as the symptoms in each case may suggest, — only remember after all, the treatment of maladies is a part of their pathology. The nature, the power of the remedy, and the manifestations which follow its application, are the surest guarantees of the disease.

As we have had in the past so comparatively little control over the disease after it attacks the patient, what seems to me of the greatest importance, is to quarantine — which simply means the detention or arrest of the seed ; without the introduction of the seed, there can be no disease ; without a proper soil for its growth, viz. : filth, moisture and foul air, there can be no disease. Our safety then, lies in killing the seed or excluding it, and rendering the soil unfit for its growth. There is no possible danger of infection, except by personal contact with the germs of the disease itself. So long as people are kept away from this, there is no possible danger of infection. Sanitary science must, with strictly enforced quarantine regulations, protect us from this dreaded disease. First then, if you have a

patient, isolate him as far as possible, give him fresh air, see that he has pure drinking-water, empty the sick-room of all superfluous furniture, carpets, etc., thoroughly disinfect the apartments.

But the chief and most virulent forms of the disease arise from the dejections of those sick with cholera. This central truth must never be lost sight of. Keep the enemy out, and if he is within reach, fight it by every means in our power. Preventative measures may be emphasized in four words: prompt isolation, thorough disinfection. The well should avoid all causes of disturbances of the stomach and intestines. In the stage of reaction, besides meeting the therapeutic indications that may arise, the excretion of excrementitious and poisonous products of tissue changes should be favored by continued administration of water, by mouth in small quantities, if the stomach will retain it, by the continued use of enema of warm salt-water, for the purpose of more rapidly washing out the entire body.

We must be ready to act quickly, efficiently, and be prepared for any emergency. It is hardly necessary to emphasize the importance of rapidity of action, self-possession and calmness, where moments are so precious. I have never witnessed an emergency where promptness, a cool head, and efficiency were so necessary to save the life of a patient.

It is very probable that cholera will soon again visit us for it has always remained, as a rule, two or three years after it has made its appearance. If we should have another warm and moist season, and quarantine regulations are not rigidly enforced, it will, in my judgment, make its appearance in the United States the coming season. What shall we do? Quietly rest in our present imaginary safety? Or shall we bestir ourselves, by quarantine, by cleansing of sewers, streets, alleys, looking after the drainage of our dwellings, in fact, doing everything that relates to the sanitation of the community?

It is now well understood, that the disease is produced by the growth within, from microscopical seeds, and that one of the most hopeful ways of extirpating the disease is to destroy and prevent the diffusion of the seeds.

OPERATIONS UPON THE FACE, WITH NOTES OF FIFTY CONSECUTIVE CASES.

BY A. H. POWERS, M.D. BOSTON.

[*Read before the Boston Surgical and Gynecological Society, June, 1893.*]

Life is made up of trifles. Only once or twice in the average man's life does he have great responsibilities or wonderful pleasures. Life is often marred by some trifle too light to be

weighed or too small to be measured by tape or rule. This is especially true of woman's life, which thus far in the world's history has commonly been hedged about so that, like a plant in the forest, she is more than usually sensitive to public gaze. It is such considerations as these that give importance to any lesion upon the face, and especially since women more than men will seek for relief from the multitude of petty disfigurements by which they are distressed. Much of the operative work upon the face which is and should be done is not necessary for health but is necessary for happiness. The surgeon who operates to remove facial blemishes cannot pose as one who sacrifices health and comfort for the life of his patient, but he may win the lasting esteem and gratitude of many a mental sufferer. As I have intimated this work may not appeal to the highest motives, yet it is as noble to relieve mental suffering as to stop physical pain, nor are these cases rare. They are such as come in every day practice and in all the walks of life, and this is especially shown by the fact that the large proportion of the fifty cases which furnish the basis of this paper were from my dispensary work. But not all the surgical operations on the face are for the removal of blemishes. Grave and even fatal lesions are often found here, fatal if nothing is done. And not the least of the reasons for attempting work of this kind is the success which so commonly, and I had almost said constantly, follow our efforts. Some of the reasons why this success is so uniform will be given later.

The first class of cases demanding our attention is the congenital deformities including hair-lip, *nævi*, etc. The chances for success in this group of cases are excellent, especially since one can choose his own time for operation and the patients are anxious for anything which will promise any hope of improvement in the looks of the child. The scarring is slight and time may almost obliterate the slight scars of infancy and childhood. Scars from injuries such as burns or cuts quite frequently demand our attention. These cases often suffer for years when a few minutes will transform their deformity, and largely if not entirely relieve the disfigurement. About the forehead, especially, we meet with cysts, often congenital, which are disfiguring and very easily removed. Wens are certainly not uncommon lesions and may be removed with slight scarring, so that as a rule patients are anxious for operation. These conditions do not threaten life, but none the less furnish a legitimate field for successful surgical interference. On the other hand epithelioma is always a menace to life, and the face is a very frequent point for its location. The lip, nose and eyelid seem to especially invite this growth, and more rapidly than elsewhere the

destructive process goes on. Sarcoma is not so commonly found, but is more deadly and more rapid in its growth, demanding the promptest removal. Lupus is not a very rare disease, and the face is its point of election in a large per cent. of cases. These diseases I believe are at first local, and prompt and thorough operation will give the best and often the only chance for recovery. Nor are many instruments or costly appliances necessary to the one who attempts this work. The ordinary pocket case will furnish the large majority, if not all the implements for the operation. A scalpel, curette, dressing and artery forceps, silk, needles and a few sponges will be sufficient in most cases, and with boiling water all may be sterilized except the sponges for which carbolic acid is the better agent. Cleanliness is necessary here as elsewhere, and the usual antiseptic measures such as bathing the surface with a two or three per cent solution of carbolic acid or bichloride, 1 to 1000 or 1 to 2000, preceded by ether is a useful and often a necessary measure.

There are some peculiarities in the surgery of the face. One point of especial importance is the abundant hemorrhage from wounds of this region. As you remember, the facial, transverse facial, supra orbital, infra orbital and frontal arteries all nourish the integument and deeper structures of the face. This abundant blood supply is especially useful in preserving the vitality of any flaps that may be needed, though it obscures the field of operations. If the work of the surgeon is about the nose or mouth there is also extra difficulty in administering the anæsthetics, since the cone must be partially or wholly removed while operating, and much ether is necessarily wasted. This prolongs the operation, and it is necessary to have a good supply of the anæsthetic on hand, else the operation may be terminated by the premature return to consciousness of the patient.

The skin is here the thinnest of any portion of the body, and hence delicate work with sharp instruments is demanded. I was taught when a student that stitches should never remain in the face more than two or three days, or scarring would be remarked, and as a matter of fact the tissues here heal very quickly; but I have left the sutures in from five to seven days with no bad results. I have with one or two exceptions used silk for sutures, and think it the best of all material for sutures of the face. In the dressing of cases operated upon, a bandage should encircle the head and compress the tissues, allowing of no cavity beneath the skin, in which blood or serum may accumulate. Many patients object to this bandage but experience has taught me that careful bandaging in this manner is necessary for the best results. I have required more time than I had expected, to give

these ideas in regard to facial operations so I will trespass no farther on your patience except to give a brief history of a few cases, the photographs of which I will show. These are not selected cases, but almost any group from the more than fifty cases would be as interesting.

CASE I. Master T—— was hit on the nose by a ball club and a cyst can now, nine months later, be easily recognized and there has been an enlargement ever since the injury. Cyst removed under ether with an uneventful recovery.

CASE II. Mrs. W—— was badly burned about the face when a child, and was treated for considerable time at the Massachusetts General Hospital before the wound was healed. I am sorry the first negative has been lost so I can only say, that her eye gaped so widely she could not close it even when sleeping, and on her neck and side of chin there were several pockets and one fold of skin which stood out like a large nipple. I do not claim I have made her a handsome woman but both she and her husband have many times thanked me for the marked improvement.

CASE III. Mrs. G——, presents on the right eyebrow a hard growth or tumor which on operation proved to be approaching calcification, and the result is perfect. This patient promised to have the second photograph taken, and today I find she has failed to report thus far.

CASE IV. Mr. C——, presents, as you can see, a typical epithelioma of the lip. He had consulted a surgeon six months before, who had advised dusting it with 2x trituration of arsenicum. He was not told it was cancer or impressed with the gravity of the lesion, and as he was busy he did nothing till he consulted me, when the submaxillary lymphatics were considerably involved. I removed a V shaped piece extending from the median line to a half-inch beyond the angle of the mouth and the lower angle near the border of the inferior maxillary bone. I also removed about a half dozen enlarged glands and healing was prompt and the result is before you. In this operation, as I usually do in operations about the mouth, I used silk worm-gut for stay sutures.

A CASE FOR COUNSEL.*

I present the following résumé of a case of scarlet fever that occurred in a recent epidemic, hoping to call forth some opinions regarding its treatment. The case was somewhat unusual and the sequelæ obstinate and prolonged.

The conditions are as follows : Patient, an adult female, un-

*The author of the following papers would be glad to receive, through the GAZETTE, any suggestions from his *confrères* as to the treatment.

married ; previous health good, history of scarlet fever in early life.

At the time of my first visit, I found the patient suffering with sore throat, frontal headache, pain in back, and restlessness. The skin was dry and hot, fauces congested, tongue slightly coated, and edges red ; temperature, 103.4° , pulse, 120, no rash present. Following day, increased congestion of fauces, tongue red, papillæ enlarged, very slight eruption on chest, other symptoms same as on previous day.

Third day, patient much salivated ; condition remained unchanged several days, at the end of which time symptoms slowly but steadily subsided. No eruption except as noted on second day.

At the end of second week scarlatinal rheumatism developed, but was confined to the upper extremities, and lasted only a few days. Desquamation, which began at the end of the third week, was slight, and continued for three weeks.

As the more severe symptoms subsided, patient was completely prostrated, troubled with sleeplessness, and headaches involving the whole head ; when pain was relieved, head would be very sore and lame. Eyes painful and sensitive to light. Urine decreased in quantity, low specific gravity, no albumen, excess of phosphates, abundance of crystals of triple phosphates.

As convalescence progressed, headaches became more frequent, and finally developed into a constant, dull, heavy ache, accompanied by pain in sacral region and thighs. This condition continued for weeks. During the time there were days when the pain in the head was more severe, accompanied by hot, flushed face. These days of aggravation occurred with no regularity. Remedies had little effect. Heat would at times relieve, at other times aggravate, a result true also of cool applications, and taking food.

Pelvic organs examined with negative results, Frequent and careful urinalyses made. At no time was albumen present. Quantity remained below normal. Eyes examined six months previous to illness, when slight muscular weakness was discovered ; examined three months after scarlet fever developed, with same result. Menstruation has been delayed during course of illness, symptoms aggravated with each recurrence.

Patient has so far convalesced as to attend to regular duties, but the pain in head, back and thigh remains obstinate. During the course of the trouble, several remedies have been given with flattering results when first tried, but relief was temporary only. Stramonium served well in the early course of the disease, but effected no permanent cure. Other remedies that

have been of service for short periods are gelseminum, glonoine, phosphorus, china, cimicifuga and strychnia sulph. Insomnia was relieved with Sulph. Electricity (faradic) gave pleasing results, but failed after a few applications to give the relief sought. This is but a synopsis of the case. The points which I would emphasize are obstinate continuance of the pain in the head, back and thighs, and the failure to reach the seat of the trouble with the remedies I have mentioned.

The case has been an interesting as well as a perplexing one, and I trust may awaken an interest in those who may read this account of it.

SOCIETIES.

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MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of the society was held at the College Building, Tuesday and Wednesday, Oct. 10th and 11th, 1893.

On Tuesday, the meeting was called to order by Dr. E. P. Colby, vice-president, the president, Dr. Alonzo Boothby being confined to his house by indisposition.

Owing to a technicality requiring the meeting to be held upon the second Wednesday of the month, reading of the records and balloting for membership were deferred until the following day.

Dr. J. P. Sutherland moved, and the motion was seconded by Dr. L. A. Phillips, that an expression of sympathy be extended by the Society to its president, Dr. Alonzo Boothby, in his present illness, and regret that he should be unable to attend the meeting. Carried unanimously.

The secretary, Dr. Frank C. Richardson, took occasion to publicly thank Dr. Leslie A. Phillips for his kindness in taking charge of the Bureau of Gynæcology at a very late date, and for the very excellent list of papers he has been able to present.

REPORT OF THE COMMITTEE ON GYNÆCOLOGY.

Leslie A. Phillips, M.D., Chairman.

1. "The Medical and Mechanical Treatment of Displacements of the Uterus," by James R. Cocke, M.D.
2. "Progress of Electro-Therapeutics in Gynæcology," by W. H. White, M.D.
3. "Use of the Faradic Current in Uterine Engorgement," by E. P. Colby, M.D.

4. "Hysterical Convulsions and Laceration of the Cervix," by M. W. Turner, M.D.
5. "Perinæal Lesions," by F. W. Elliott, M.D.
6. "Relation of the Sympathetic Nervous System to Uterine Disorders," by Leslie A. Phillips, M.D.

DISCUSSION.

Dr. Cocke asked, in regard to statements made in Dr. Phillips' paper, if he could find any record of experiments going to prove that the sympathetic nervous system has entire control of nutritious functions, and Dr. Richardson was asked to reply.

Dr. Richardson thought that we are apt to forget the influence upon the nutritive and vaso-motor functions by the higher centres in the cerebro-spinal system. Thought the function of the sympathetic system not well enough understood at present for positive statements concerning it to be in order. We are too apt to speak of the cerebro-spinal and sympathetic systems as two separate entities, forgetting, apparently, that their functions are as inseparably interdependent as their terminal fibres are inextricably mixed.

REPORT OF THE COMMITTEE ON MATERIA MEDICA.

J. M. Barton, M.D., Chairman.

1. "Homœopathic Remedies in Severe Pain," by Conrad Wesselhoeft, M.D.
2. "The Single Homœopathic Remedy in the Treatment of Malaria," by F. W. Patch, M.D.
3. "Homœopathic Materia Medica and Diagnosis," by J. M. Barton, M.D.

The reading of these papers occupied the time until five o'clock, at which hour a collation was served and the session adjourned.

WEDNESDAY, OCT. 11th.

At 9 A. M. the members assembled in the amphitheatre of the Mass. Homœopathic Hospital, and witnessed a most interesting operation for the relief of epilepsy. Trephining was performed by Dr. Winfield S. Smith, a section of bone measuring two and a half inches in diameter being removed.*

Several other interesting surgical cases were shown, and at half past ten the Society adjourned to the College Building, where the meeting was called to order by the vice-president, E. P. Colby, M.D.

*Child made a rapid and uneventful recovery from the operation, seems brighter intellectually, and has had but one convulsion up to date, Oct. 31st.

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

The following physicians were then unanimously elected to membership: W. F. Wesselhoeft, M.D., Boston; Edward R. Utley, M.D., Newton; Emma J. Peasley, M.D., West Somerville; Walter Raleigh Amesbury, M.D., Providence, R. I.

REPORT OF COMMITTEE ON SURGERY.

W. J. Winn, M.D., Chairman.

1. "The Present Status of Drainage," by N. W. Emerson, M.D.
2. "Discussion," by Horace Packard, M.D. and others.
3. "Ovarian Tumors Complicating Pregnancy; with Report of a Case," by Winfield S. Smith, M.D.
4. "Is Erysipelas Curative?" by A. H. Powers, M.D.
5. "The Dangers in Ether Anæsthesia and Their Management," by James Krauss, M.D.

DISCUSSION.

Dr. Horace Packard had been much interested in the very timely paper by Dr. Emerson.

The object of drainage is to prevent the complications resulting in septicæmia. The early experience of surgery was that open wounds healed more readily than closed ones. An interesting illustration of the progress of surgery in this respect may be found in the way in which the savage tribes of Africa are learning from missionaries to care for accidental or inflicted wounds. Having passed the stage of open wound treatment, many have learned to sew up the wounds, but not all have yet mastered the principles of drainage, and, consequently, there is frequently found the inflammatory result one would naturally expect.

The inflammation, which we get in badly managed cases, does not come from fluids pent up in cavities, but from the micro-organisms present in incalculable numbers, the evil effects of which vary according to the varying power of resistance present in different patients. In cases of depressed vitality suppuration occurs, and if no drainage has been provided, absorption takes place, the whole system becomes saturated and we have septicæmia. I, therefore, feel safe in providing drainage in the majority of cases. I firmly believe that the depression consequent upon anæsthesia exercises a great influence on the suppurative process.

My guide in the matter of drainage is this: If large areas have been denuded by tearing up adhesions, and there is much

oozing of bloody serum, it is my custom to use a drainage tube for at least twenty-four hours.

DR. EMERSON. — Dr. Packard seems to have overlooked the object of my paper. The question is not as to the advisability of drainage but as to the best method of effecting it. My opinion as to the efficiency of strips of gauze as a means of drainage has been assailed and I had hoped to have the matter freely discussed. That drainage is frequently if not generally necessary is, I think, conceded.

REPORT OF COMMITTEE ON OPHTHALMOLOGY, OTOLOGY, RHINOLOGY AND LARYNGOLOGY.

S. A. Sylvester, M. D., Chairman.

1. "A Peculiar Case of Dislocated Lens, in a Highly Myopic Subject — Extraction of the Lens and Cure of the Myopia," by J. Howard Payne, M.D.

2. "Fitting Glasses," by August A. Klein, M.D.

3. "Myopia," by G. A. Suffa, M.D.

4. "A Disease, a Symptom, and an Accident," by A. E. Perkins, M.D.

5. "The Human Voice, and Its Relation to Disease," by D. G. Woodvine, M.D.

6. "A Cure of Persistent Headache Dependent on Chronic Middle Ear Suppuration," by H. P. Bellows, M.D.

7. "Chromic Acid in Chronic Enlargement of the Tonsils," by S. A. Sylvester, M.D.

8. "Hay Fever," by Geo. B. Rice, M.D.

Because of lack of time these papers were not discussed.

At 1.30 P. M. Dr. J. R. Warren delivered the oration on "Uncertainties in Medicine," which was followed by the banquet, of which one hundred and twenty-five members partook.

FRANK C. RICHARDSON, *Secretary.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society met at the College Building, Thursday evening, October 5th, 1893, at 7.45 o'clock. The meeting was called to order by the president, Walter Weselhoeft, M.D. Upon a motion of the Secretary, the reading of records of previous meetings was dispensed with.

The following physicians were elected to membership: Duncan McDougall, M.D., of Haverhill; W. O. Mann, M.D., of Westborough; M. Sylvia McQuitty, M.D., and Willis M. Townsend, M.D., of Boston.

The following names were proposed for membership: Charles

A. Eastman, M.D., of East Milton; Ida F. Barnes, M.D., Homœopathic Dispensary, and Lucy A. Kirk, M.D., of Dorchester.

SCIENTIFIC SESSION.

Dr. W. T. Talbot presented specimens of lung, duodenum, and kidney, which he had removed in an autopsy the day preceding.

SECTION OF ELECTRO-THERAPEUTICS.

W. L. Jackson, M.D., Chairman; Walter A. White, M.D., Secretary; Helen S. Childs, M.D., Treasurer.

Introductory remarks were made by the chairman, Dr. W. L. Jackson.

“Electricity in Various forms of Dysmenorrhœa,” was the title of a paper presented by Eliza B. Cahill, M.D.

Dr. C. E. Gary read a paper on “Electricity in Chronic Metritis.

“The Use of Static Electricity in Neurasthenia,” was the subject of an able paper by W. L. Jackson, M.D.

Walter A. White, M.D., presented a paper upon “The Treatment of Insomnia by Electricity.”

Dr. E. A. Bruce read extracts from a paper entitled “Apostli and His Methods.”

DISCUSSION.

The discussion was opened by Edward P. Colby, M.D., who spoke substantially as follows :

“I speak as the neurologist, not as the electrician, yet I am frequently called upon to use electricity as an adjuvant in the treatment of disease. In the treatment of neurasthenia I believe in the use of the static current, which I believe to have greater power of penetrating the tissues than I once thought.

With the skin and clothing as it ordinarily is, it does not have the opportunity to fly to the surface as it would on a glazed substance. The penetrating power is well illustrated as we approach nerve trunks and motor points. By the use of the static current we have an opportunity of stimulating the deep terminal twigs of the nerves. In neurasthenia there is over-excitability of the central nerve-cells. In order for electricity to be effective in the treatment of pain, we must produce a partial or temporary paresis by peripheral over-excitement. In neurasthenia, when the motor centres are affected, we can fatigue individual muscles while the general system is unaffected, also induce discharges of sensory impulses. In treatment of dyspepsia in neurasthenia, nothing compares with the relief afforded by drawing smart sparks from the abdominal wall.

In the treatment of tri-facial neuralgia I feel so confident when using this form of electrical treatment, that, if the condition is not shortly relieved, I conclude that the pathological process is further back than the nerve trunk which we are reaching.

Static electricity can be employed as a stimulant to the spleen and liver. I have also used it for the reduction of the enlarged thyroid in exophthalmic göitre."

Drs. Sherman, Hornby, I. T. Talbot and Tompkins, followed in the discussion.

The meeting adjourned at ten o'clock.

J. EMMONS BRIGGS, M.D., *Secretary.*

NEW JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of New Jersey State Homœopathic Medical Society was held Sept. 26th and 27th at Hotel Brighton, Atlantic City.

The attendance was above the average, the papers of a practical character and the discussions instructive.

The following papers were read and discussed: "Hemorrhoids," R. Y. Lacey, M.D.; "Pulmonary Congestion and Phthisis," George M. Ockford, M.D., Ridgewood; "Frequent Feeding," G. W. H. Calver, M.D., Columbus; "Symposium on Treatment of Chronic Hypertrophy of Tonsils," arranged by C. H. Hubbard, M.D., Millville; "The Spirometer, What it is and What it is not," E. R. Snader, M.D., Philadelphia, Pa.; "A Case of Insanity," J. Y. Greenleaf, M.D., Oswego, N.Y.; "Appendicitis," N. B. Van Tenney, M.D., Philadelphia, Pa.; "The Sanitary Relations of Typhoid Fever," Pemberton Dudley, M.D., Philadelphia, Pa.; "Food and Water in their Relation to Sanitary Science," F. A. Gile, M.D., East Orange; "Some Causes of Disease," George M. Ockford, M.D.; Ridgewood; "An Abdominal Tumor," G. M. Howard, M.D., Camden.

On the evening of the 26th the President, Dr. A. W. Baily, of Atlantic City, tendered the society a banquet at Hotel Brighton.

Covers were laid for fifty. The toasts under the direction of Dr. E. M. Howard were an enjoyable post-prandial feature.

Among the guests were Dr. J. Y. Greenleaf, Oswego, N. Y., Dr. Daniel Yoder, Catasauqua, Pa., Drs. Dudley, B. W. James, Snader, Van Tenney and Smedley, of Philadelphia, who did much to add to the success of the meeting.

The society adjourned to meet at Trenton the first Tuesday in May, 1894.

F. P. MCKINSTRY, M.D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

—:o:—

ANATOMY : DESCRIPTIVE AND SURGICAL. By Henry Gray, F.R.S. Edited by T. Pickering Pick, F.R.C.S. A new American from the thirteenth London edition. In one imperial octavo volume of 1100 pages, with 635 engravings on wood. Price of edition in colors, cloth, \$7.00, leather, \$8.00. Price of edition in black, cloth, \$6.00, leather, \$7.00. Phila. : Lea Brothers & Co. 1893.

The light-minded reviewer might say truly, if frivolously, that generations of students have grown Gray, since first this famous text-book was given to the world. To master Gray, is still synonymous, to the student world, with mastering all necessary pathways through that "Valley of Dry Bones" through which the tyro in medicine must travel to the promised land of the diploma. For upwards of a quarter of century the work has been the central authority in its chosen field, nor is it likely to cede that position while, as now, it is frequently receiving thorough and competent revision. In every new edition one notes, with satisfaction, correction of errors which marred former ones, and thus the fine old text-book moves, with assured pace, along the high road to perfection.

In the present edition many additions of note and merit have been made to the illustrations, and those of the female generative organs have, in especial, made appreciable gains in accuracy.

We are hardly prepared to pronounce the omission from this edition of the honored old "Holden's Landmarks" a change for the better. The incorporation of their substance into the text of the work, strikes us rather a sacrifice of the convenient to the classic.

Old friends and new will welcome this old friend in its new dress. It is good wine of fact ; it needs no critical bush.

A DICTIONARY OF MEDICAL SCIENCE. By Robley Dunglison, M.D., LL.D. Revised by Richard J. Dunglison, A. M., M.D. Phila. : Lea Bros. & Co. 1893. 1181 pp.

A twenty-first edition spells success. With his first scalpel, with his first vial of medicine, the student has, these many years, armed himself with Dunglison's Medical Dictionary, and with it, has looked, justly enough, upon himself as well equipped for the wordy side of medical warfare. Assuredly this new edition, corrected, amplified, published in the best fashion of the book-maker's art, will do not less honorable service for students of to-day and to-morrow.

The additions to the work, since the last edition, have been

more than considerable ; embracing, as they do, more than *forty-four thousand* subjects and terms. It will be readily seen that only the most rigid excision and condensation could, under these circumstances, have kept the volume down to its present reasonable and convenient bulk. That nothing of essential importance has been dispensed with, speaks volumes for the editor's judgment and executive ability. As has always been the case, the definitions are full, graphic and succinct. More attention has been paid, than formerly, to derivations ; which, as the editor justly says, "furnish the greatest possible aid to the recollection of meanings."

Pronunciation is now, for the first time, introduced into this dictionary. It cannot be said that it is altogether successfully introduced. We are told, somewhat arbitrarily, that among confessedly varying pronunciations, "the best usage" is here indicated. Apparently by this is meant the best usage, in the single judgment of the editor ; since no guiding rule or underlying principle whatever is hinted at, or, indeed, has been followed ; thus "quinine" is given its simple English pronunciation, "kwine;" while enuresis, is given the somewhat far-fetched elegance of being pronounced "enurásis;" a mongrel pronunciation, at best, giving Continental sound to one vowel, while retaining the English sound of the other. Many other instances of "usages" which are not the "best," in the opinion of other wise makers of dictionaries might be quoted. It is to be regretted that a single system of pronunciation could not have been explained, in the beginning, and consistently followed throughout.

But this is but a minor blemish on a great and classical work ; which, from this admirable new edition takes fresh lease of successful life.

A MANUAL OF MEDICAL TREATMENT OR CLINICAL THERAPEUTICS. By I. Burney Yeo, M.D., F. R. C. P. In two volumes. Phila. : Lea Bros. & Co. 1893.

The publication of an exhaustive treatise on the most important of medical themes, — clinical treatment, — in two small and easily manageable volumes, instead of one bulky and cumbersome one, is an agreeable departure from custom, especially as the difference to the purse thereby involved, is not considerable. Moreover the favorable impression made by the outside view of Dr. Yeo's work is not lessened on inquiring within. The preface, brief and cogently written, has not a few reflections which commend its author's good sense to physicians, not only of his own, but of all schools ; as, for instance : —

"The following pages are not intended for rapid reference :

on the contrary, they ask for thoughtful consideration. Nothing could be more alien to rational therapeutics than the treatment of disease by rapid reference. It is not in this way that rational indications for the treatment of disease are arrived at; any more than are the data for accurate diagnosis."

Or again:—

"A word of caution may not here be out of place, with regard to the modern tendency to adopt new remedies, some of them potent chemical agents, merely on the recommendation of their manufacturers. Serious consequences have resulted from this unwise haste to employ drugs of which we cannot be said to possess any accurate knowledge."

Dr. Yoe has made up his work with the idea of "approaching therapeutics from the side of the disease, rather than from that of the drug." His teaching, therapeutically speaking, is commendably conservative; as may be judged from the following quotation from his remarks on the treatment of malaria:—"It follows that a large quantity of quinine is not needed to produce its toxic effect on the invading parasite. All that is required is a solution of sufficient strength to inhibit the growth of the organisms, when they will become the prey of the phagocytes. It is thus that quinine comes, as it were, to the aid of the natural physiological protective function of the phagocytes in the blood. We have always protested against the administration of large, toxic doses of quinine, much of which, when given in the solid form, probably passes out of the body unabsorbed."

Dr. Yeo's pathology is thoroughly up to date, and takes into account all the most modern results of bacteriological research. His adjuvant treatment is ample, detailed and suggestive. Practical, direct, sensible, his work is destined to become a favorite counsellor among those sharing his therapeutic views, and it contains not a little worth reckoning with, for those of other opinions.

A TEXT-BOOK OF OPHTHALMOLOGY. By Wm. F. Norris, A.M., M.D., and Chas. A. Oliver, A.M., M.D. Phila.: Lea Bros. & Co. 1893. 641 pp.

The material of this work is drawn not only from extensive reading but from a wide clinical experience. It is, therefore, not only didactic, but practical, and to a commendable degree, original. It is exhaustive in character, beginning, as it does, with a chapter on the embryology of the visual apparatus, passing through chapters on its macroscopic and microscopic anatomy and physiology, and on tests for determining all forms of optical lesion, to detailed consideration of all diseases of the eye, their pathology and treatment. Surgical procedures for the

relief of eye-troubles are also given full consideration. An appendix gives several pages of test-types. The style is eminently readable. There is little doubt that the text-book will take its place with the classics on its chosen subject. The illustrations, many of them colored ones, are carefully prepared and exceedingly helpful.

The Century Co. has bought well nigh the complete literary "out-put" of Mark Twain during his year of residence abroad, and THE CENTURY will have serial stories by this popular humorist among the attractions of the new year. For THE CENTURY he has written a novel which is said to abound with humorous and dramatic incident, and in some chapters to be a revelation of tragic power. Its plot includes a most ingenious employment of science in the detection of crime. It is called "Pudd'n'head Wilson," and like "Huckleberry Finn" and "Tom Sawyer" is a story of a Mississippi steamboat town. New York: The Century Co.

Among the noteworthy papers in the November issue of the POPULAR SCIENCE MONTHLY are: "LaPlace's Plan for Perpetual Moonlight," by Daniel Kirkwood; "Electricity at the World's Fair," II, by C. M. Lungren; "The Scientific Method with Children," by Henry Lincoln Clapp; "Immaterial Science," by E. S. Moser; and "Vegetable Diet," by Lady Walb-Paget. New York: D. Appleton & Co.

The complete novel in the November number of LIPPINCOTT'S is "An Unsatisfactory Lover," by Mrs. Hungerford (The Duchess). The ninth in the series of Lippincott's notable stories is "The Rustlers," by Alice MacGowan. It is a powerful tale of the panhandle of Texas. The Athletic Series is continued in an article on "Golf," by John Gilmer Speed. Lewis M. Haupt tells of "Progress in Local Transportation," and Wilton Tournier tells "Why the Body Should Be Cultivated." M. Crofton continues his series of "Men of the Day" with a brief sketch of Attorney-General Olney. The poetry of the number is supplied by Hjalmar Hjorth Boyesen, Bliss Carman and others. Phila.: J. B. Lippincott Co.

MISCELLANY.

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PROFESSOR G. A. SACHARJIN, one of the greatest doctors of the Russian Empire, living in Moscow, was recently called to visit Mme. Tereschtschenko, wife of a rich landed proprietor in the Skwira district. In addition to all expenses he received about \$7,000 for his advice and aid. An assistant who accompanied his chief left the country place the richer by \$1,000. M. Tereschtschenko, however, will not miss the money. He hired a special train later to get the medicines ordered by the professor in Kieff. — *Med. Times.*

CHLOROFORM AS A HEMOSTATIC. — A writer in the *Med. Press* recommends the use of chloroform as a general hemostatic. Applied on lint or absorbent cotton to the bleeding surface, it promptly stays the flow, acts as a direct stimulant to the patient, and leaves no blood crust to fall off and recommence the bleeding.

A FRENCH writer reports that in treating a case of cracked nipple with one in fifty solution of hydrochlorate of cocaine, he found that the secretion of milk was stopped by the application. The breasts became flaccid, and the nipples lost their erectility. The functional activity of the breast was restored on discontinuing the use of cocaine. — *Brit. Med. Jour.*

DOUBLE OVARIOTOMY WITHOUT CHLOROFORM. — M. Largeau states that he has made a double ovariectomy successfully by securing local anæsthesia on the line of the incision by means of a spray of chloride of ethyle. A cardiac lesion in this case contraindicated chloroform. The author has used the same method in other abdominal cases, but he only desires to point out that anæsthesia is possible without chloroform, where the latter would be dangerous.

The Northwestern Lancet offers a new explanation of the sudden drowning of good swimmers, hitherto attributed to cramp. There is nothing in a cramp in a leg to prevent an ordinary swimmer supporting himself in the water by his hands, or on his back, nor to cause him to throw up his hands and sink once for all like a stone. The cause is attributed to perforation of the ear drum, through which the access of water-pressure occasions vertigo and unconsciousness; and a practical caution results, to persons having such perforation, to protect their ears with a stopper of cotton when bathing.

THE INOCULATED.

First they pumped him full of virus from some mediocre cow,
Lest the small pox might assail him, and leave pit-marks on his brow;
Then one day a bulldog bit him — he was gunning down at Quogue —
And they filled his veins in Paris with an extract of mad dog;
Then he caught tuberculosis, so they took him to Berlin
And injected half a gallon of baccilli into him.
Well, his friends were all delighted at the quickness of the cure,
Till he caught the typhoid fever; and speedy death was sure;
Then the doctors with some sewage did inoculate a hen,
And injected half its gastric juice into his abdomen;
But as soon as he recovered, as, of course, he had to do,
There came along a rattlesnake and bit his thumb in two.
Once again his veins were opened to receive about a gill
Of some serpentine solution with the vemon in it still.
To prepare him for a voyage in an Asiatic sea,
New blood was pumped into him from a lep'rous old Chinee;
Soon his appetite had vanished and he could not eat at all,
So the virus of dyspepsia was injected in the fall;
But the blood was so diluted by the remedies he'd taken,
That one day he laid him down and died, and never did awaken;
With the Brown-Sequard elixir tho' they tried resuscitation,
He never showed a symptom of reviving animation;
Yet his doctor still could save him, he persistently maintains,
If he only could inject a little life into his veins. — *Independent.*

MEMORIZING DOSES. — The following rules, with their exceptions, were formulated by Prof. G. A. Wiggins: 1. The dose of all infusions is one to two ounces, except infusion of digitalis, which is two to four drachms. 2. All poisonous tinctures, five to twenty minims, except tincture of aconite, which is one to five minims. 3. All wines from one-half to one fluid drachm, except wine of opium, which is five to fifteen minims. 4. All poisonous solid extracts, one-half grain, except calabar bean, which is one-sixteenth to one-fourth grain. 5. All dilute acids, five to twenty minims, except dilute hydrocyanic acid, which is two to eight minims. 6. All aquæ from one to two ounces, except aqua lauro-cerasi and aqua ammoniæ, the dose of which is ten to thirty minims. 7. All medicated syrups, one drachm. 8. All mixtures, one-half to one fluid ounce. 9. All spirits, one-half to one fluid drachm. 10. All essential oils, one to five minims. — *Pharmaceutical Record.*

PERSONAL AND NEWS ITEMS.

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DR. RHODA A. LAWRENCE has removed her office from 2 Commonwealth Ave. to Woodbury building, 229 Berkeley Street. Office hours: 10 A.M. to 1 P.M.

DR. WILL W. NUTTING has removed from Lowell to 20 Hancock, Boston. Office hours: 10 to 11 A.M., 1 to 4 and 6.30 to 8 P.M.

DR. MARY F. CUSHMAN, Class of '92, B. U. S. of M., has located at Castine, Maine.

DR. GEORGE N. TOWLE, Class of '90, B. U. S. of M., has removed from Barre, Mass., to Bucksport, Maine.

IN our last issue, a wrong number was inadvertently given, as that of Dr. F. W. Halsey's new residence and office; which is, correctly given, 272 Newbury Street, instead of, as printed, 372.

DR. L. A. PHILLIPS, having returned from Chicago, where he spent much of the summer in studying orificial surgery with the best clinical advantages, has resumed practice and is employing the methods studied with enthusiastic faith in their efficacy.

THE paper on "Early Care of the Infant," read before the Massachusetts Homœopathic Medical Society, by Dr. J. H. Sherman, was, when printed in the last issue of the GAZETTE, by inadvertence credited to Dr. Anna B. Taylor. The paper actually read by Dr. Taylor, will appear in an early issue of the GAZETTE.

AT the 42d semi-annual meeting of the New York State Homœopathic Medical Society, Oct. 4, 1892, it was unanimously

Resolved, That all educated physicians should have the fullest possible knowledge of drug action, without distinction of school or creed, and that this instruction should be comprised in the curriculum of every medical college.

Resolved, Until all students are so taught it is manifestly unfair to require by law of candidates for licensure an examination in materia medica and therapeutics other than in accordance with the tenets of the school to which they belong.

Resolved, While we strongly urge upon all homœopathic colleges the necessity of giving to students the broadest and most liberal education, until the other schools of medicine shall so fully and completely teach materia medica and therapeutics we cannot submit our students to unjust discrimination in state medical examination.

Resolved, That we cordially endorse the present system of licensure, and are opposed to any modification of it.

Resolved, That a copy of these resolutions be sent to each homœopathic college, to each homœopathic journal, to our Board of Medical Examiners and to the Regents.

JOHN L. MOFFAT, M.D., *Secretary*, Brooklyn, N. Y., Oct. 22, 1893.

THE NATIONAL SOCIETY OF ELECTRO-THERAPEUTICS held its first annual meeting in Berkeley Lyceum, New York City, on Sept. 28 and 29. The proceedings were opened with prayer by the Rev. Mr. Campbell, of the Lexington Avenue Baptist Church, after which the President, William Harvey King, M.D., of New York City, read his address, an able paper. Papers were read by eminent physicians and specialists throughout the country, and the attendance was large. The officers elected for the ensuing year are: President, William Harvey King, M.D., of New York (re-elected); Vice-Presidents, William L. Jackson, M.D., of Boston, and Frank E. Caldwell, M. D., of Brooklyn; Treasurer, F. A. Gardner, M.D., of Washington, D.C.; Secretary, William H. Bleeker, M.D., of Brooklyn, N. Y.; members of the Executive Committee, Walter H. White, M.D. and A. J. Baker Flint, M.D., of Boston. The proceedings throughout were harmonious. The society adjourned to meet next September in New York City.

[Signed]

WM. H. BLEECKER, M.D., *Secretary*.

"DISEASES OF CHILDREN; THEIR HOMŒOPATHIC TREATMENT" is the announced title of a book now in process of preparation by Dr. C. E. Fisher and his associates on the staff of the *Medical Century*. With characteristic energy Dr. Fisher is pushing forward the work and now expects to have the book completed and ready for distribution in January next. The work will undoubtedly be cordially welcomed.

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.

EDITORIAL.

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A CONCLUSIVE EXPERIMENT.

An experiment immensely worth trying is outlined and ably illustrated by Dr. Cocke, in his paper published in our present issue. To ascertain so far as possible in what respects old school practice marches with new-school practice, and in what respects it differs from new-school practice, is to lay the first of the foundation-stones on which alone any rational good understanding between the schools can be built. There are many thoughtful and earnest physicians, — and we are glad to believe their number is increasing — who hope, for the dignity of the profession, for the strength there is in union and the inspiration there is in mutual helpfulness, for the shame and piteousness there is in the sight of the noblest of professions divided against itself, to yet see the gulf between the old school and the new bridged by mutual comprehension, tolerance and respect.

If this is ever to be, the old school and the new must first of all understand each other. They must find what, if anything, they have in common. Hitherto the fact that they unquestionably do have much in common, if not in theory yet in every-day habits of practice, has been not a bond of union, but a bone of contention. “Hypocrite” and “traitor” have been among the gentlest terms applied by the old-school practitioner to his homœopathic *confrère*, when the latter was known to employ any medicinal agent according to any other than the homœopathic law ; when he employed an emetic, a cathartic, a sedative,

these being actively demanded. "Thief" was the friendly characterization employed by the homœopathist, when the old-school physician chronicled his "discovery" of the usefulness of some drug employed under the rule of *similia* in its strictest interpretation.

It seems time that such coarsely puerile methods were abandoned; that the methods employed in common by the schools should be not only frankly but cordially recognized for what they are: a common meeting-ground, a bridge to a better mutual understanding. From this standpoint it is most interesting, it is most significant to trace, as Dr. Cocke has so painstakingly and admirably done, the frequent employment by the old school of drugs administered not only distinctively under the homœopathic law, but in homœopathic doses. To find many and important drugs thus used in about seven per cent. of all old-school prescriptions, is a demonstration of fact worth pondering upon. And it is a significant fact. It is not an angry or a contemptuous accusation; it is a calm and plain statement, which every thinking practitioner of the old school is asked to strictly verify for himself, and honestly meditate upon. Thus looked at, what does it mean? Obviously this: that the sole difference of relation of the so-called old school and new school toward the law of *similia*, is that the former do not openly and definitely recognize its existence as a law, and in practice employ it in but a small per cent. of cases; the latter do openly and definitely recognize its existence as a law; and employ it in the great majority of cases. It is not — what fair-minded reasoner could claim it! — that old-school practitioners never practise under the rule of similars, and, therefore, may consistently scorn and condemn those who do, as worshippers of a chimera. On the contrary, they chronicle many brilliant recoveries made under it, in its strictest application. It should not be claimed on the other hand, that the new-school practitioners never employ drugs under other rules than that of *similia*. They do; they have every right to do so; they thereby prove themselves true physicians and not mad dogmatists. They soothe the pangs of the incurably ill with merciful opiates; they make use of all reasonable adjuvants that can hasten a safe re-

covery. Let us recognize both these facts, and weigh them at their value; then let us hush, for a moment, the ill-bred, fruitless, coarse and purposeless clamor of the wild partisans and dogmatists of both schools, while the thoughtful, scientific, right-hearted homœopathist speaks to the thoughtful, scientific, right-hearted allopathist thus:—

—When shall we work together, as fellow-soldiers in a hard, hard fight? When shall we bury old misunderstandings and bigotries and malice, and look forward and not back, and see things in the daylight of to-day?

—We practise under the law of similars in the great majority of the cases that we treat. You have not discovered, yet, how many cases of disease that law beneficently covers; but you have discovered, and you constantly utilize that discovery, that in a few cases it *is* beneficently operative, and brings safe and speedy cure. Let us stand together, shoulder to shoulder; we recognized by you as therapeutic specialists; reporting in your societies homœopathic cures in cases whose diagnoses you are at liberty to vigorously question and verify; treating in public hospitals according to the homœopathic law, cases whose course you are at liberty to follow. Let us try to convince you of the wider applicability of a law whose value you, to a limited extent, already practically approve and daily demonstrate. In return, teach us what and all you can of the discoveries in the fields in which you are so nobly and fruitfully laboring: bacteriology, surgery, general hygiene. Let us both remember that all medical methods which may aid diseased humanity are the common right and property of all conscientious physicians, and no school can preëempt them by a patent-right which makes thievery of their adoption by others. We come into the medical field, as do you, soundly and thoroughly educated in the fundamentals of our craft, soundly and thoroughly in earnest. Can't we each search out, by experiment, how much more in the other's methods, of which each has already made some adoption, may further be worth adopting? Can't we take jealous eyes from each other, to turn earnest eyes to the common good of a noble purpose and aspiration? Instead of fighting each other, can't we join forces to fight whatever of ignorance and baseness

steals into the field in which we labor in common, and to fight those common enemies, Disease and Death?

— Suppose, at this season of sacred peace and good will, the homœopathist speaks after this fashion, to his neighbor, — what would be the answer?

EDITORIAL NOTES AND COMMENTS.

—:o:—

ANOTHER ADOPTION FROM HOMŒOPATHY, by the old school, of one of our tried and familiar remedies, used exactly after our indications, is chronicled thus, in the columns of that arch-enemy and unscrupulous calumniator of all things homœopathic, the *Medical News*:—

“*Black Snakeroot for Dysmenorrhœa and Ovarian Irritation*:— From the results obtained in a series of cases, James Brunton (*Practitioner*, xlviii. 4, p. 265) concludes that *actea racemosa* (black snakeroot) possesses anodyne properties and may, with advantage, take the place of bromides and opiates for the pain of dysmenorrhœa. In addition, the drug has a direct action on the uterus, increasing the menstrual flow when scanty. It is best administered in doses of thirty minims, thrice daily, beginning three days before and continuing throughout the period. It is sometimes useful in menorrhagia and metrorrhagia. Its action is almost specific when there are ovarian pain and nervous depression.”

AN INTERESTING WORD UPON CANCER, is found in a recent issue of the *Review of Reviews*. Thus it reads:—

“Mr. H. P. Dunn, F.R.C.S., in his suggestive contribution to the *New Review*, adduces statistics which show that—

in 1867, out of a million persons, three hundred and ninety-two died of cancer; in 1890, out of the same number cancer was answerable for the deaths of six hundred and seventy-six. In short, the mortality from the disease has increased since twenty-three years ago to the extent of upwards of seventy per cent. . . . Investigation shows that among all the chief causes of mortality recorded in the reports of the Registrar-General, there is no death-rate which year by year maintains so pronounced an augmenting ratio as that of cancer. . . . There cannot be two opinions on the subject of the real increase of cancer.

The mystery which hangs over the real nature of this disease Dr. Dunn does not profess to dispel. He reminds us of its resemblance to tuberculosis, the mortality from which, however, is steadily decreasing:—

Analogy would seem to indicate that cancer *must* be a parasitic disease, a disease that is, whose *fons et origo* depends upon some micro-organism. . . . The be-

lief is now commonly held that the identity of cancer with some micro-organism is only a question of time.

Dr. Dunn proceeds to propound the paradox that one of the causes of the increase of cancer is the general increase of health in the community! Cancer usually attacks persons of or over middle age; the decrease of mortality, and especially of infant and child mortality, has increased the number of persons who reach the cancer period of life; and then the great increase of possible victims of cancer naturally involves some increase of actual victims. The paradox is confirmed by the fact that cancer cases in early life are actually decreasing in number.

‘So far as we know at present nothing can strictly be said to be a *cause* of cancer.’ The habit of smoking is held to favor its growth, but only, Dr. Dunn supposes, owing to the irritation of of lip or tongue by the stem of the pipe. The old theory that the disease is hereditary must now-a-days, he says, ‘be held to be untenable.’ He gravely doubts the truth of the common impression that cancer can neither be ‘caught’ nor ‘given.’ If, as seems growingly likely, it proceeds from a microbe, then by the analogy of tuberculosis it would be infectuous and contagious.”

A WELL-PUT THEORY OF SEA-SICKNESS comes to us from the psychological laboratory of Harvard, in a magazine article recently written by an instructor in that laboratory. Thus it runs:—

“Sea-sickness starts in the ear. In its cavity are three small tubes, each bent in a circle, and filled with fluid. The three sit at right angles to each other, like the three sides at the corner of a room or a box. Consequently, in whatever direction the head is moved, the fluid in some one of the tubes is given a circular motion. Hanging out into the tubes, from their sides, are hairs or cilia, which connect with the nerve cells and fibres that branch off from the auditory nerve. When the head moves the fluid moves, the hairs move, the cells are ‘fired off,’ a nervous current is sent up to the brain, and a feeling of the head’s peculiar motion is consequent.

As for sea-sickness: this nerve current, on its way to the brain, at one point runs beside the spot or ‘centre’ where the nerve governing the stomach has its origin. When the rocking of the head is abnormally violent and prolonged, the stimulus is so great that the current leaks over into the adjoining ‘centre,’ and so excites the nerve running to the stomach as to cause wretchedness and retching. Deaf mutes, whose ear ‘canals’ are affected, are never sea-sick.”

“‘ARE DOCTORS CHRISTIANS?’ — Faith, that’s a large question, Douglas, my boy! How did you come to ‘secrete ut,’ in the phrase of Mr. Mulvaney?”

The berries of the Christmas holly glowed in the flicker of the Doctor’s Christmas fire. The Doctor himself, perceptibly stouter than last year, — he had known many comfortable days and refreshing nights, had the Doctor, since Douglas had come, a partner, into the old study, and had had the night-bell shifted to his own room! — sat smoking his pipe-of-peace, in the dusk. With the smell of the frost, with the melting snow on boots and ulster, which Douglas had just brought in from his long, cold ride, he had also brought the rather startling question, which as above, the Doctor echoed.

“I didn’t ‘secrete ut.’ It was propounded to me, as I was leaving Miss Pius, just now, after prescribing for all her new symptoms, and giving an opinion as to what was really the correct diagnosis in the case of her grandmother, of whose last illness, some twenty years ago, she gave me exhaustive particulars. As I was putting on my gloves, — I reckon I did it with a jerk — she asked me plaintively whether I really thought doctors, as a rule, were Christians. She said she often had conscientious doubts about employing them; not being sure. I said I’d been a doctor so short a time I wasn’t prepared with an opinion: but I’d ask you, and let her know.”

“Well, light your pipe, my boy! Light your pipe and toast your toes, and you’ll feel more like talking over the matter from a Christian standpoint, anyhow.”

The Doctor’s slippers moved across the fender to make room for his associate’s. For a quiet minute or two, there arose soothing incense to the “great god Nick-o’-teen”: And then, as Douglas knew would be the case, uprose the Doctor’s voice, in a monologue of long and rambling flow.

“Depends upon what you call Christians. If you mean do doctors mostly go to church, — no, they mostly don’t. Something better to do: — though you needn’t tell Miss Pius I put it that way. They’re practising while the pastor’s preaching. That’s an old joke: but its an older truth. If you mean do they make many definite professions of faith in this or that

formulated religious creed, — no, as a rule I don't think they do: for you see they live out of doors, as it were, in a great world of such queer, incomprehensible, contradictory facts, that what they seem to see to-day they don't see at all to-morrow: and that sort of thing isn't good for permanent formulations. If you mean are they Christians from the standpoint of decent behavior, of unselfishness, of high ideals, of heroic self-sacrifice, — *yes*, Sir! And no other profession on earth, except the parson's, can approach 'em! And the parson's, not in all those points: unless he's a missionary parson.—

Why? — Well, because the average parson isn't called on for the self-sacrifice that is the doctor's daily and hourly portion. In theory the parson holds himself ready to be called, day or night, to the bedside of the sick; in actual fact he doesn't get many such calls. Whereas, at all hours, seasonable and unseasonable, the doctor must leave food and rest and social recreation, and more than occasionally his own sick-bed, to answer his fellow-creatures' demands upon him. He must go without sound sleep or a square meal for 'days on end,' as they say up in Canada, and all in his every-day course of duty, mind you, and without thanks, or appreciation, or very royal pay: or, for the matter of that, without any pay at all, times out of number. O, if unselfishness makes a man a Christian, a doctor is an under-study for an angel, as they say in 'David Garrick'! Fancy a man marching into a shop and saying, 'I'm down on my luck, and can't pay you a cent; but come! give me a loaf of bread, or a coat, or the best of your merchandise, generally, for kind humanity's sake!' What d'ye suppose the shopkeeper would say? Well, that's just what people say to a doctor on an average three hundred and sixty-five times a year; and the doctor, if he's worth his diploma, and isn't a money-grubbing chump and skinflint, cheerfully brings out the best of *his* merchandise, — his time, his skill, his little trituration tablets — and if he gets a 'thank you' it's usually as it was in Scripture, from the last and the worst of the lot! O, for habitual, unthanked unselfishness in every-day doings, a doctor can give points to the average Christian!

— In point of morality, too. You may say it's self-interest,

if you like ; or that they see too disgustingly much of the consequences of so-called 'little indiscretions' to make them yearn to earn such consequences on their own account ; or that any known licentiousness on their part would be bad for business ; but it's a fact, all the same, that doctors, as a rule, are men of cleaner life than you'll find the per cent. runs in any other profession, except parsons. Perhaps that isn't being Christians ; but it's a mighty good working substitute for it.

— Courage ? Well, he has pretty sharp competitors there in army men, players and journalists. All of 'em, like the doctor, do their work often against tremendous odds. But none of 'em out-dare him ; and what's more, he faces his risks knowing how risky they are, and altogether in cold blood.

— Faith in things out of sight ? Well, he may not have such things all catalogued and ticketed, like some Christians ; he doesn't always read his title too clear to mansions in the skies, doesn't the doctor : more's the pity, since his earthly domicile is mostly mortgaged ! But if he's ever gone below the skin of his work, he's seen enough to make him pretty solemn, sometimes, with the certainty he's facing Something that's working invisibly at the roots of things. He's a very young or a mighty thick-skinned doctor who thinks his scalpel or his microscope can show him all there is. Most doctors lay the foundation-stones of Christianity, any how ; and they're reverence and humility.

— Pluck and unselfishness and high ideals, — O, come Douglas ! Don't you reckon doctors can hold up their heads among their fellow-sinners at the last trump, if they learn these things as a part of their trade ?

— Ask Miss Pius that, with my compliments, when she routs you out of bed, to-morrow morning at two, — phew ! what a deuce of a wind ! — to see that missionary friend of hers, who has nervous prostration, and probably will take black coffee with her Christmas dinner ! And speaking of Christmas dinners — ”

The silvery summons of the bell from the warm-lighted dining-room across the hall, cut short the Doctor's monologue. As the two men rose, the hand of the older fell on the shoulder of the younger, and for a moment rested there.

“ Douglas, my lad,” said the Doctor, “ If being a Christian

means to enter into reverent, comprehending sympathy with the One, born to-night, who all His life healed the sick because He loved the work, and got small thanks for it, don't you think doctors have some claim to the name?"

COMMUNICATIONS.

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SPECIALISTS AND THE MATERIA MEDICA

BY RICHARD HUGHES, M.D., BRIGHTON, ENGLAND.

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

In the address which I delivered before the World's Congress at Chicago, on the "Further Improvement of Our Materia Medica," I suggested that the specialists of our school might do valuable work in this field. Drug-symptoms, like those of disease, must be studied in the light of physiology and pathology if we are to understand them aright; and those most competent to do so are the experts in the several departments of practice.

Dr. Sutherland now tells me that, as Chairman of the Materia Medica Section of the Boston Homœopathic Medical Society, he is bringing my suggestions before the specialists of his city, and seeking work from them on the lines I have sketched. He thinks I might help this forward if I specified more exactly what it is I contemplate in making this suggestion; and I am pleased to do so at his desire.

I can best proceed by giving an instance. Let us take the eye-symptoms of aurum. Putting aside those of ordinary character, and common to it with most other drugs, it has (in the *Materia Medica Pura*) some of a very marked and distinctive kind, — all referred to a single prover, Herrmann. Nothing is known of this physician as an individual; but he was one of Hahnemann's original band of provers, and, unlike, e. g., Friedrich Hahnemann and Langhammer, has never been discredited by those who have investigated the master's pathogeneses. Taking his symptoms in faith, then, we have the following (I give them as in Dudgeon's version):

"54. Tension in the eyes which interferes with vision (after one hour).

55. Extreme tension in the eyes with diminution of the visual power; he cannot distinguish anything distinctly, because he sees everything double and one object seems to run into another; the tensive pain is worse when he fixes the eyes on something, and less severe when he closes them (after nine days).

59. It seems as if the upper half of the right eye were

covered by a black body, so that he can see only with the lower half objects below him, but those above remain invisible.

60. It seems as if a black veil were drawn over the eyes, whereby distinct vision is impaired (after six days)."

Now if these sensations came before us in the person of a patient, we should undoubtedly take S. 59 as the most important of them, and proceed to ascertain if semi-detachment of the retina had occurred. What, however, can it mean in a prover? * If only a congestive approach to detachment, why should the hemiopia have been so complete? These are the questions we need the experts to answer; and we should like to hear from them as to the "tension." Does it read like muscular contraction, such as we have from physostigma, towards the end of whose myotic action (we are told) there is experienced, even without provocation, a painful *tension*, partly in the equator of the ball and partly in the ciliary region? Or is it such an approach to glaucomatous distension of the globes, as S. 59 is to retinal detachment?

It is rather curious that in the nine or more additional provings of aurum given in the *Cyclopædia of Drug Pathogenesis* there is but one symptom of affection of the ocular globes. It occurred in No. 6, and runs thus: "In open air severe pressure in eye and tearing in it, with complete blindness. On covering up eye with hand all these symptoms went off. This phenomenon occurred for some time periodically." It is not clear whether the three sentences quoted are to be read in connection with that immediately preceding them: "Sneezing four times in succession, then tearing in left nasal bone near the eye, with great feeling of heat in eye, great injection of conjunctiva and lachrymation, which was so sudden and violent that the tears actually spurted out of the eye." Dr. Allen evidently thought not, for he separates the two, giving the latter under "Nose," and the former under "Eyes." It makes, however, in the other direction that "pressure" in "eye" only is given, without specifying which. If we are to read on continuously, this would be natural, as the left eye was the seat of the heat, redness and lachrymation.

I think that the foregoing will afford a fair specimen of the

* "As another instance of the same difficulty, the following quotation from the 'Summary of Pharmacodynamics and Therapeutics' contained in the Journal of the British Homœopathic Society (part 2 for 1893) may be given: 'Conium in Cataract,—Dr. Talbot communicates to the Medical Century of January, two cases of cataract (so diagnosed by oculists) in which the administration of conium 3x seems to have dispersed the opacity and restored vision.' In the former of the two, general symptoms of the drug were present. (Dr. Talbot quotes several symptoms from the pathogenesis of conium as indicating its homœopathicity to cataract. But surely these sensations coming and going during provings of the drug, cannot be due to any substantive changes in the lens. ED.)"

kind of problem to be solved by those who would study drug-pathogenesis* as they do the clinical features of disease. It is one that belongs partly to the field of materia medica, partly to that of the science of the organ or function affected. Working in the former, we have tried to simplify it by supplying the detailed narratives of the *Cyclopædia*: their value here may be well appraised by considering how far more intelligible Herrmann's symptoms would have been had they found place in such a story, where their evolution, duration and concomitance might have been learned. It is now the turn of the oculists, the aurists, the neurologists and such like, to do something more towards its solution.

ARSENICUM IN FATTY DEGENERATION OF THE HEART.

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

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

Years ago I came to the conclusion, theoretically, that if this disease were at all amenable to treatment, and if the homœopathic law were true, arsenic ought, if not to cure fatty heart, at least to stay its development and temporarily to give relief. For not only are all the books which contain reports of poisoning by the drug full of instances where post-mortems have revealed actual fatty degeneration of the muscular fibres of the heart, as a direct and undisputed result, attested to by both allopathic and homœopathic physicians, but also the symptomatology of the drug is a striking picture of the symptomatology of the disease. Fortunately, in the treatment of disease in general according to the method of Hahnemann, it is only necessary to have a resemblance between the two symptomatologies. Nevertheless, when in addition to this a strong resemblance between the pathology of the drug and pathology of the disease can be seen, it is a wonderful strengthener to the faith of the prescriber in the remedy used.

Although, however, arsenic ought to be a good remedy in fatty heart, and although several of the materia medicas had suggested (as Hempel and Arndt's puts it, for instance,) that it "may prove useful," yet there have been on record comparatively few clinical confirmations of this usefulness, so far as my knowledge extends. Years ago, therefore, I determined to put the remedy to a test, and if fairly successful, to report the results. Anything like an immediate report seemed unwise, because, first, one or two swallows do not make a summer, and secondly, because of the inherent difficulties in diagnosis; for I am convinced that cases are frequently called fatty heart which are not really so, and on the other hand, that fatty heart sometimes

escapes detection until death establishes the fact of its existence, and I wished to wait until my experience had been so large as to reduce, if possible, this difficulty to a minimum. By fatty heart, of course, is not meant simply an accumulation of fat externally, but an actual degeneration of the muscular fibres of the organ; and although this condition sometimes makes itself evident enough, yet the positive diagnosis of it, as a rule, especially in its earlier stages, is conceded to be the most difficult of anything in cardiac disease.

In one of the most interesting cases which I have met with, exemplifying the beneficial effects of arsenic, the improvement was purely accidental, or, as the beneficiary expressed it, decidedly providential. Mr. A., 55 years old, had for some months complained of dyspnoea on exertion, occasional pain in the præcordial region extending to the left elbow, indisposition to exercise, languor, a feeble pulse, etc. On auscultation, both sounds were weak, especially the first. Size of heart, normal. After coming to see me two or three times, and taking arsenicum 3x for as many weeks, without being cured, he became discouraged and thought that medicine was "no good," and then resolved to try the efficacy of prayer, especially as that was cheaper. Sure enough, after a while he began to improve, and four months later when I was called to the house to see his wife, he felt so much better in every way as to consider himself almost well; in consequence of which he declared his intention of putting some money into the missionary box as a thank offering. His wife's symptoms were at first somewhat obscure, but gradually resolved themselves into a suspicion of arsenical poisoning, on account of which the wall-paper was subjected to chemical analysis, but with negative results. Other articles were next tested, and finally the ticking of the mattress of their bed, which was found to contain considerable arsenic. This mattress, which was only a few months old, was at once changed, and the woman slowly began to improve.

"One man's meat is another man's poison." "Jack Spratt could eat no fat, his wife could eat no lean." The cause of the husband's improvement was evident (to my mind, at least,) and was identical with the cause of his wife's discomfiture. Whether the missionary box profited or suffered, I never ascertained. Neither were any inquiries made as to the exact words of his prayer; but from the outcome of the case the possible inference is that they might have been:

"Matthew, Mark, Luke and John,
Bless the bed that I lie on."

This case strengthened my faith in the efficacy of arsenic, although, for obvious reasons, I have never since ventured to

recommend the same method of medication for other patients.

Another case which came out very well, was that of a carpenter, about 48 years old, who complained of palpitation, dyspnoea, œdema of the feet, weak and intermittent pulse, etc. He had been doing a great deal of heavy work, which he was now obliged to give up, substituting, after the first relief came, a sedentary occupation. That was in 1873, and the arsenic which I then gave him afforded him so much comfort, that he ever after carried a bottle of it in his pocket. This, added to an intelligent comprehension of the situation on his part, and a careful hygienic management of his case, prolonged his life for almost twenty years.

Another case, much more severe, may be mentioned. A merchant, 65 years old, had frequent attacks of vertigo when walking, at such times being obliged to hold on to a fence, or to sit down on a doorstep; and several times had fainted. He had pain in the region of the heart, and weak, irregular and slow pulse. On auscultation it was with great difficulty that the sounds were heard at all. Heart somewhat enlarged. Digestion good. Unlike many people with fatty heart, he was fleshy. He had much more dyspnoea, however, than could be accounted for in this way. In fact, his discomfort was so great as to make him tired of life. For him arsenicum 3x afforded partial relief to his most troublesome symptoms, and apparently made the rest of his life, which lasted for about three months, more endurable. He finally died in a pseudo-apoplectic attack without paralysis, but with coma, convulsions and stertorous respiration.

It will be noticed that in none of these cases was a complete cure made. Indeed, I doubt if a cure ever results in a genuine case of the disease; the most that can reasonably be expected being to stay the onward march of the process, and to tone up the unchanged muscular fibres to a greater degree of strength and activity.

This assuredly is well worth while, where it can be done, and although I have tried phos., baryta carb., calc. carb., ferrum, plumbum, and other remedies, yet no one drug has done such good service in so many cases as arsenicum. The iodide of arsenic, which often works so well in phthisis, in my experience has not been satisfactory here.

In looking over my notes, I can find at least thirty cases in which arsenic has proved more or less beneficial out of several times that number of cases of fatty degeneration of the heart in which the diagnosis seemed to be fairly well established.

DR. ASHMEAD says the Japanese children nurse until they are six years old, They do not use cow's milk, and this, in a great measure, accounts for the absence of tuberculosis among the people.—*Ex*

SOME OF THE NERVOUS SYMPTOMS OF ARSENIC.

BY EDWARD P. COLBY, M.D., BOSTON, MASS.

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

It is the purpose of this paper to call your attention in a brief way, to a few of the more prominent symptoms which can be referred wholly or mostly to the nervous system, and which result from the various provings of arsenic; such provings being both intentional from systematic doses, and accidental from poisonous quantities. I write upon this subject in the belief that there is a regular sequence of drug pathology as direct and regular in its development as is that of the pathology of disease; and that the more nearly these two correspond the more accurate will be the art of prescribing, the more nearly will it approach to a science. When arsenic is taken in toxic doses it is so intense in its action upon the organs with which it immediately comes in contact, that acute inflammation is at once established; it produces pain, emesis and catharsis. This result must as a natural consequence act as a disturbing element in studying the true effects of the drug upon the nervous system, by reason of the numerous reflex symptoms caused by the local irritation. Such irritation from any cause would induce a nervous sympathy. The excitement would be reflected by the somatic nerves and thus produce bodily pains and disturbances; not due to the drug except in a mechanical way, *i. e.* be it remembered in the nervous system. It therefore becomes necessary to wait until sufficient time has elapsed for the storm awakened by large doses to have subsided, or to observe the effects of small doses long continued, in order to recognize its real action in this sphere. The differentiation will probably never be satisfactorily made in many most interesting cases, as some of the indications of nervous action only appear after sufficiently large doses to produce primary irritation, and establish the reflex habit, a habit difficult to break up.

Presumably the feature most commonly noticed by all investigators is the extreme nervous excitability of the subject. The pains are mostly acute and are keenly felt by the patient. There is extreme motility, but this motor excitement is not of the involuntary character indicating solely irritation of the cells in the motor area, but is much more the voluntary motion caused by irritation of the sensory cells or the peripheral terminations of the nerves, giving pain or discomfort which impels the person through irritability to constant change of position. With this there is psychic inability to bear the discomfort. Even when weak to exhaustion constant unrest is observed. This irritability is not so much noticed until after

the corrosive action of the poison has abated or disappeared.

The drug is capable of inducing neuritis, first showing itself in the lower extremities. Where there is no true neuritis we often find functional irritability of nerve trunks resulting in neuralgia with a tendency to periodicity; in this respect the diagnosis of neuralgia is made easier, as in neuritis, although the pain may be less, it does not disappear periodically. The above named sphere of action is well corroborated by abundant clinical experience, as probably more severe neuralgias have been relieved by arsenic than by any other one remedy.

A number of cases have demonstrated that arsenic is capable of inducing a series of symptoms that correspond quite accurately to multiple neuritis even to the extent of degeneration and atrophy, with the accompanying paralysis, but in a majority of instances, however, the induced disease would not appear to have gone on to degeneration, and pain and motor weakness have been the prominent symptoms.

Where the skin has become anæsthetic it is not always insensible to pain, but there has been pain on pressure over the nerve trunks, and in the area of their distribution, *i. e.* there is anæsthesia but not analgesia; here is a marked similarity to one of the stages of neuritis from traumatic or other causes. Its influence upon the peripheral nerves is also manifested in its capacity for producing an eruption which is precisely like zoster; some recent authors would place the origin of this disease in the spinal centre. Whichever theory is favored there is no doubt that arsenical herpes has its origin in the nervous system, and it is one of the time honored remedies for zoster. We cannot be so sure of the cause of the frequent ulcerations found in the hands of taxidermists, as here there is a direct application locally to the part affected, through cuts and abrasions. Some of its symptoms leave us somewhat in doubt as to their source, whether central or peripheral. There is ataxy with loss of the myotatic reflex, but in most cases this is such ataxia and diminished reflex activity as is also found in multiple neuritis, and sufficient evidence is wanting to establish its action upon the root ganglia or the posterior columns. This would make its use in *tabes dorsalis* of doubtful efficacy, yet in this disease where so much remedial work is disappointing, it would be well to institute further clinical experimentation. The numbness, sharp darting pains, loss of reflex, and lack of coördination are remarkably suggestive.

Like lead and mercury, arsenic is capable of causing tremor, but mercury and zinc appear to be more constant in causing this symptom.

It is claimed that spots of degeneration have been found in the

anterior columns, and this with the tremor, atrophy and loss of power would lead us to compare it with both progressive muscular atrophy and insular sclerosis. Here again sufficient clinical experience is wanting to give much certainty as to its usefulness. The atrophy is so rapid as to indicate that it is not marasmic, but due to the loss of trophic stimulus, but if we carefully study the record of the paralytic cases in the *Cyclopædia of Drug Pathogenesis*, it will be seen that in nearly all the cases the loss of motor power and sensation, as well as the atrophy, was confined to the lower extremities below the knees, and in the upper extremities to the hands and forearms, in some instances impartially selecting both the flexor and extensor muscles, not selecting individual muscles or related groups as would be the case if the injury were done to cells in the anterior grey horns. It would, however, correspond to the drug having caused loss of functions in the area of distribution through neuritis. In reading the provings of arsenic it will be noticed that all these severe nervous symptoms resulted from taking appreciable doses, so that the poison in sanguineous solution is brought to the nerve twigs.

Two of the most constant symptoms were frontal or supra-orbital headache, and mental confusion. Another symptom met with in some of the provings is pain and tenderness over the intercostal nerves, similar to intercostal neuralgia. Tenderness over the spinous processes was found in but few instances, still it was present in enough to suggest a probable drug origin.

In disease there is a series of symptoms varying exceedingly, as patients vary in their physical and mental constitution, but with certain of these symptoms quite common to all. There is mental confusion, inability to understand what is read or heard, photophobia, dimness of sight, extreme anxiety, palpitation, cephalalgia, neuralgia of face, trunk and extremities. A tendency to tremor on motion, great weakness, and exhaustion from very moderate mental or physical exertion. In a portion of these cases there is tenderness upon pressure over the spine. Most of them have insomnia, and the sleep is broken and disturbed by pains and dreams. This complicated set of symptoms occurs in persons whose nervous system has been exhausted by over-work, care and worry, or by excesses. Mental over-work counting for more in the estimate than does physical fatigue. From observations by many careful practitioners it has been assured that the central cells as they grow weak and exhausted become irritable and that the sensory cells, which should only receive impulses from without, set up irregular action in themselves with the result of producing sensations referred to areas which these cells supply. In this state the

conducting fibres are only too ready to transmit these impulses, and thus we get various pains and paræsthesiæ. For want of a better term this condition has been called neurasthenia. If you will carefully read the provings of arsenic I think you will find much the same complex of symptoms, some time after large doses have been taken or after small doses long continued. We have not found heretofore that the drug certainly produced degeneration of the central organs; *i. e.*, we cannot be sure that it produces central degeneration, but from the above-named symptoms it would seem to be a legitimate conclusion that it is capable of producing the same debility and irritability of the central sphere as fatigue and worry. Of the similarity of the dyspeptic pains we cannot be so sure as in most cases the whole alimentary canal has been seriously disturbed by the primary action of the arsenic. All the neuralgic pains cannot be attributed to central disturbances, for as we have seen, the drug is capable of inducing neuritis. In the very earliest stage of neuritis we have increased sensory function and exalted reflex action. Let us suppose that it does not go on to a fully developed neuritis and we would have a continuation of the hyperæsthesia and neuralgic pain, and just here the condition is like that found in the provings of arsenic, and to such cases I believe it would be remedially applicable.

Convulsions occurred in several cases of poisoning, but by no means uniformly, and we should not hastily attribute them to the direct action of the arsenic, as in a favorable subject they might be caused reflexly by the storm of pain and irritation produced in the stomach and intestines.

I have endeavored in a suggestive way to call attention to some of the groups of arsenical symptoms and the diseased conditions with which they appear to hold relationship. In the catalogues of symptoms, isolated and often incongruous as they appear in some of our standard works on materia medica, it is quite difficult to make a close application. Reading numerically we are unable to say whether symptom 20 is related to 21 or to No. 300. From carefully studying the provings it is safe to predict that arsenic is capable of more extended use in neurotic disease. I can but regret that the limited time will not permit that I should elaborate what I have been able to barely give hints upon, but as my educated colleagues, you will be able to supply the detail and extend the argument.

MRS SELBY. — "Doctoh, de chile dun gone swaller 'r pint ob ink."

Doctor. — "Hab yo' dun ennyding fo' de relief ob 'im?"

Mrs. Selby. — "I'se dun made 'im eat free sheets ob blottin' paper Doctah. Was dat rite?" — *Brooklyn Life*.

ANALYSIS OF SYMPTOMS OF ARSENICUM PERTAINING TO THE SKIN, FROM CYCLOPÆDIA OF DRUG PATHOGENESY.

BY JOHN L. COFFIN, M.D., BOSTON, MASS.

SECTION I. — PROVINGS.

4. M. Bonjean, medical student, took 4th trit. (for eight days).
“Great itching in both eyes, also in nose at night.”

7. Mlle. E—— took for fifteen days same dose (4th trit.) morning and evening.

“After third day began to be troubled with frequent itching on the dorsal surface of fingers, with appearance of accumulated papules between them. This continued until end of proving; itching often so great as to compel vigorous scratching. Similar sensations and phenomena in less degree on right ear. For last four or five days of proving much nasal defluxion as in coryza.” (Ibid.)

9 b. M. Tardit on 24th of May began to take three daily doses of 8th trit.

“This morning there is observed an eruption of small red pimples, conical, closely set, occupying the whole dorsum, first of left and then of right hand; accompanied with itching, increased by rubbing. On the 30th, eruption had extended to fingers and palmer surface of hands; itching more intense. Dr. Imbert-Gourbeyre pronounced it “Une miliare confluenta.” (Ibid.)

11. b. M. Tardieu began May 29th to take 4th trit. (proving lasted ten days.) Resumed proving on July 1st.

“On 8th, last day of proving, there appeared on his chest an eruption which made him “suffer horribly.” It commenced there with little red pimples, obliging scratching even to blood; next day they appeared also on arms and back. From 10th to 12th, though discrete, they covered trunk and upper extremities. On night of 13th, itching was so great that scratching gave insufficient relief, and pure vinegar had to be applied. After this eruption gradually disappeared.” (Ibid.)

15. Dr. A. W. Woodard, in good health, pulse 65 and regular, took at 1 P.M. two grains, 2x trit. of ars. alb. dry on tongue.

“5.30, face and hands swollen and itching, rubbing causes them to itch and burn; quite restless.”

15 a. A. H. Webster, Homœopathic College, reported by Dr. Woodard.

“Itching and pricking continues.” “On returning to bed, itching and pricking of skin returned, griping in bowels for a short time.”

17. Fredet in “Etudes de q. s. l’arsenic, p. 78.”

“May 25th being in good health I proved the arseniate of soda, taking of the 6th trit. as much as would cover the point of a pen-knife three times a day.

“I was wakeful all the night, and in addition I, who had never known what itching was, was obliged to frequently scratch my back, stomach, and arms.”

18. Proving of arseniate of soda by the Homœopathic Materia Medica Club of Alleghany, Pa. A ϕ was made by dissolving 10 grains in oz. j of distilled water, and from this dilutions were made on the decimal scale. Each prover took from 5 to 15 drops, three times daily on an empty stomach.

19 b. (Under the 12th.) On the 8th day yellowish blotches appeared on cheek and forehead, remaining a day or two.

21 c. J. C. King, M.D., under ϕ . “On 32d day eyes sore, cannot read or write without pain in them; face and neck covered with a fine miliary eruption, with here and there a pustule or large reddish pimple.”

(d). On 43d day (still taking ϕ). “On face and neck; most on right side, an eruption of diffused, irregular patches, with numerous papular elevations, without areola, with pointed apex.”

(d). On the 48th day, extremely painful corns appeared on little toes, a most unusual thing, and without assignable cause; they continued without mitigation till to-day when they are disappearing.

22 c. W. J. Martin from ϕ . “Within the last three days, a number of hard, very red pimples, not particularly painful, on left cheek.”

24. R. Ramage, M.D., took two courses of ϕ . (a). “On third day fine red rash on face and neck, most on right. On sixth day rash continues.”

(b). In the reprovig, there was taken — at what intervals is not known — oz. j of a solution of 8 grains to the ounce. “On the 12th day on waking, entire face swollen, especially orbital region.”

Deductions. “Two years have elapsed since I entered upon the proving of the ars. of soda. Many of the symptoms noticed while taking the drug, have disappeared. Those which remain, or which have reappeared from time to time, will be mentioned under their appropriate headings.”

Skin. “The rash noticed during the proving has made its appearance on face and neck at irregular intervals since, but has not remained long at any one time since. A squamous eruption (not noticed either before or while taking the drug) has appeared on the chest, along the sternum. The scales are quite thin, whitish, and when removed leave the skin slightly reddened; when the scales are allowed to remain, the parts covered by

them become itchy, especially so when warm from exercise."

26. Dr. J. G. Thompson made two provings, one of the 10 grains to oz. j. solution, which he took in the usual manner for about a week; the other, (with 18 days between) of the 8 grains to the oz. solution of which he consumed oz. j in about three weeks.

(b). "Some reddish irregular shaped spots over nose, which had remained from former provings are now irritable and tender. Right side of nose and over bridge a little red. Spots not so sore but harder. A bright red rash, blotchy and irregular in shape, not elevated, appeared in morning over forehead, and in one hour extended over face.

27. Dr. W. J. Blakeley proved iodide of arsenic on March 25, 1866. He took grain 1-2 of xx trit. at 5, and grain j at 7 P.M. "Persistent itching of various spots, especially of back."

29 c. Took six pellets of 30th for five evenings running. "Itching and burning in lower part of face—forehead feels much swollen, and skin stiff, tight, and fixed. Itching relieved by pressing and pinching, not by scratching.

30 b. Jan. 16th, took for six evenings six pellets of 30th. "Edematous swelling of forehead and face with itching, allayed only by pinching; itching at seat of former numbness in thigh.

32. Dr. J. S. Jones took ars. 3 in drop doses, four times a day for six weeks. "Two patches of squamous eruption over external malleolus. Ten years later skin was still darker than that of rest of body, and occasionally itched."

SECTION II. — POISONINGS.

3. A large number of people were poisoned at St. Denis by eating bread containing arsenic. Dr. Feltz had under his care 80 cases. Most of these presented similar symptoms. "But, without exception there appeared at the second or beginning of third day, swelling of eyelids accompanied with conjunctivitis. In some, whole face was swollen; in some, there was an eruption of uticaria; in two women eruption was scarlatina form in character. One man suffered from uticaria of scrotum and herpes labialis. Almost all, even those who had no eruption, suffered itching of skin, and in some, scratching caused a transient urticaroid rash. Many presented herpetic vessels on lips, and one man had herpes on prepuce."

9 a. Man, aged 28, after partaking of a dish in which arsenic had been mixed instead of flour, was seized with vomiting which lasted three days. "A pustular eruption, in its appearance and course analogous to small-pox, has appeared on face, upper arms and chest; some isolated, most confluent; they formed thick scabs, and left very evident cicatrices."

12 a. Wife of Dr. Buchmann, age, 28, nervous constitution, drank by mistake a glass of fly-poison which contained one-half grain of arsenic dissolved in water. "On movement, sensation as if whole skin were harsh and would crack. On waking, face puffed, lips swollen, two large vesicles on upper and under lip, respectively; sensation as if eruption would break out on face." 23d, "pustule on face, and circular, burning tetter behind ear."

15 a. In the beginning of May, Mrs. Wooler was attacked with pain and vomiting soon after dinner. "On 13th, face and arms presented an eruption which put on the characters of eczema; edge of tongue ulcerated, and palate covered with papules or pustules."

20. "On Feb. 26, Pauline Pillipoff took some white arsenic. Sensitiveness of skin is much lessened, especially in those portions of extremities nearest periphery; thus tactile sensitiveness of palms of hands, of soles of feet and of fingers has entirely disappeared; it has considerably diminished on extensor sides of feet and hands, legs and forearms, the same is true of lower half of thighs, superior half of forearms and lower third of arms, although in less degree."

23 a. "A man, aged, 42, had been affected with general psoriasis since he was 15. When he began to use arsenical preparations, which he took every year for two or three months, consecutively, and in increasing doses. Sometimes he repeated the course two or three times a year. In 1857, skin became of a permanent dirty brown color, especially in those parts usually exposed to light."

24. J. G., aged, 33, took arsenic in tea. On fourth day, having almost completely recovered, he took two teaspoonfuls in coffee and milk. Second day, line of excoriation on integument at external angle of each eye, and desquamation of cuticle with redness of lids; eruption of pustule about angles of mouth. In five weeks from commencement of illness skin of entire body had desquamated, most remarkably so on hands. (Comp. Ber-ridge,) Nos. 93 (P. M.), 219, (18).

25. A man, aged 21, took oz. ss. of arsenic on eve of April 26th. On eve of 28th, complained of "great and incessant itching,"

26. Catherine J.; aged, 20; Hotel Dieu. From Sept. 12th she took daily three doses of 4th trit. of arseniate of iron. "Oct. 2nd, itching of left side of neck, with a little redness; next day, same on face. On the 5th, general pruritus on limbs with patches of diffused redness."

"These accidents ceased when medicine was omitted." (Imbert-Gourbeyre op. cit. where twelve other observations of the arsenical erythema are cited.)

27. Dr. Kellie treated a chronic rheumatism with arsenic during three months with three intermissions of ten days each. Fowler's solution was used 5-10 drachms a day. "During each course of treatment on three different occasions, there came on swelling of face and eyelids, then erysipelas (See Berridge, No. 234) invading whole face, and ending in desquamation at end of a week."

28. A man, aged, 27, poisoned himself with arsenic, and died in eight days. "On third day there was an eruption of phlyctenulæ around mouth. On 6th day, after a very bad night, there appeared an urticarious eruption over whole body, face excepted."

(Kersten, *Deutsch Klin.*, 1851, cited by Imbert-Gourbeyre, who adds five other instances of the arsenical uticaria, in one assuming the form of *urt. tuberosa*.)

20. Marchand writes: "Four times I have seen supervene in persons taking arsenic for intermittent fevers, a papular eruption of varying seat. The papules were voluminous, caused a little itching, and were unaccompanied by inflammation. They lasted as long as the drug was continued, when it was left off they disappeared, and the epidermis came off in large thick patches."

30. A man, aged, 35, much addicted to drinking, swallowed about drachm ij of arsenic, but immediately vomited half of it. "When after these symptoms had continued five days, on the 6th a profuse miliary eruption (Note Comp. Berridge, No. 219, 2) came out all over the body, with general amelioration. It was renewed several times in the course of a fortnight, and terminated at length in branny scales." Imbert-Gourbeyre adds a number of instances of the arsenical miliaria.

31. In November, 1857, I was called in consultation to a patient in whom a very small quantity of arsenic taken internally, had brought about an irritation of the skin, with general eczema. The dose had been 1-30th grain repeated twice daily, and not more than forty drops of Fowler's solution (*i. e.* one-third grain) had been taken. (Taylor, *Poisons* 2nd ed., sub. voce.)

A robust man, aged, 67, took five minute doses of liquor arsenic alis, for sciatica. He is now the subject of herpes zoster, which began a few days ago. He says he had a very trifling pain before rash began to come out. It first appeared behind right ear; it now covers right side of neck, right shoulder as far down as spine of scapula, and right side of front of chest as low as upper border of third rib. On front of right arm, it extends as low as about two inches below axilla. The vesicles are quite characteristically those of herpes zoster, with some tendency to

ulcerate at parts. Looking at front of chest, inflammation of skin stops abruptly at middle line, but at a distance from this, on left side, there are a few isolated, small patches of vesicles over precisely the same area as is affected on other side. There are a few isolated vesicles on left side of neck, but they are only to be seen when looked for frequently. The amount of irritation has been much less than usual. (*Med. Times and Gaz.*, 1868, II., 722.) In this article and another at p. 407 of Vol. I. for 1869, Mr. Hutchinson calls attention to the frequency with which shingles occur in patients taking arsenic, and cites twelve more cases, in which the disease appeared in its typical form with unsymmetrical herpes. In Vol. 3 of *Practitioner*, p. 70, Dr. Sisson states and illustrates the same fact. Other references for it are *Lancet*, 1869, II., 508; 1867, I., 455; *Pract.*, July, 1878; Hunt on Dis. of Skin, 5th ed., p. 44; St. Bart. Hosp. Rep., 1873; *L'Art Med.*, LVIII., 432; *Brit. Med. Jour.*, 1882; Piffard, *Mat. Med. and Ther. of Skin*, p. 316; see also II., 15, a; *Brit. Med. Jour.*, 1858, p. 215; *Edinburgh Med. Jour.*, 1866, (Balfour). For simple herpes see Berridge No. 110 and 239, and Imbert-Gourbeyre, p. 42.

33. An English nobleman, aged, 60, of good health took, while wintering on the Nile, for a local irritation of the skin, 2 1-2 gr. of 1st trit. of arsenic alb. morning and evening. Five weeks later he took up his residence in a villa at Florence, where the rooms which he occupied were subsequently found to have their walls colored with arsenical pigments. Here the cutaneous irritation, which had been better, returned more distressingly, and over a larger surface. He took the medicine again, but in about a week, dry mouth, then chilliness and swelled eyelids returned, and it was stopped. A fortnight later, general pemphigus set in, first attacking feet and arms, then back, and suddenly developing at once into a general red and shining condition of skin, as in erysipelas, covered with a multitude of small blisters. The whole body swelled to nearly twice the natural size, and there was extreme irritation of the surface. When this had ceased the only trouble was the state of the skin, which remained tender (though with much less heat and irritation) and blisters, fewer but larger, formed here and there continually. Similar blisters formed in mouth, having a blackish fringe around them, and sometimes leaving blackish depressions. Under ant. tart. internally, and anointing the body with oil, great improvement ensued, but all the nails came off; he was inclined to sleep a great deal during the day, and when he woke he was rather confused, and took a few minutes to gather himself up. His sleeps were also disturbed with dreams which were half visions, and awoke him, while the pulse had become

extremely intermittent. A little later, Lord returned to his former residence, occupied the same room, and after sleeping four nights experienced a decided return of the eruption and was not nearly so well in himself. At this point the presence of the arsenic was discovered, and he was at once removed. (Died suddenly as the result of a slight cold, which did not extend below throat.) Aetius (5th cent.) cited by Imbert-Gourbeyre, speaks of "eruptio bullarum" as a symptom of (probably) arsenical poisoning.

34. A man reduced to powder, 14th and 15th of Nov., a large quantity of arsenic, using the precautions he had found ordinarily effective to save his face. On the 16th he felt as if pricked at innumerable points of skin. On the 17th his face was covered with pustules. Improvement now set in, but on the 19th there were still crusts on face, papules on arm, wrists and hands, lids red and swollen. A week later he became the subject of a general pruritus, which lasted till beginning of December.

35. G. M.—, aged 13, a strong, healthy boy drank a quantity of "sheep-dipping" (a liquid containing soap, sulphur, and besides other ingredients, a large proportion of arsenic). In a month (after first symptoms had passed off) he came with his hands, face, head and feet swollen, the surface of the whole body a bright red color, not unlike the early eruption in scarlet fever. No constitutional symptoms. After a few days the skin partially desquamated, and this was followed by an attack of psoriasis, extending over the whole body, including the whole face. At the same time the hair of his head, eyebrows and eyelashes fell off, and the nails loosened and followed suit."

37. Dr. M. D. Thompson visited a lad of 18, had been attacked with vomiting and purging, six hours previously. In one and one-half hours, died. (P. M.) Integuments of neck and anterior part of chest, arms as far as elbow, lateral parts of chest, bounded by cartilages of false ribs, whole of back part of body as far as knees (except nates and dorsa of scapulæ) were copper-colored. The color was not in elevated spots like syphilis, but was diffused without any apparent elevation over whole surface described. Arsenic was found in the body.

38. Some years ago, a patient of mine who came annually to Royat, thought well at his own instance to add to each glass of mineral water some drops of Fowlers's solution. Thereupon appeared large brown patches on each side of forehead which persisted several days, and only vanished upon his abandoning this curious mixture. (Imbert-Gourbeyre who adds several other instances and testimonies of the occurrence of similar discolorations.)

39. A young woman came for the treatment of a quotidian of five days standing. She received four drops of Fowlers's solution in three doses daily, taking it for twelve days, fever ceasing from 6th day. During the last week there was considerable itching about neck and arms, without sign of an eruption; and during last three days there was seen about neck desquamation as after scarlatina (*Ibid.* who adds other observations. See also Berridge, No. 93 and 219. (9).

40. Van Den Dale is quoted in Frank's *Toxicologie* as the observer of a case of poisoning, where during first ten days there appeared in connection with a pseudo membranous diarrhoea, general desquamation, and falling of hair and nails. (*Ibid* with other testimonies)

42. A boy of 6 had fits for three years. On 21st of April got Fowler's sol., 5 grms. Aq. mellissæ, 10 grms. 3 drops to be taken morning, noon and night. 28th, he got four drops for a dose three times a day. The medicine was continued in increasing doses until he took 15 dr., three times a day, 5. of the solution Fowler's three times a day. During this time the mother told me that the boy's hair came out much, and one spot of the scalp was bald. The spot was on occiput, above protuberance, the size of a crown, round and bald; only a few thick black hairs, and some downy hair grew upon it. The skin of the spot was quite soft, smooth without scales or scabs. There was a smaller spot, size of half a crown, on the left parietal protuberance of exactly the same character. There were microscopic fungi on or near the hairs. I discontinued the arsenic, and when I saw the boy, two months later, his hair had grown out all over. In other respects he was no better. (*Wyss, Arch. d. Heilk, 1870 xi 395.*)

43. On two successive evenings after taking some gruel prepared by the poisoner, etc. Five days after he had inflamed pimples around lips and sense of burning in mouth; nostrils similarly affected. Excoriations and ulcers around anus, and intolerable burning there. (*Christison, poisons, third ed., p. 306.* Ulceration is a frequent occurrence in those who work with arsenic, as shown by *Imbert-Gourbeyre.*)

59. M. Devergie has been the first to call attention to a phenomenon which appears at the subsidence of a squamous disease, and especially psoriasis, treated by arsenical preparations; the surface affected takes on its whole extent a brown tint which does not vanish for several months. Moreover, under the influence of the same medication there will manifest itself on the arsenical spots, a secondary eruption consisting of certain pimples red and isolated, multiplying slowly, but (if the drug is persisted with) continuously. On this point my per-

sonal experience is entirely in accord with that of M. Devergie. In some rarer cases we may observe, after the internal administration of arsenic, pustular, ecthymatous, furuncular and ulcerous eruptions. Bazin, *Affections cutaneous Artificeilles*, 1862, p. 194.

60 b. The trunk of the patient first, and subsequently all those parts of the body which are protected by the dress from the access of light and air, became covered with a dirty brown, dingy, unwashed appearance which, under the lens reveals a delicate desquamation of the derma, and is in fact a faint form of pityriasis. Now and then a delicate papular eruption (*lichen arsenicalis*) will show itself suddenly, under a course of arsenic, and as suddenly disappear under a few doses of the liq. amm. acet.

Girdlestone has remarked that in some cases the skin assumes a uniform lobster-red color, that erysipelas, or that phlyctenæ and pustules appear. I have frequently seen that the disease of the skin for which arsenic is given, more particularly if it be chronic eczema, has evinced a decided tendency to increased action, the patches becoming red and irritable.

66. M. Giraud took, by mistake, Sept 23d, immediately before breakfast, a dessert spoonful of the solution of 15 grms. of arseniate of soda, in 600 grms. of water. Toward end of November he remarked in groins and in surface of thighs red spots, not disappearing on pressure. These lasted for months, then became pale and were replaced by a kind of vibices.

67. Mrs. —, aged 39, full habit, good health, nervous sanguine temperament, was in the Fall of 1854 attacked with diphtheria, for which I gave arsenic, iodine and belladonna, nearly subduing the disease. I was called away on business, and fearing that the lungs might become involved, I left some powders of the iodide, ix trit., of about a grain each, which I ordered her to use in the form of vapor, but which, through a mistake, she took internally, in the place of some belladonna powders, which I left for her. She took them three times a day for four days, under the impression that she was laboring under a relapse of diphtheria. There was an eruption which showed itself at times on different parts of the body, beneath the skin, and of a dark red or purple color. Beebe (loc. cit.)

72. "The skin, where most delicate is apt to be attacked by erythema, and an itching papular eruption." Stillé from *Patisser Mal. des Artizans*, p. 20.

77. General symptoms observed in twenty-one cases of poisoning by green wall pigments — skin discolored, and becomes pale or of a yellow clay color, and then in adults brownish spots appear on face and especially an forehead, temples and cheeks ;

sometimes urticaria ; in one case where there was a tendency to it, ecchymosis ; hair of head fell off, but only in severe cases ; in one case abnormalities of nails." Kirchgasser Viert. f. gericht. u. offent. Med., ix 96.

78. Symptoms by arsenical papers on 14 persons. Scaling of skin and irritating eruptions, relieved only by Turkish baths. *British Medical Journal*, 1871 ii 101, 392.

III. EXPERIMENTS ON ANIMALS.

9. Two cats lapped up milk vomited by patient who had taken a large dose of arsenic with fatal results. One died in great suffering the following day ; the other was very sick, and refused all food for seven days, and became thoroughly emaciated. On ninth day all the hair came off save that on face. Surface continued quite bare for two months ; hair then began to grow, and in nine months the cat was covered with beautiful silky fur, but only half the length of his former coat. (*British Medical Journal*, 1856, p. 17.).

10 b. In our experiments, published in the *Journal of Physiology* for 1878, Dr. Morrill and I found that arsenic produced desquamation in frogs. After poisoning with only one-tenthousandth of the weight of the animal, desquamation begins on the trunk in about five hours, on the legs in about eight hours. The cuticle strips off in large pieces, so readily that mere handling of the animal detaches it.

11. An examination of a series of section taken from different parts of the body, at different intervals after the (hypodermic) injection of the poison, shows that the general effect of arsenious acid on the epidermis is to cause a degeneration and partial solution of the protoplasm of the cells, whereby (1) the whole epidermis becomes loosened from the subjacent derm ; (2) the cells of the malpighian become incoherent, so that the whole layer collapses, and its well-known architectural features become obscured ; and (3) the intermediate layer separates from the malpighian layer below, and at times from the corneous layer above. The corneous and intermediate layers are thus desquamated, sometimes separately, sometimes — and perhaps most frequently — together. In no case, even in those of the most extreme or most lengthened poisoning, have I ever seen the malpighian layer cast off during life ; it always remains attached, although loosely, to the derm, in a manner I shall presently describe.

It is obvious from the foregoing account that the arsenic first attacks the lowermost or the innermost portion of the epiderm ; that its action advances from the derm outward. I have never observed any excess of the fluids excreted by the skin generally

as the result of arsenical poisoning, and it is impossible to explain the changes described above as merely or even chiefly due to an excessive discharge of fluids from the cutaneous blood-vessels, or lymphatics loosening and separating the cells. All the facts go to prove that the changes are the result of the arsenic acting directly on the epidermic cell, which, with its diminished cell-substance and shrunken muscles, present a striking analogy with the secreting cells of a salivary gland which has been stimulated to exhaustion; and I shall probably not go far wrong in regarding the changes of the former as the consequence of an action not wholly unlike an excessive, in fact, a lethal stimulation by which the destructive changes of the protoplasm are hurried on beyond the recuperative power of the constructive stages. The stimulation is obviously of a peculiar kind. One marked defect of the stimulation of undifferentiated protoplasm is to forward and accelerate processes of growth. I have looked diligently for indication such as double nuclei, etc., of multiplication of the epidermic cells, but always in vain. (Nunn, *Jour. of Phys.*, 1878.)

The diseases in which arsenicum would seem to be homœopathically indicated by the foregoing, are Pruritus, as evidenced by symptoms I 15, 17, 27, 29c; II 34 and 39.

Erythematous eruptions by symptoms I 24, 26b, 26; II 72.

Lichen by II 29 and 60b.

Urticaria by I 15, 30b; II 28 and 3.

Herpes, II 3 and 43.

Erysipelas, II 60b and 27.

Pemphigus, II 33.

Psoriasis, II 35.

Zoster, II 32.

Alopecia, II 40, 42; III 9.

Chloasma and Pigmentation, II 37, 38, 59, 77, 78 and 23a.

Eczema, I 4, 7, 11b, 9b, 21(c) (d); II 12a, 15a, 24, 25, 30, 31b.

THE AURAL SYMPTOMS OF MEZEREUM.

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

Among the drugs whose action upon the healthy organism was earliest investigated by Hahnemann stands mezereum. The symptoms obtained from his own provings, together with those of eleven associate provers, are recorded in the "Chronic Diseases." Since that time our knowledge of its pathogenetic action has been further increased by the accredited records of fifteen additional provers and three cases of poisoning. While mezereum may not occupy as prominent a place now as formerly

among our curative agents, its comparative disuse is not due, therefore, to ignorance of its pathogenetic sphere. We know that its action, while characteristic, may be termed chiefly a surface action. Its effects are most marked upon the general cutaneous surface of the body, the periosteal coverings and the mucous surface throughout the body. The finer nerve elements which are intimately incorporated with the skin, the fibrous periosteum, and the mucous membranes share, of course, in the irritant action, while the central nervous system is in much less degree affected, and serous surfaces, while distinctly acted upon are not involved to the same extent as the other surface tissues.

When we study the action of mezereum upon a particular part of the body — the organ of hearing — as it is now my purpose to do, we may expect, therefore, to find its action a comparatively superficial one and to be largely confined to the skin which covers the auricle, and is reflected thence into the external auditory canal; to the periosteal covering of this canal which in its inner third, adjoining the drum-head, is so intimately associated with the thinned cutaneous layer as to be almost inseparable from it; and to the mucous membrane which lines the cavity of the tympanum throughout. The minute terminal nerves embedded in these tissues we should expect to find involved, while the more deeply seated nervous and serous structures of the labyrinth we should expect to find largely escaping the drug-action.

The first proving in which symptoms relating to the skin of the ear occur is that of Constantine Hering, made while still a medical student. He notes "constant itching behind ears; after scratching, small lumps rise, which are scratched raw and are painful for several weeks." More recently the proving by Dr. Gerstel affords the following: "Oft-recurring severe itching, compelling to scratch, now here, now there, on almost all parts of the body, and very soon after taking the drug; . . . and, especially, a persistent, oft-recurring itching on the external ear and in the left concha." Besides the itching and eruption of the skin we find among the provings the following symptoms relating to this part: "Painful swelling right concha above meatus" 3; "dull pressing pain above right ear, superficially as if in bone or skin, extending to upper border of auricle" 6; "tension behind the left ear, with tearing; these two symptoms come and go alternately" 2; "dull drawing above right ear as if in bones" 6; "drawing pressive pain above and behind right ear" 6; "pressure above right ear" 15; "frequent boring behind ears" 15; "boring behind right ear" 15. These latter symptoms indicate that not only the skin about the ear but the peri-

osteum of the temporal bone beneath is, at times, acted upon by this drug.

In the meatus we may expect to find symptoms common to both skin and periosteum. The following occur: "Itching in the right ear, relieved by rubbing" ²; "itching stitch in the interior of the right ear" ²; "otalgia, painful drawing in the left ear" ²; "tearing deep in the interior of the left ear" ²; "pricking pain as if swollen in left meatus auditorius" ³; "pain in right ear—deep in meatus—a stitch still deeper, meatus of that side more open than the other, feels swollen or relaxed" ³; "shooting in left ear" ⁶; "shooting in ears, especially in left in repeated short attacks" ⁷.

Coming now to the symptoms which are to be referred to the condition of the tympanum, and its lining mucous membrane, we find the most characteristic symptom which the provings have evolved, and one which was not noted by any of the twelve original provers in Hahnemann's time. During one of the provings by Dr. Hartlaub, he experienced, almost at its very beginning, a feeling "as if wind were howling in the right ear"; "right meatus auditorius feels wide open, increased by yawning, relieved by inserting finger". The next day, feeling "as if air were in ears, with pinching pain, most in right ear". The following day felt "as if right ext. meatus were distended with air—later the same in left meatus with feeling as if ear were stopped."

Two years after this a proving was made by Dr. Linck, who records, in the afternoon of the very first day, "while walking in warm weather, a long-continued feeling of dilatation in right ear, and coldness as if meatus were shortened and m. t. were exposed to the air, with desire to bore the fingers into them, which, however, makes no difference." About the same time a proving was made by a woman signing herself H. L. L. She records at the end of 48 hours, "when walking ears felt stretched open and the air penetrated coldly into them." This establishes the most useful pathogenetic and clinical symptom of mezereum in the aural sphere, and it did not occur until over 600 symptoms had been recorded by Hahnemann himself, and the remedy was already better proven than many which we are using today.

A few words in regard to the effects of this drug upon the internal ear will sufficiently cover the ground. We find the symptoms "ringing of the ears with great drowsiness" ²; "loud ringing in the left ear, early in the morning after dressing" ²; "on rising, tinnitus in the right ear" ³; "humming and buzzing in right ear" ³; "when lying, noise like a distant mill-wheel in left ear, a very distant beat, going off on rising up" ⁶.

Finally Dr. Würstl, whose proving occasioned throughout its course much confusion, heaviness and pain of the head records the group "confused head, vertigo, tinnitus aurium and hardness of hearing."

The clinical application of mezereum in diseases of the ear is, I think, made plain to us when its pathogenetic symptoms are thus collated. Inveterate itching about the external ear and within the canal; itching eruptions, especially if eczematous; and chronic diffuse inflammation of the external canal are the conditions especially favorable for its exhibition. It might be applicable to mild states of mastoid periosteal inflammation were it not that here we have more powerful and reliable agents at hand. But its most satisfactory use is when, in the course of treatment of chronic middle-ear catarrh, there arises, as is not infrequently the case, the now well-known symptom, "ears feel as if too open, and as if air were pouring into them; or, as if the tympanum were exposed to the cold air, with a desire to bore with the fingers into the ear."

2. "Chronic Diseases." 3. Dr. Hartlaub. 6. Dr. Linck.
7. H. L. L. 15. Dr. Lembke.

A SKETCH OF BROMUM.

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

Bromine. A liquid non-metallic element of a dark brownish-red color; very volatile, giving off highly irritant fumes of a disagreeable suffocating odor, of a burning taste, caustic and corrosive; soluble in about 30 parts water. It combines readily with hydrogen, forming hydrobromic acid, and, like chlorine, exerts a disenfectant action in the presence of moisture, owing to the decomposition of water and the evolution of oxygen induced by the affinity of bromine for hydrogen. It also combines directly with metallic and non-metallic elements to form bromides, which are widely diffused through the mineral kingdom and in mineral waters, sea-water and many organic compounds. Bromine is such a powerful irritant that its inhalation without sufficient dilution with air produces pneumonia. Its common use, in the form of its potassium, sodium, ammonium, calcium and zinc salts, and of hydrobromic acid, while not exerting the powerfully irritant local action of bromine is frequently the cause of poisoning (bromism), characterized by drowsiness, physical and intellectual weakness, and various skin lesions. It was formerly used as an internal medicine in scrofuloses and the same class of diseases for which iodine or the alkaline

iodides are now so successfully prescribed. But in the crude form and in the large doses of other days it is practically unavailable, on account of the irritant action of its vapor on the mucous membrane of the air passages and of the conjunctiva.

Poisonings. A daguerrotypist took one scruple of bromine with suicidal intent. The immediate symptoms were spasms of muscles of deglutition and respiration, with dyspnœa. Then followed intense heat in stomach, great anxiety, restlessness, and trembling of hands. Pulse was rapid and tense, and breathing hurried and rattling. There was no nausea, or vomiting, save as excited by emetic remedies. Skin gradually became cold and clammy; mucus flowed freely from nostrils, and saliva from mouth. There was great and distressing agitation, skin in many parts was bluish, countenance haggard and eyes sunken. Pain in abdomen moved gradually lower down. No loss of consciousness. Death by collapse in seven and one-half hours. Mucous membrane of stomach was highly injected, softened, ecchymosed in spots, and covered with black deposit resembling coarse tanned leather. Similar appearances were presented by duodenum. Peritoneum was highly injected in its upper half, and tinged reddish-yellow. (*Snell, New York Journal of Medicine, N. S. v. 170.*) Through the corrosive action of the fumes of bromine the glottis is sometimes closed with unyielding spasm. In such instances the inhalation of the vapor of steam, unremittingly, is the surest means of relief. Experiments with bromine upon animals have heretofore been so lacking in refinement of method that they merit only the indignant protest of those who seek the advancement of therapeutics. What help to a knowledge of the precise clinical use of bromine can come from the injection of one-half ounce of its saturated solution into the jugular of a hound, followed on his partial recovery, by an injection of a full ounce of the same strength? As well blow the dog from the muzzle of a gun! It is recorded that one canine victim gave a terrific yell, the heart's action became violent, the respiration panting, and his death occurred in one and one-fourth hours after the operation, having first repeatedly passed blood by the mouth and voided urine and fæces. "After death lungs presented splendid (sic) appearance of congestion and several apoplectic-like spots; slight pressure caused blood to flow from almost every part of pulmonary tissue." If our profession deserves the slur of Cicero, "the physician's watch of his patient is the study of death," it seems most applicable for the cruelty meted our dumb companions in these quasi-scientific poisonings.

Provings. The common sea-sponge, carefully roasted in pieces until friable, has been given since time immemorial for

goître. Hahnemann, while proving spongia to find its precise indications in goître, discovered its correspondence, as a simile, to croup. Iodine was discovered as a new chemical element in sea-weed. Fife, of Edinborough, supposing it must likewise be contained in sea-sponge, discovered it therein. Coindet, of Geneva, inferring it the active principle in the old sponge powders, began giving iodine in goître. A. Koch made a similar conclusion regarding croup, and initiated the use of iodine in this disease. Later, after the discovery of bromine, as a constituent of sea-sponge, it also began to be given with remarkable results in croup. The experience of physicians in general has shown that some cases of goître are curable by iodine and some by bromine, while others yield only to spongia. By a careful study of the provings, only, can one distinguish the cases of goître, or croup, in which either may be indicated, or other and quite different remedies, e.g., calc. fluorica, etc. Bromine was proved by Dr. C. Hering, in 1838 and later. A collection numbering 510 symptoms, obtained mainly, it was claimed, from the 30th dilution, and in part from material doses, from fourteen provers, four of them being women, and containing characteristics that have led to innumerable cures, was published, in 1846, in the second volume of the *Neues Archiv*. See *Cyclop. of Drug. Path.* for narratives of provers.

Characteristic Symptoms and Uses. Head. Headache, mostly left-sided; over left eye; in left temple; deep in crown, with palpitation; aggravation of headache under sun-exposure; after milk. Offensive smelling, moist eruption on scalp, like eczema.

Eyes. It has proved serviceable in fistula lachrymalis, for reducing inflammatory conditions of lachrymal gland and contiguous tissues.

Ears. Post-scarlatinal parotitis, with suppuration, lasting induration, and watery, excoriating discharge (Cal. fluo., Iod., Terra alb.). Otorrhœa, after scarlet-fever (Bov., Sil., Sul.)

Nose. Acrid, corrosive coryza, excoriating nostrils and lips; obstructive swelling of nasal mucosa; epistaxis (Ailan., Arum., Iod.).

Face. Swelling and induration of submaxillary glands (esp. chronic) involving neighboring glands.

Mouth. Fœtor oris. Sensation of dryness and burning in mouth, pharynx, œsophagus and stomach.

Throat. Dr. Ozanam, of Paris, in 1869, published observations on his successful use of bromine in croup and diphtheria, covering a period of 20 years. His experience justifies confidence in this drug, the aqueous solution of which, 1 to 1000, he claims is capable of rapidly disintegrating the diphtheritic membrane. He refers to his treatment of 150 cases, with the loss of

only five, all of which were croupous. He gave every hour one or two drops of a freshly-prepared 3x aqueous dilution, and inhalations of a weak solution. Dr. Meyhoffer reports the successful treatment of twenty cases with bromine alone, where the diphtheritic exudation, in the throat or larynx, was accompanied by great prostration. M. Teste used a one per cent. solution, giving from one to three drops every hour in anginous diphtheria, and every fifteen minutes in croupous cases, forbidding the use of milk, which, it would appear, is incompatible with bromine in many instances. His experiences with bromine were most favorable and his commendations correspondingly impressive (at the Paris Congress in 1878). It is, however, becoming generally admitted, that the presence of a false membrane is not characteristic of diphtheria, for various caustic chemical agents (including bromine) may produce it, and parasites other than the diphtheritic bacillus. The Klebs-Löffler bacillus is probably the cause of diphtheria, from evidence at hand, and its presence in the exudate is therefore necessary for accurate expert diagnosis. The activity of the bacillus it seems is not limited to the production of the pseudo-membrane, the angina, or the croup. It secretes toxine which is either readily absorbed, or carried, by other infected parasites to the poisoning of the whole organism. This secretion bears a striking similarity to a diastase, and its effects closely resemble the venom of certain serpents, notably that of the lachesis viper and the crotalus, especially in its influence upon the myocardium. It often occasions death by syncope, even in seemingly established convalescence and in cases thought benign. This toxine is soluble in water and is precipitated by alcohol; it is attenuated and destroyed by a temperature of 140° F. to 212° F. It now appears more than probable that this agent produces the general prostration, the fatty degeneration of the myocardium, the nephritis and albuminuria, and other phenomena so characteristic of diphtheria, not excluding diphtheritic paralysis. But there seems to be more than one kind of bacillus acting to produce all the lesions and symptoms of this complex disease, and it is now believed that during the course of diphtheria, accessory germs invade the pseudo-membrane, the inflamed mucosa and even the internal organs, from the vantage ground of a local nidus favorable for their development. They appear to increase the severity of the disease, and, in the estimation of recent observers, form the thick exudates which cover the tongue and gums, and which occasion the fetidity of the breath. These accessory parasites, it is believed, augment the inflammatory reaction, tending constantly to infiltrate the mucosa, even penetrating the glands, through the lymphatics, exciting suppura-

tion. The toxine of diphtheria, by its depressing influence seems to favor the development of the common streptococcus, under ordinary conditions of health not pathogenic and found in the mouth of the healthy man. This microbe under changed conditions multiplies and imperils remote tissues. It has been found in the tracheal abscesses after tracheotomy; and it appears, from our present knowledge, the usual accompaniment, if not the cause, of the purulent pleurisy and broncho-pneumonia of diphtheritic cases. From the bacteriological point of view of the pathogenesis of diphtheria it would appear evident that its treatment should be both topical and constitutional. To antagonize the localized toxine, frequent irrigations are undoubtedly indicated to wash away at least a part of the poison, which, as stated, is soluble in water. This should be done, if for no other reason, for the sake of purity, and the comfort of the patient. It is probable from the clinical data at hand, that no better remedy for irrigation can be chosen than a 1 to 500, fresh solution of bromine. Peroxide of hydrogen is worthy of passing note; as well might be named also solutions of lime, boric, lactic and carbolic acids, etc. But to affect this poison already absorbed and in the blood, it would appear that no remedy (with the possible exception of iodine) promises more than bromine, whether considered as an antidotal agent for neutralizing the poison in the organism (possibly through its affinity for hydrogen, like chlorine) or as an elective force to arouse the succumbing nervous life to resistance, through the operation of the mysterious laws of vital dynamics, or as both combined, can be discussed more intelligently after minute examination of rapidly accruing clinical material.

Of the wonderful, well nigh specific virtues of bromine in croup there can be no doubt, at least with those who have administered it in this disease in a freshly prepared, 3x solution. At this point let me record my belief, from many clinical observations, that the alleged remedial fitness of bromine to blondes, and of iodine to brunettes is one of those vaporous conceits which are dissipating under the newer methods of study. It is passing away with most of the complexional, temperamental and even ethnical drug limitations which formerly biassed, or perplexed, the student of materia medica. The most closely allied remedy to bromine is, beyond a doubt, iodine, especially for combatting true croup, and diphtheria. Guinea pigs inoculated with the Klebs-Löffler bacillus, it is stated, have been rendered immune against diphtheria by an injection of the trichloride of iodine.

Respiratory Organs. Laryngitis; whether exudative or not; the larynx painful; hoarseness; buzzing inhalation; rattling of

mucus in larynx and trachea; sense of suffocation; patient jumping up at intervals for more air; sense of scraping and rawness in larynx, provoking cough. Cough; rough, dry, hoarse, crowing, suffocative; as if from vapors of sulphur. Sputa; scanty, detached with difficulty; of white, whitish-yellow, or yellow phlegm; of dark, clotted blood. Gasping for breath, from spasmodic closure of glottis, with wheezing and rattling in larynx. Asthma of sailors on going ashore. Catarrhal bronchitis especially after over-heating; with attacks of dyspnoea; stitches in upper part of chest; sense of weakness and exhaustion in chest.

Heart. Anxious feeling about heart; violent palpitation; pulse very soft, small, weak, not countable (in diphtheria and croup).

Digestive Organs. Thirst seems to be wanting; there was noted even aversion to drinking cold water. Desire for acids, but they aggravate the cough and cause diarrhoea. Gastritis; vomiting of bloody mucus; sense of heaviness in stomach.

Stools. Bright yellow, preceded by cutting and rumbling in abdomen; of slimy mucus; painless; odorless; like scrapings from intestines; black diarrhoeic stools with blind, intensely painful hemorrhoids, worse from application of cold or warm water.

Male Sexual Organs. Swelling and induration of left testicle; swelling of scrotum with obstinate gleet; stitches in glans and sides of penis.

Female Sexual Organs. Swelling and hardness of ovary (left) with constant, dull, boring pain, increased before and during menses. Menses too early and too profuse; blood bright red; passive flow with much exhaustion. The menstrual blood dark and offensive, at or before the time of its escape from the uterus (termed bromomenorrhoea by Wiltshire, *Medical Times and Gazette*, Nov. 4, 1882, from the Greek, bromos, a stench); membranous shreds, with violent uterine pains like those of labor; offensive leucorrhoea after menses and continual annoying itching and sense of soreness in vagina. "Flatus from vagina," observed in a proving by Dr. Ad. Lippe, and quoted by Dr. H. N. Guernsey, not confirmed.

Tissues. Swelling and induration of glands (tonsils, thyroid, testes, submaxillary, parotid). Boils on the arms and face. Tickling, itching, prickling and stitches in the skin at various places. Pimples and pustules.

Relationship. Compare Api. v., Arg. nit. (follows B well), Borax, Cal. flour., Caust., Heps. s., Kali. bi., Iod., Laches., Spong., Sulphur.

Administration. Fine results are obtained from a freshly prepared, 3x, aqueous dilution which should be kept in a dark, cool place, as bromine readily changes to bromic acid.

THE HOMŒOPATHIC LAW AND THE HOMŒOPATHIC METHOD OF DOSAGE, AS APPLIED BY THE STANDARD AUTHORITIES UPON MATERIA MEDICA IN THE REGULAR SCHOOL.

BY JAMES R. COCKE, M.D.

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

Mr. President, Ladies and Gentlemen:—I have written this paper at the request of the chairman of this bureau. There seems to be much misunderstanding as to the real position of the two schools of medicine, much misconception, especially among members of the “regular” profession, as to wherein the bulk of intelligent homœopaths really differ from the so-called “regular” physicians. In order that I might in a measure clear up the fog which hangs over the whole subject, I have, with the assistance of two physicians, and two medical students, undertaken a search of that vast lumber-yard, technically designated materia medica, from which both schools of medicine draw the material out of which the weapons to fight disease must be made; and amid the rubbish which has been handed down to us for centuries, I have endeavored to sift out every possible suggestion which would indicate in any way the application of homœopathic law and homœopathic method of dosage; and like every other great truth, I found it had been shedding its light, unheeded perhaps at times, over the therapeutic world, for ages.

Yes, Hippocrates knew the law, *similia similibus*, and at times advised its application. Galen, Paracelsus, and many of the other fathers of medicine realized in a measure, and taught its therapeutic possibilities. I am told, that in translations made from an ancient medical work of India, about 4,000 years old, there are also allusions to this same law, and that the efficacy of very small doses of medicines well diluted, is mentioned.

The work of Hahnemann in elaborating all this knowledge, in bringing this law of *similia similibus*, and its twin sister, the doctrine of small doses well diluted, is too well known to require much mention here. In order that we may study our subject methodically, let us look at the books on materia medica, and see how our brethren of the other school, class their drugs. I wish especially to emphasize the fact, because they deny that they follow any law of therapeutics, and claim for themselves the broadest spirit of liberality. I think I can show to-night, that they do follow one definite law, that of *contraria contrariis*, in at least ninety per cent. of their prescriptions, and that, of

the remaining ten per cent., seven are based upon the fact that like will cure like; of the remaining three per cent. of their prescriptions, they recognize nothing but empiricism. That Professors Wood, Bartholow, Hare, Stillé, and a host of lesser lights, admit that the law of *similia similibus* has a place in therapeutics, will not be questioned by any one familiar with their writings. The classification of remedies used in this paper, is from Professor Wood's well-known work. I shall give examples of each class and show their homœopathic as well as other uses.

They are then tonics, alteratives, emetics, cathartics, cholagogues, oxytocics, anthelmintics, opiates, delirifacients, sedatives, astringents, epispastics, escharotics, absorbents, nutrients, cardiac stimulants and tonics, cardiac depressants, and a host of others. Let me say, in justice, however, that Hobart Armory Hare and others have abandoned this senseless arrangement of drugs, and that they now describe them in alphabetical order, giving under each one its properties, without assigning it to a definite place and class. But I shall follow Wood's classification, because I can better show the homœopathic application.

TONICS.

The most prominent tonic known is iron and its various salts. We find in studying the literature of iron, that it is not absorbed in large quantities; we find no rational physiological explanation for the enormous doses used, and Professors Wood, Bartholow and Hare agree that, when it is given in large quantities for too long a time, it may produce deterioration of the red blood corpuscles. While I can find in the literature of the "regular" school, no definite homœopathic indications regarding the use of iron, all agree that in some way not clear, its influence in increasing the hæmoglobin in the blood, is not because the iron itself is absorbed, but that it has an elective affinity, and increases the functions of the hæmatogenetic organs. I have had the subject of iron looked up in thirty-six of the modern textbooks, written in Italian, French, German and English, and they all agree upon this fact.

Quinine is prominent among the bitter tonics, and its homœopathicity to malaria was well demonstrated by Hahnemann long before the plasmodium was discovered in its hiding-place in the blood corpuscle; and I have not seen it clearly demonstrated as yet, that the efficacy of quinine in malaria is due to its anti-parasitic action. Again, I was much surprised last summer to find in a hospital over which the "regular" school of medicine had entire control, that quinine, in very minute doses, one-fourth grain, rubbed up, if you please, with ten grains of

saccharum lactis, was used constantly in tinnitus aurium, either when of functional or organic origin. I was assured by a noted specialist, that he had seen minute doses of quinine relieve hyperæmia of the tympanic membranes. The therapeutic uses of quinine have been so many and so diverse, that I can well credit the "regular" school, when they make the statement that they follow no known law, for, excepting iodide of potash and mercury, I know of no remedy which has been more abused by them. I will pass the large group of stomachic tonics, such as gentian, columbo, etc., with the statement that I can find nowhere a homœopathic application of them by the "regular" school.

ALTERATIVES.

What a deliciously uncertain word with which to cover our ignorance! What, in the name of Esculapius, is not an alterative? What powerful agent can be absorbed into the blood that does not alter the nutrition of the system? But among the class of alteratives, we find arsenic, iodides and an innumerable list of others. Let us take arsenic as an example. We are told that arsenic is an alterative, tonic, corrosive poison, if you please, in large doses; that when used in small quantities for a long time, it will produce œdema of the eyelids, pallor, a furfuraceous, dry, skin affection; that it produces anæmia, and sometimes a leucocythæmia, a chronic catarrh of the gastro-intestinal mucous membrane, a toxic nephritis. In the next breath to that employed in denying the law of *similia similibus*, we find them ordering the medicine in pernicious anæmia, leucocythæmia, chronic gastro-intestinal catarrh, in skin affections when characterized by a dry and scaly condition, and in chronic parenchymatous nephritis; and we are told that the doses must be small, or frequently the conditions will be aggravated. Professor Wood, with a sympathy touching and tender, speaks of the homœopaths as his "deluded brethren," and in my benighted mind, the question arises, Ought I to be thankful for being recognized as a "brother"? Let me say then, I have consulted the thirty-six oracles on standard materia medica, and find that in their uses of arsenic, seventy-five per cent. of all their applications of this drug are in accordance with homœopathic law. I will reserve a discussion of the iodides until I take up diseases.

EMETICS AND EXPECTORANTS.

Our friends of the other school seem to have made a hash of this subject of emetics and expectorants. They tell us that emetics are expectorants as well, but leave us in the dark as to whether all expectorants are emetics, and then they proceed to

classify expectorants as "stimulant," "sedative," etc. We are told that ipecac and its preparations are excellent emetics and splendid expectorants, and then, that high and mighty trio, Hare, Wood and Bartholow, tell us in wonderful accord that very minute doses of ipecac will stop nausea and vomiting; then Professor Wood, as he bumps his head in his therapeutic night against the sharp corner of a homœopathic fact, recoils, and rubbing himself, says that this apparent homœopathic practice finds reason in the fact that "very minute doses of ipecac act as a stimulant to the nerves of the gastric mucous membrane."

In the name of all physiological research, in behalf of common sense and reason, I ask, if a man was ever nauseated, and if he ever vomited, when the nerves of his gastric mucous membrane (and the rest of his nervous system, for that matter) were not stimulated? We are also told in another book, that minute doses of the tartrate of antimony should be given, even to producing emesis, in conditions of active hyperæmia of the mucous membrane, when from over stimulation of the nerves, the glandular structures are altered, and no secretions take place. And so I could enumerate any amount of this pathological rubbish and physiological nonsense, but I will pass on.

CATHARTICS.

Under this head we will condense, and consider both cathartics and cholagogues, and amid all the uncertainty and confusion which confronts the average medical student as he attempts to grasp the action of medicine upon the liver, we find in Ringer's "Handbook of Therapeutics," the statement that "very minute doses of podophyllin will cure certain forms of diarrhœa, accompanied by severe, spasmodic, griping pains," and that "gray powder (mercurius vivus) will relieve a catarrhal condition of the bowels found in children, when the motions of the bowels are stinking, clay-colored and ill-formed;" also, another authority says that "small doses of rhubarb, too minute to purge, will relieve a diarrhœa, especially when the stools are acid;" and curiously enough, he says, "over doses of rhubarb produce free acid stools, accompanied by rectal tenesmus." I could cite a number of instances in which small doses of cathartics relieve various forms of diarrhœa, when their symptoms correspond, but I pass to

OXYTOCICS.

The most prominent oxytotic is ergot, at the same time it is also classed as a hémostatic. In this latter respect, the applications of the drug are distinctly homœopathic but its physiological action is so complex, and the chemical constitution of

its active principles so unstable, and the homœopathic provings of it so vague, I will not attempt to go into details.

ANTHELMINTICS.

Among the anthelmintics we find *cina* prominent, but there is no evidence that this drug ever produced worms either in children or adults. That it may have produced symptoms simulating them, and that minute doses of the drug may have destroyed them when present, I am not in a position either to affirm or to deny.

OPIATES.

Among the opiates, that magic drug, opium, stands prominent; that drug which awakened in De Quincy's fertile brain, visions at once grand and sublime, terrible and depressing. I have given more time to the study of this than to any other drug in the *materia medica*. It has the power of acting upon the nervous system and upon the whole sphere of psychological life; of calling forth fancies, strange, wild and weird, or golden dreams, as sweet, joyous, loving and tender as ever came from the mind of a goddess, when she fed upon ambrosia and sipped the intoxicating nectar. And yet this fearful seducer of mankind comes to us, so many times, as a heaven-sent blessing, that I have studied it, and endeavored to rob it of its fearful power for harm, and preserve only its power for good. We are told in various text-books, that it does not act alike upon the different systems of the body, and that it awakens as vast a play upon symptoms, according to the dose used, as did Mozart when he sounded those mighty harmonies to which the world gave back an echoing cry, and that amid all this play of symptoms which may be caused by opium, each and every symptom produced by it, may prove a clue by which a similar condition in disease may be unravelled. You have all seen the dark, flushed face of the typhoid patient made lighter, the hot skin cooler, the tightly contracted pupil dilate, the parched, dry lips and tongue become moist, under the soothing and beneficent influence of minute doses of this drug. We learn in Hobart Hare's *Practical System of Therapeutics*, that minute doses of opium will bid that dark spectre, melancholia, unloose his shadowy grasp, and allow the intellect of his victim again to go free. I know a man who, from habitual use of this drug, was cast down deep into the dungeons of despair, wandering aimlessly and moaning piteously because his whole intellectual and moral nature was darkened, and he could see and know no joy. And again, a number of the standard authorities upon *materia medica* tell us (and I have verified it in a case under my own observation) that opium

will relax the spasmodically contracted bowel; and from the same books we learn that, in large doses, it will produce a similar condition. I wish that time would allow me to go into the pathogenesis of this drug, for I do not believe that even homœopathic physicians themselves have begun to half realize the power for good which a skilled application will bring out of this potent drug, and I earnestly hope that at some time it will be re-studied and re-proved.

DELIRIAFACIENTS.

The three prominent delirifacients, belladonna, hyoscyamus and stramonium, are polychrests in both schools of medicine. We find Bartholow, Ringer, Stillé and others all advocating belladonna in minute doses in that class of congested headaches, accompanied by a flushed face, throbbing temples and dilated pupils. Also, we find a number of authorities advocating the use of belladonna, or its alkaloid, atropia, in a form of pharyngitis in which the lining membrane is tumid and bright red. The homœopathic uses of hyoscyamus and stramonium are hinted at in some of the medical journals of the other school. These articles refer principally to their value in the treatment of a class of delirious patients, found mostly in rural districts, suffering with typhoid. In a careful search of the literature, we have failed to find in "regular" practice, any homœopathic applications of the bromides, and the same is true of chloral and the other sedatives. Cannabis Indica is variously classed by different writers. A French writer says, in speaking of it, that he has seen a typhoid patient, who had evidently lost all sense of time, and who presented the other symptoms peculiar to cannabis Indica, and strangely enough these conditions yielded to a small dose of the drug.

CARDIAC STIMULANTS AND TONICS.

This large group of remedies, classed together by most writers, presents indeed a great diversity of effects. Digitalis, the leading one of them, illustrates in the most beautiful manner, the homœopathic law and the homœopathic method of dosage as well. In a paper of the *New York Medical Record* of the present year, the effects of small doses of digitalis and other remedies are discussed in a very able manner, and I cannot refrain from quoting a bit apropos of the physiological action upon the heart, of small doses of digitalis. The pulse is first slow, and arterial tension is increased, but if large doses are given, the heart becomes irregular and intermittent, and the one poisoned becomes a typical picture of cardiac insufficiency, together with destroyed compensation. The homœopathicity of digita-

lis is here apparent at a glance. Among the other cardiac tonics, such as caffeine, strychnine, strophanthus, and convallaria, we find very little in the "regular" school, which is distinctly homœopathic, excepting perhaps, nux vomica, and its alkaloid, strychnine. Even here, I think the homœopathic uses of it by the dominant school, are rather empirical, and have simply been borrowed from us, because of our success.

CARDIAC DEPRESSANTS.

Aconite and veratrum viride are the typical cardiac depressants, brought forward by the "regular" school. Dr. Richard Hughes studies aconite so thoroughly in his *Pharmaco-Dynamics*, and enters so fully into a discussion of its uses in the "regular" practice, that much reference to it would be out of place for me. As the latest edition of this book was published some years ago, I have searched the literature carefully, to see if there were any recent utterances upon the homœopathic use of aconite, by the "regular" school; but there are only affirmations of what has already been said by Ringer, Murrell and others.

Let me say then, in disposing of the whole subject, that the homœopathic uses of remedies following the homœopathic law of similars and of dosage, are found principally in the journals and text-books upon materia medica. They are thrown in as hints, some of them are acknowledged to be taken from the homœopathic school, more of them are not. *Rhus tox* has been recently written up in one of the medical journals, *bryonia* in another, and in both papers, one would suppose, from the style of the writers, that they had discovered something new, of which the world knew nothing before. We find in works upon Theory and Practice, such as Pepper, Strümpell, Osler and Gage, very few references indeed, in their description of the treatment of diseases, to anything that is homœopathic, directly or indirectly. In the latest edition of Strümpell's "Theory and Practice of Medicine," there is scarcely a remedy used homœopathically in the whole work. The same may be said of Osler. Opium seems to be the principal remedy now, as it was thirty years ago, in use by the dominant school. There are something like 120 references to its use, in almost as many different conditions in Osler's "Practice of Medicine." In fact, opium, the one panacea, seems still to be the right-hand man of Esculapius, at least in his most scientific mood.

I have consulted a large number of works upon the various specialties, including otology, ophthalmology, neurology, etc., and almost without exception, found nothing in them of any value homœopathically. It is a little strange, that in the treat-

ment of various gynæcological difficulties, homœopathic remedies, which are so efficacious in our hands, have been almost, if not entirely, ignored by the other school. They use our *viburnum prunifolium*, and occasionally a little *pulsatilla*, but that large class of remedies, which has proved such a blessing to thousands of women, in the hands of homœopathic physicians, and from the use of which, so many excellent results have been obtained, seems not to have been understood, or to have been wholly ignored.

DISEASES.

Syphilis. — This terrible disease, which has proved such a scourge for centuries, has given rise to the prettiest bit of homœopathic practice known to me. I have had occasion to study the disease, particularly with reference to its effect upon the nervous system, and have looked up the treatment of it in over one hundred works. Have treated personally about sixty cases, and I think we may claim that the specific treatment of this disease is distinctly homœopathic. I undertook recently the re-proving of iodide of potash and mercury, and from my results, verified again, that which is stated by Dr. Hughes, that mercury is homœopathic only to certain stages of this disease, while iodide of potassium covers nearly the whole range of its pathogenesis. The physiology and toxicology of mercury and iodide of potassium are too well known to require repetition here. But let me say that a lecturer in one of the post-graduate courses in Boston, asserted that in a great many instances he could not tell the difference between the skin eruption caused by iodide of potassium, and that of syphilis. He said also that in a case under his observation, in which syphilis could be positively excluded, he was using iodide of potassium to absorb fibrous growth; he observed first nocturnal pains in the bones, a monoplegia of the right arm, severe nocturnal headaches, and other syphilitic symptoms, which were caused by the use of the iodides. He made nine different trials of them, and in each trial the symptoms recurred with increasing precision.

The use of the balsams and minute doses of *cantharis*, is advised by a large number of writers of the "regular" school in the treatment of gonorrhœa. Their use is distinctly homœopathic, and their effects upon the genito-urinary organs, have long since been established.

I have endeavored to find out if the "regular" school of medicine, besides borrowing our remedies, has improved upon them in any way, and I am sorry to say it has not. The senselessly large doses which are given usually aggravate the very conditions which might be relieved, if these remedies were given homœopathically.

Has homœopathy then an excuse for continuing its separate existence? As long as the causation of so many diseases is unknown, and as the specific treatment of most of them is yet to be discovered, it is, alas, in too many cases, only possible to ameliorate the symptoms as they arise. That the world owes homœopathy a debt of gratitude for enlarging the means to this end, no honest, fair-minded man or woman can deny; and so long as we are in ignorance of the action upon the healthy, of so many medicines that we use, there can be no such thing as precision in prescribing. Therefore, I trust that we may live to see a broader homœopathy, a homœopathy that will recognize the good in all, and that, by a careful study of our remedies, we may yet add fresh laurels to those already won; that bigotry, intolerance and prejudice may be forever consigned to the tomb of oblivion, to which they belong; that a spirit of scientific investigation in its broadest sense will ever be the dominating motive to urge us onward; that while studying *materia medica*, perhaps from a different standpoint, we may yet see the good in all, and have a separate existence only that we may develop a separate good.

I have shown that the homœopathic law, and the homœopathic method of dosage has, indeed, a wide application in that school of medicine, which chooses to term itself "regular." I have shown that our law of dilutions, modified, it is true, has also its application in that school.

Let us now ask the sentinels of medical progress, in what direction lies the thread of science through the mazy labyrinth of therapeutics? When does the morning light dawn? Tell us, oh! Virchow, Koch and Conheim, and all ye mighty hosts who are doing battle against the army of microbes! An army of a million physicians await in darkness your response, treading their weary and uncertain pathway, accompanied only by the moans of the sick, which too often they are powerless to relieve.

Tell us, have you found in the antiseptics — bi-chloride of mercury, carbolic acid, and the other coal-tar products — the weapons with which you can beat back your enemy disease? Typhoid, diphtheria, cholera, and a host of contagious diseases are the spectres which still haunt our therapeutic night, and steal away their victims, despite our modern antiseptics and our knowledge of microbes.

In what direction then, oh! mighty men, lies the relief? The pleadings of bereft thousands, the wail of the ever present funeral dirge and the tread of countless funeral processions, all join, forming an accompaniment to the earnest inquiry that arises from the vast host of physicians, to you, who stand upon the outermost ramparts of science; "Where does the hope of

relief lie?" And the answer comes back in no uncertain voice, that it is not in drugs that our hope lies, but afar off we spy a light, it may be a will-o'-the-wisp, and in that light, one law seems to be pronounced, one fact made clear, that disease produces itself a substance fatal to disease; that great armies of microbes produce in their own inherent lives, a substance which breeds their own destruction, and that same substance diluted, when introduced into the human blood, produces symptoms which indeed, are similar to, if not identical with, in many cases, the diseases they cause.

Then to-day, Ladies and Gentlemen, we find still the law of "similia similibus," triumphant, and again, we find its sister, the law of dilutions keeping it sweet companionship. And so in the newly-discovered doctrine "Immunity," we find another expression of homœopathic law, and homœopathic method of dosage.

What, though among our own school, some of our friends have carried this idea of dilution too far? What, though the mighty Atlantic Ocean boils and seethes with fear, lest we should exhaust its seemingly inexhaustible supply of water in our attempts to make the 200 millionth dilution of airy nothingness? What, though the whale and the sword-fish, and old ocean's countless population, tremble and shake, lest they should be deprived of their native element by our extreme homœopathic brethren? We will quiet their fears with a little common sense, and not lose sight of the truth—the mighty truth—that medicines properly diluted, are more efficient—even if some of our brethren do transcend, not only mathematical possibilities, but nature's physical laws as well, in their attempts to make high potencies.

Yet still, the great mass of thinking men and women, will hold fast to reason and common sense, and will remember the maxim from Ovid, that, "the middle road is the safest."

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

A meeting of the Boston Homœopathic Medical Society was held at College Building, East Concord street, on Thursday evening, Nov. 2, 1893, at 7.45 o'clock. The president, Walter Wesselhoeft, M.D., presided.

The records of the last meeting were approved.

The following physicians were elected to membership: Chas. A. Eastman, M.D., of East Milton; Ida F. Barnes, M.D., of Homœopathic Dispensary, Boston; and Lucy A. Kirk, M.D., of Dorchester.

Drs. Frank E. Allard, Augustus A. Haub, Alice A. Patterson and Isabelle P. Gibby were proposed for membership.

SCIENTIFIC SESSION — SECTION OF MATERIA MEDICA.

John P. Sutherland, M.D., Chairman; Mary H. Baynum, M.D., Secretary; Geo. B. Rice, M.D., Treasurer.

The following programme was presented and given in full, with the exception of the papers by Drs. J. H. Payne and W. T. Talbot:

1. "The Homœopathic Law and the Homœopathic Method of Dosage, as Applied by the Standard Authorities upon Materia Medica in the 'Regular' School." James R. Cocke, M.D., of Boston.

2. "A Study of Bromine." J. Heber Smith, M.D., of Boston.

3. "Specialists and the Materia Medica." Richard Hughes, M.D., of England.

4. "Arsenic in Fatty Degeneration of the Heart." H. C. Clapp, M.D., of Boston.

5. "Some of the Nervous Effects of Arsenic." E. P. Colby, M.D., of Boston.

6. "An Analysis of Symptoms of Arsenic Pertaining to the Skin." J. L. Coffin, M.D., of Boston.

7. "Belladonna in Its Relation to Progressive Myopia and Its Attendant Symptoms." J. H. Payne, M.D., of Boston.

8. "The Aural Symptoms of Mezereum." H. P. Bellows, M.D., of Boston.

9. "A Materia Medica Museum and Its Uses." W. T. Talbot, M.D., of Boston.

Discussion was opened by Drs. C. Wesselhoeft and F. B. Percy.

The meeting was one of the most interesting of the year, and the attendance was unusually large, one hundred and five physicians being present. Owing to the length and number of papers presented, only a very limited time was devoted to discussion. The following physicians spoke: Dr. C. Wesselhoeft, F. B. Percy, J. P. Sutherland, W. T. Talbot, James R. Cocke, I. T. Talbot, J. Heber Smith, and E. P. Colby.

The meeting adjourned at 10.30 o'clock.

J. EMMONS BRIGGS, M.D., *Sec'y.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-seventh annual meeting of the Worcester County Homœopathic Medical Society held at the Y. M. C. A. rooms, Nov. 8th, was an eventful and most interesting occasion; one long to be remembered by those who were present.

The Society is enjoying a decided waking up; new life and energy are coursing through every one of its departments; growth, prosperity, enthusiasm and vigor are everywhere manifest.

Friends and guests of the day thronged in upon us from north, south, east and west, giving an added interest to the meeting. Among those who honored us with their presence may be mentioned Drs. I. T. Talbot, H. C. Clapp, H. P. Bellows, of Boston. Dr. Eugene H. Porter, of New York; Drs. H. A. Whitmarsh and Jeannie O. Arnold, of Providence, R. I.; Dr. Emma Phillips, of Pawtucket, R. I.; Dr. E. M. Kingsbury, of Woonsocket, R. I.; Dr. A. Don Hines, of Westboro; Dr. I. B. Hines, of Boston; Dr. Dike, of Clifftondale, and Dr. Hopkins, of Lynn.

The following physicians made application for membership in the Society: Charlotte A. Rollins and Frank R. Warren, of Worcester; Benj. S. and Nellie W. Stephenson, of Littleton; Frank A. Harvey, of Clinton; A. Don Hines, of Westboro.

The election of officers for the ensuing year resulted in the following choice: Dr. E. D. Fitch, president; Dr. George A. Slocumb, 1st vice-president; Dr. Carl Crisand, 2nd vice-president; Dr. Amanda C. Bray, secretary and treasurer; Dr. Jennie S. Dunn, librarian.

The business session over, the meeting was given in charge of the Bureau of Ophthalmology and Diseases of Respiratory Organs, Dr. E. D. Fitch, chairman.

"The Application of Massage in Treatment of Disease of the Ear," H. P. Bellows, M.D.; "Curability of Consumption," H. C. Clapp, M.D.; "Glaucoma," G. R. Spooner, M.D.; "Opium in Pneumonia," C. F. A. Spencer, M.D.; "Facial Expression," J. M. Barton, M.D.

Although but two papers were read they were of exceptional interest and scientific value.

Dr. Bellows read a very instructive paper, in which he described various methods of applying massage to the internal ear, speaking especially of the phonograph and the vibrometer; the latter instrument having given particularly gratifying results.

Dr. Clapp's paper, on the "Curability of Consumption," was looked forward to with no small amount of speculation and anticipation.

There was much in the paper that afforded considerable encouragement. The doctor said that homœopathy with proper attention to hygiene and diet, he had found all-sufficient to cure in the early stages, and later on when cure is impossible, the properly selected remedy will give as much relief as any other known mode of treatment.

After the reading of these two papers, the doctors were besieged with questions, the replies to which would have made another good-sized paper for each physician.

A vote of thanks of the society was tendered Drs. Clapp and Bellows for their very able papers.

Promptly at 12.30 o'clock, Chairman Fitch announced the close of the scientific session, and the next half hour was devoted to fraternal greetings.

At one o'clock we were invited to the upper hall where a delicious spread awaited our attention. At two o'clock President E. A. Fisher called a halt in the gastronomic discussion and introduced Dr. E. D. Fitch as toast-master of the occasion, whose eloquent introductions at once inspired the orators and raised the expectations of the eager listeners.

Under the following prescription an exceedingly fine and highly concentrated extract of brain was presented.

R. "Cerebrine," ʒij. Sig.: Ten minims every ten minutes.
E. D. Fitch, M.D.

The first and one of the best samples of cerebrine was served by our esteemed retiring president, Dr. E. A. Fisher, in the "Annual Address," in which in most fitting terms he welcomed the guests and visitors who honored us with their presence, and then in words of congratulation and kindly suggestions for future prosperity and progress gave such good advice as can be given only by one who has the best interests of the society at heart.

"Our Charter Members" was ably responded to by D. Geo. F. Forbes, one of the remaining charter members of the society. He gave a very interesting and oftentimes amusing narrative of the trials and triumphs in his attempts to introduce and practise homœopathy in this State thirty years ago.

We next had the pleasure of listening to an original poem by one of the worthy members of the society, Dr. N. W. Rand. When the doctor closes his ear to the moaning and groaning of the sick and dying, and retreats for a quiet hour to his sanctum sanctorum and gives wing to the pent-up melody of his soul, there is sure to come out of his soliloquy a poem that is truly inspiring and uplifting.

In most eloquent language he told us we were sons of Hippocrates and Hahnemann, and impressed upon us the necessity of studying carefully Nature's book; to ask of the herbs and the grasses, the rocks and the mosses, and of the spirit within us for remedies to cure man's ills. Then with poetic deftness he drew aside the dark veil and gave us a glimpse of that ideal state in the future when the truth shall be known, and, although we are still learning our A, B, C's, the light of truth is rapidly

dawning upon us, and soon the call will roll along the world that "All is well."

Who could possibly have responded to the toast "Coöperation" more eloquently than our esteemed colleague from Boston, Dr. I. T. Talbot, a man who all his life has worked indefatigably for the progress of homœopathy, and whose well-deserved honor it is to have become the leading spirit of all the wonderful victories and achievements in our school. In his address he laid especial stress upon unity of purpose and then hearty coöperation for any desired object for its accomplishment. He congratulated the society upon its progress and the *esprit de corps* which he found among us, and hoped the day was not far distant when our beautiful city would have a hospital as good as any to be found the world over.

"Sisters of Mercy," the next toast, was admirably responded to by Dr. Ellen L. Keith. It was by no means a eulogy on the women of a religious sect, but a most interesting account of the achievements of women working in the field of medicine.

Something good is always sure to come from Providence (R. I.), and this certainly was found to be true when Dr. H. A. Whitmarsh gave a few important "Points on Surgery," calling especial attention to abdominal surgery and the progress made in that branch in the last decade of years.

"Our State Institutions" was admirably responded to by Dr. Geo. Adams, Superintendent of the Westboro' Insane Hospital. "Out of the abundance of the heart the mouth speaketh," and the doctor's heart is certainly in his work as the records of the hospital prove.

How easy and with what grace and eloquence a man can discourse upon a topic with which he is thoroughly conversant! When Dr. Eugene H. Porter, of New York, stood in his manly presence before us, we realized that one of the giants in the clan of journalists had come among us, and when in silver-tongued oratory he presented his "Cerebrine on Medical Journalism," it was whispered around the festive board that Demosthenes must have arisen from the dead.

He had come with his pockets full of pretty little anecdotes with which to embellish his address, but being so far away from home and so near æsthetic Boston, he did not venture to take them out. He pictured in glowing colors the ideal editor who can edit his journal to suit exactly the most critical subscriber, and always remain good-natured (like himself) in spite of kicks and cuffs. It certainly afforded us great pleasure to see the doctor's smiling countenance at the dinner, and we trust it may be our good fortune to be honored by his presence again. We

wish him a long continuance of his successful editorship of the grand *North American Journal of Homœopathy*.

Nutmegs are always hard things to take, but Dr. P. R. Watts in his response evidenced the fact that he knew how to handle them, and gave us an excellent fluid extract of the pungent meat.

Dr. E. N. Kingsbury, of Woonsocket, and Rev. Almon Gunnison were unavoidably absent, and at 4.30 P. M. the banquet-hall was deserted by the merry doctors, and the twenty-seventh annual meeting came to a close, all feeling that a most pleasant and profitable day had been spent and new vigor and enthusiasm aroused to support us till our next annual.

AMANDA C. BRAY, M.D., *Secretary*.

REVIEWS AND NOTICES OF BOOKS.

A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By Roberts Bartholow, M.A., M.D., L.L.D. New York: D. Appleton & Co. 1893. Eight edition. 820 pp.

The decennial revision of the United States Pharmacopœia, involving, as it does, innumerable changes in remedies and formulæ, has necessitated, Dr. Bartholow tells us, a new edition of his famous and popular text-book; the complimentary adjectives, it is needless to say, being our own and not the author's. The present edition, therefore, comes in response to this need, and is revised into conformity with all the requirements of the "only official standard." It is worthy of note that, despite the ruling out by the new Pharmacopœia, of all proprietary medicines of whatever sort, Dr. Bartholow considers several of them of such importance, in view of their wide adoption by the profession, that mention of them in his own volume is not only permissible, but necessary.

As in all previous editions, the style is lucid, the teaching conservative, and the chosen field exhaustively covered. The "clinical index" is an interesting feature, being of immense service for quick reference; in it one finds an alphabetical arrangement of diseases, with the drugs most useful in their treatment, there being given, in all instances, the page on which the remedies mentioned may be found and studied at length. Dr. Bartholow gives, in general, with much frankness, the authorities to which he is indebted for the treatment recommended, but a few indications, here and there, are hardly referred to their original source, as, for instance, aconite, "for sudden depression (of the menstrual function) due to cold"; veratrum viride "in puerperal convulsions"; pulsatilla in "the congestive

form of dysmenorrhœa"; aconite in "simple inflammatory fevers"; aconite and belladonna in scarlet fever; ipecac "rarely in minute doses" for vomiting.

The book is undoubtedly a classic, and from it can be obtained an altogether just idea of what like, to-day, are "old-school" theory and practice.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. Edited by Chas. E. Sajous, M.D., and Seventy Associates. Five volumes. Philadelphia: The F. A. Davis Co. 1893.

This invaluable addition to the physician's library, — or, as one may almost put it, these volumes which in themselves form a physician's library — make their eighth annual appearance assured of a hearty welcome. Since its last issue many names of value have been added to the editorial staff; among them, those of Dujardin-Beaumetz, Apostoli, Obesteiner and Levison; thus entitling the Annual to take its place the more confidently as an international authority. Its scope is, as formerly, the broad and comprehensive one of summarizing the progress made in the year just passed, in every department of medical interest. The summaries are exhaustive and profoundly interesting; the names of the illustrious writers contributing them bear testimony to their worth and accuracy. Thus, the summary of progress in the study of Diseases of the Heart and Blood-Vessels, is contributed by Dr. E. N. Whittier; that on Diseases of the Mouth, Stomach, Pancreas and Liver, by Dr. Solis-Cohen; that on Diseases of the Intestines and Peritoneum, by Dr. Dujardin-Beaumetz; that on Diseases of the Uterus and Pelvic Connective Tissues, by Dr. Paul F. Mundé; that on Dietetics and Gastro-Intestinal Diseases of Infancy, by Dr. Louis Starr; that on Fractures and Dislocations, by Dr. Lewis A. Stimson; that on Bacteriology, by Dr. Harold C. Ernst; and that on Gynecological Electro-Therapeutics, by Dr. G. Apostoli. The volumes have both a special and a general index. To master their contents is to be *au courant* with the medicine of to-day.

MINOR SURGERY AND BANDAGING. By Henry. R. Wharton, M.D., Demonstrator of Surgery in the University of Pennsylvania. 529 pp.; 416 engravings. Cloth, \$3.00. Philadelphia: Lea Brothers & Co. 1893.

The exceedingly substantial binding of this little book, well fitting it for "emergency handling," fitly suggests its admirably practical character. Its second edition contains all that made the first so popular; brief, clear text; abundant illustration; entirely up-to-date instruction. The chapters on asepsis and antisepsis have been revised and extended, and other new matter

added. The book is of convenient size to be carried in the pocket; and its contents are presented in such form as to be readily assimilable.

OUTLINES OF OBSTETRICS. By Chas. Jewett, A.M., M.D. Philadelphia: W. B. Saunders. 1894. 264 pp.

This volume offers the syllabus of the course of lectures on obstetrics, delivered by its author at the Long Island College Hospital. Beginning with a detailed description of the female genital organs, the phenomena of pregnancy and parturition, the pathological exigences of labor, and of the care of the child after birth, are dealt with in a series of brief paragraphs, adequately and suggestively headed. Thus there is secured for the student, "a classified knowledge of the outlines of his subject, which should be the first step in the pursuit of any branch of learning. . . . Upon a well-ordered framework of general facts and principles, further acquisitions classify themselves, and a complete and systematic knowledge of the subject becomes a matter of comparatively easy growth." Written with this aim, the little book well fulfils its purpose. It is published in excellent and substantial form.

CHEMISTRY AND PHYSICS. By Joseph Struthers, Ph.B., D. W. Ward, Ph.B., and Charles H. Willmarth, M.S. (Student's Quiz Series.) Philadelphia: Lea Bros. & Co. 288 pp.

Every-day questions, terse and comprehensive answers; a wide field fully and ably covered; the common-sense editing that distinguishes this useful series of quick-reference-books; such are the excellent merits of this little manual. It, like its fellows in the series, is designed to replace no text-book nor lecture-notes; but merely to recall quickly to the minds of student and teacher, the leading facts already gleaned from text-books and lectures. Many illustrations elucidate and help to fix the text in mind.

OTIS CLAPP & SON'S VISITING-LIST AND PRESCRIPTION RECORD remains, as in years past, the memorandum-book which, above all others, commends itself to the homœopathic physician. "Perpetual" and "undated," its usefulness does not expire with the last day of any given year; its miscellaneous, "quick-reference" information is abundant, practical and up-to-date; its finish handsome and substantial.

THE MEDICAL NEWS VISITING-LIST, (Phila.: Lea Brothers & Co.) a familiar and welcome visitor, comes prepared to aid the physician in his work for 1894. It is handsomely leather-bound, and furnished with thumb-index and pencil. Among its

useful hints for every-day use are memoranda on new remedies, incompatibles, ligation of arteries, poisons and antidotes, etc.

THE PHYSICIAN'S VISITING-LIST (Lindsay & Blakiston's), the Nestor in its chosen field, makes its forty-third annual appearance as well equipped as ever for practical work. It is obtainable in many varieties, being undated or dated for 25, 50, 75 or 100 patients per week, and interleaved or not, as preferred. It has many useful memoranda, including tests for urinary examinations, notes on disinfection, tables to aid in differential diagnosis, and the like. Philadelphia: P. Blakiston, Son & Co.

The programme of the new volume of THE CENTURY MAGAZINE, beginning with the November number, is one of rare interest to every reader of literature. The chief serial feature is a new novel by Mark Twain, the most dramatic story ever written by America's greatest humorist. Like several of Mark Twain's stories, it has for its scene a steamboat town on the Mississippi River forty years ago. "Pudd'nhead Wilson," a hard-headed country lawyer, the hero of the story, furnishes much of the fun that one naturally expects to find in a work by the author of "The Innocents Abroad," but he appears in quite another light in the murder trial which forms the thrilling climax of the story. The plot introduces a novel and ingenious employment of science in the detection of crime, and the characters are well drawn and their every action is interesting. THE CENTURY will contain a series of superb engravings of the old Dutch masters; articles on hunting of fierce game; articles describing artists' adventures, by leading American artists, with their own illustrations; articles descriptive of important expeditions in all the great continents, including the adventures of two young Americans who traversed Asia on bicycles; a novel series on, "Tramping with Tramps," how a young man, disguised as a tramp, traveled over America, and learned all the secrets of the "profession"; important papers on music by the greatest living composers and musicians; unpublished essays by James Russell Lowell; short stories and novelettes by all the leading story-writers, essays on timely subjects, humor and fun in the "Lighter Vein" department, etc., etc. The great Christmas number contains a sermon by Phillips Brooks, seven complete stories, a magnificent array of full-page engravings, a new picture of General Grant, letters from Edwin Booth, etc. The price is \$4.00 a year. Dealers receive subscriptions, or remittance may be made to the publishers by check, draft, money-order, or by cash in registered letter. Address THE CENTURY Co., 33 East 17th St., New York.

The December issue of LIPPINCOTT'S MAGAZINE has a "complete novel" of army life, called "Sergeant Cræsus," by that exceedingly popular writer, Capt. Chas. King. The "notable story" closing this interesting series, is "When Hester Came," by B. N. Taylor. Wilton Tournier writes suggestively on "How to Cultivate the Body." An exposure of a *cause célèbre* in body-snatching, is written up graphically, by Louis N. Megargee, the reporter who conducted the affair to its dramatic termination. Philadelphia: J. B. Lippincott Co.

PERSONAL AND NEWS ITEMS.

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- GEO. L. CROCKETT, '93, has settled at Lewiston, Me.
- MARY B. CURRIER, '93, has settled at Somerville, Mass.
- DR. EMMA M. PHILLIPS, '93, is practising in Somerville.
- HARRY A. DOWNS, '93, has begun practice at Somerville.
- MARY E. LAWRENCE, '93, is practising at Middletown, Conn.
- LUCY A. KIRK, '93, has located at 760 Dudley St., Dorchester, Mass.
- ALICE M. PATTERSON, '93, is with Dr. Kate G. Mudge, Salem, Mass.
- DR. ISABELLE P. GIBBY, '93, has opened an office at Waltham, Mass.
- DR. MARTHA H. POLLOCK, '93, has begun practice at Harrisburgh, Pa.
- WM. E. BARNES, '93 B. U. S. of M., has located at 8 Dunmore St., Roxbury.
- J. HOLBROOK SHAW, '93, has begun practice at his home in Plymouth, Mass.
- EUGENE M. DOLLOFF, '93, is at Rockport, Mass., where he has begun practice.
- DR. DUNCAN MACDOUGALL, '93, has gone to Haverhill, Mass., where he has begun practice.
- DR. N. M. WOOD, '93, has been for some months in practice at Charlestown, Mass., 71 Elm St.
- DR. G. FORREST MARTIN, formerly of Skaneateles, N. Y., has located at 13 Kirk St., Lowell, Mass.
- DR. H. VERNON WEAVER, class of '93 B. U. S. of M., has removed from Danville, Vt., to St. Johnsbury, Vt.
- DR. HARRIET E. REEVES, class of '92 B. U. S. of M., has located at 30 Church St., North Attleboro', Mass.
- DR. LISBETH D. MILLER, class of '92 B. U. S. of M., has moved from Providence, R. I., to 250 Main St., Milford, Mass.
- DR. J. C. GALLISON, of Franklin, Mass., has opened an office at No. 130 Dartmouth St., Boston. Office hours, 2 to 4 and 7 to 8 P. M.
- DR. L. B. PARKHURST has removed from Northampton, Mass., to 75 Aldie St., Allston, Mass. His office hours are until 9 A. M., and 2 to 4 P. M.

ELLEN A. K. HUTCHINSON, '93, has begun practice at 98 Huntington Avenue, Boston, and is acting as Dr. Spalding's assistant at the Dispensary.

DR. WILL W. NUTTING, lately removed from Lowell, has located at 429 Shawmut Ave., Boston. Office hours, 8 to 10 A. M., 1 to 4 and 6.30 to 8 P. M.

ARTHUR P. GAY, class of '93, is practising at 114 Huntington Ave., Boston, and has been appointed Instructor in Medical Physics and Latin at B. U. S. of M.

THE Annual Meeting of the Massachusetts Surgical and Gynæcological Society will be held on Wednesday, Dec. 13, at three o'clock P. M. at Hotel Clarendon, 521 Tremont St., Boston.

WANTED. — To purchase a medical practice, in a good location, in or near Boston. Price must be low, and practice must be of value. All communications confidential. Address "A. B. C.," care Otis Clapp & Son, 10 Park Square, Boston.

THE faculty and students of the Chicago Homœopathic College held a memorial service in honor of the deceased members of the faculty, Dr. Henry M. Hobart and Dr. Walter F. Knoll, at the college, corner of Wood and York Streets, on Sunday afternoon, Dec, 3rd, at half-past two o'clock.

FOR SALE. — A homœopathic practice in a town of 2,000 inhabitants. Present physician has been there three years. Best year, \$2,300. Practice for the last five months, \$950. Short drives. Collections good. Terms reasonable. For further information address "C. W. H.," care Otis Clapp & Son.

TO HOMŒOPATHIC PHYSICIANS. — A first-class homœopathic physician can find an excellent chance for business by addressing Dr. J. H. Gallinger, U. S. Senate, Washington, D. C., who desires to let the offices heretofore occupied by him in Concord, N. H. They are carpeted and partly furnished, with furnace for heating. No bonus, a fair rental being all that is asked. A splendid chance for a good physician of the homœopathic school.

AT the regular monthly meeting of the New York Homœopathic Union, held at 53 West 45th St., New York, Nov. 16th, 1893, the president, Edmund Carleton, M.D., in the chair, announcement was made of the death of John C. Robert, M.D., at New Utrecht, N. Y., on the 12th inst.

After remarks by members upon the character and services of the deceased, the following resolutions were offered by B. Fincke, M.D., seconded, and by vote unanimously adopted:

WHEREAS, It has pleased God to remove from us Dr. John C. Robert, of New Utrecht, a graduate of Bellevue Hospital College, member of the New York Homœopathic Union and of the International Hahnemannian Association.

Resolved, That by his death we have lost a true Hahnemannian homœopathician, who, in his quiet, unassuming way contributed to the promotion of homœopathic science and art, by careful provings and successful practice.

Resolved, That we deem a public recognition due to his memory, in this behalf, and also on account of his philanthropic work among the sick and suffering lowly.

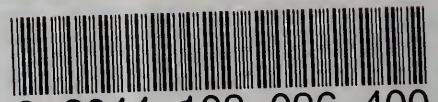
Resolved, That these resolutions be entered upon the minutes of the Union, and that copies be sent to his family and to the homœopathic journals.

J. W. THOMSON, M.D., *Secretary pro tem.*

TO MAKE STEEL INSTRUMENTS AS BRIGHT AS NEW (*Med. Brief*). — Clean the instruments by rubbing with wood ashes and soft water. Then soak them in a weak solution of hydrochloric acid in water (about ten to fifteen drops to the fluid ounce) for a few hours, to remove the remaining rust and grease. Then wash them well in pure soft water. The next step is to place them in a bath consisting of a saturated solution of tin chloride. Let them remain ten to twenty-four hours, according to the coating desired. When removed from the bath, wash them clean in pure water and dry well. When the job is well done, the steel will appear as if nickel-plated.

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