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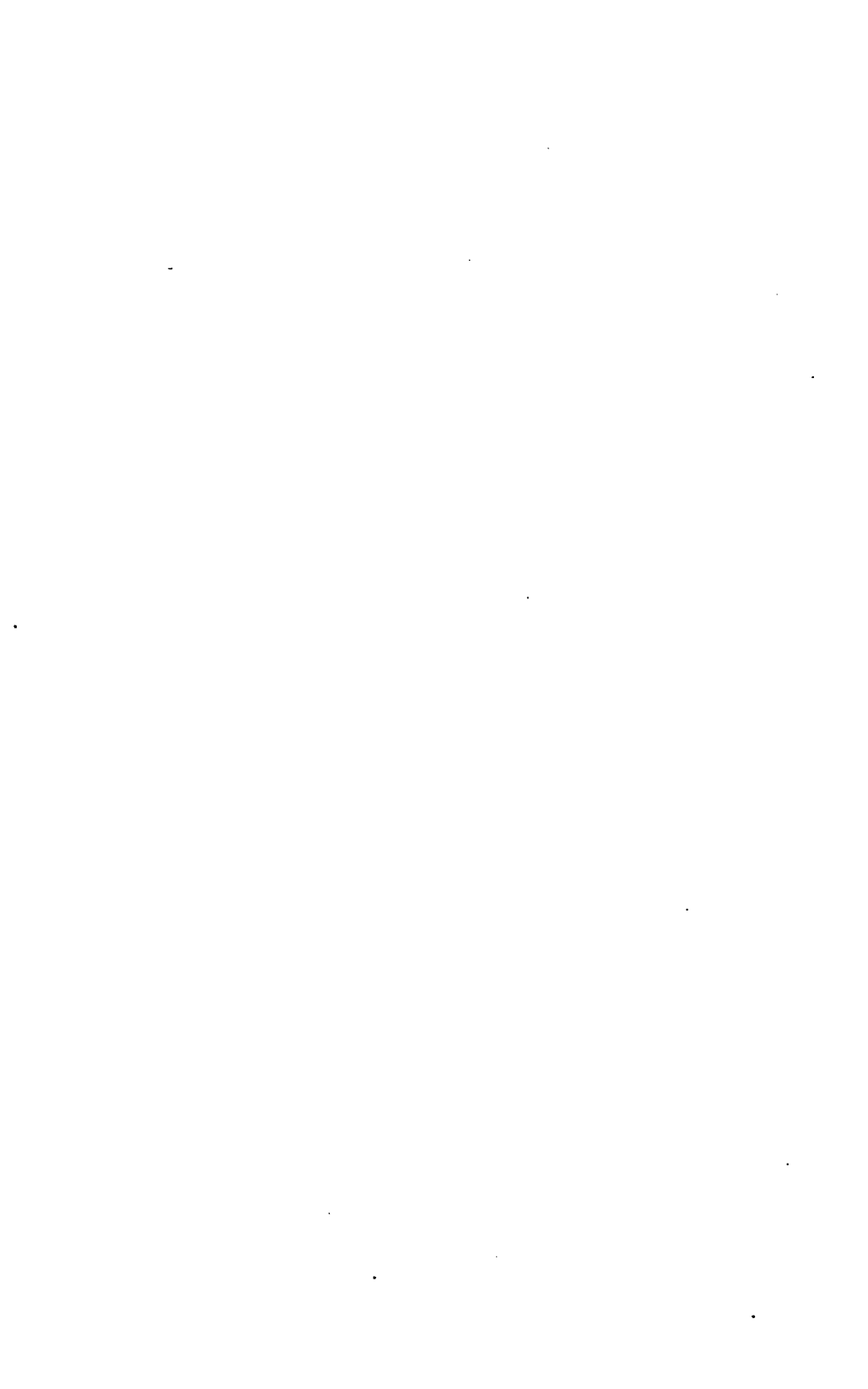
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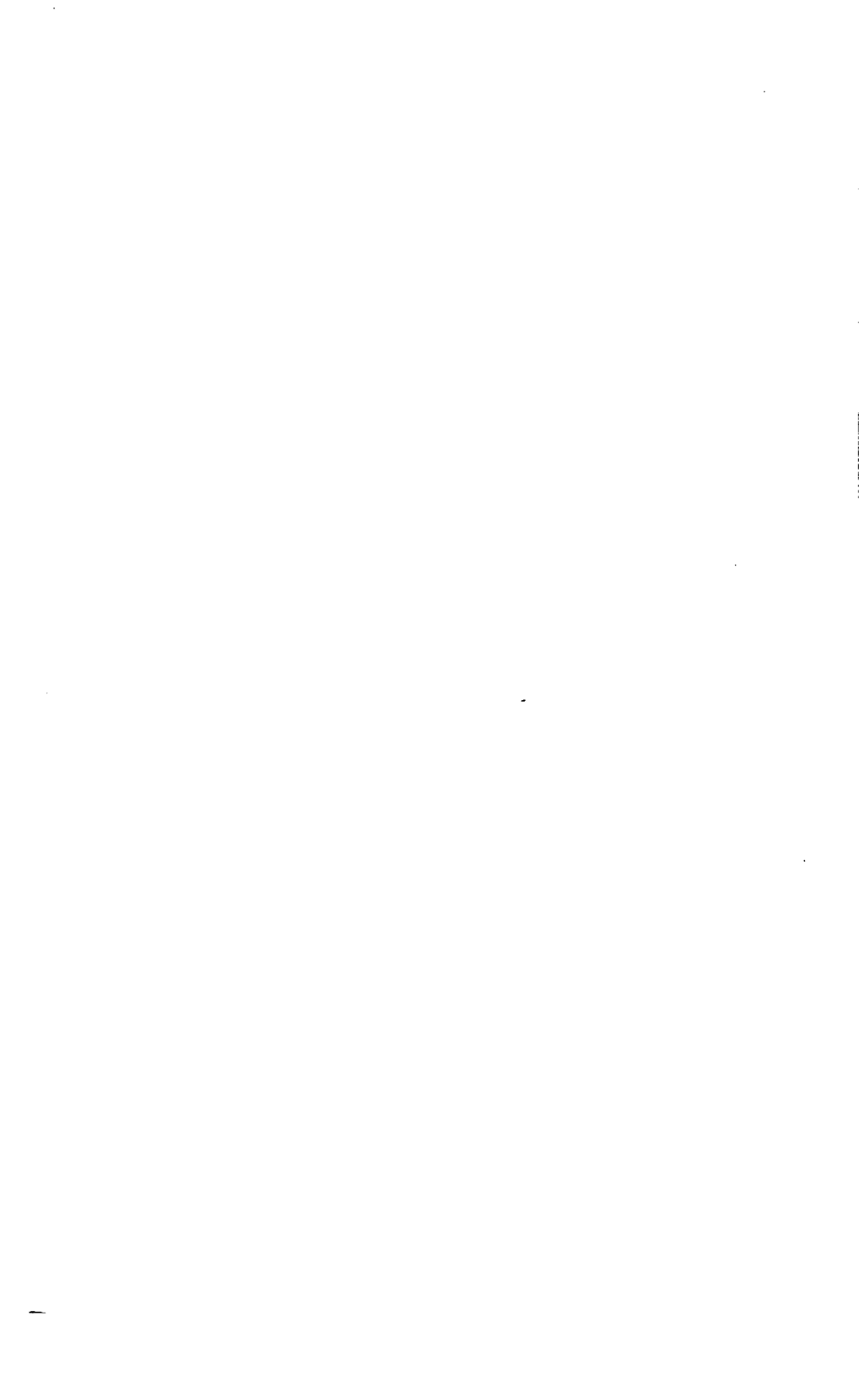
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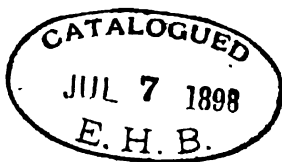
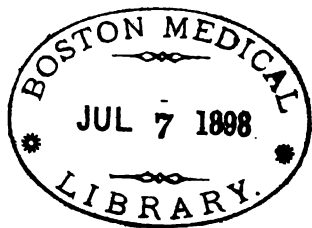
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"Die milde Macht ist gross."

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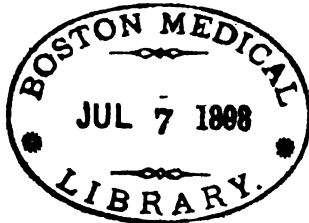
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COMMUNICATIONS.

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AN ANALYSIS OF BRYONIA.

BY E. D. FITCH, M.D.

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

In attempting to analyze the provings of any of a large proportion of the drugs in our materia medica one is appalled at the mass of symptoms with which he has to deal, and finds the task of constructing out of this material a pathogenetic picture of the drug no easy one.

We are probably all in accord with the belief that every drug, when administered to a healthy individual in sufficient dose, both as to quantity and strength, is capable of producing a peculiar specific drug disease, manifested in a series of determinate symptoms; and that no other drug will produce precisely the same train of symptoms.

If, then, we are to use these drugs for the relief or cure of disease in accordance with the law of similars, it is necessary that we should know definitely what these specific drug effects are; what symptoms the drug will produce; what physiological or pathological changes it will cause. These effects we can only obtain by a careful study and comparison of provings upon healthy persons, from poisonings, and from experiments upon animals. In these comparisons it is necessary that a symptom should be repeated a sufficient number of times in separate provings to establish its validity as a pure drug effect.

In the following study of bryonia it has been the writer's aim to present only such symptoms of pure drug effects as have occurred in at least three separate provings, such number being deemed necessary to establish this validity. The effort has also been made to show from the records of experiments upon animals what pathological changes the drug is capable of producing, and also to interpret, so far as possible, the relation of the symptomatology to the pathological changes which the drug induces.

For purposes of analysis I have made use of the records of provings found in Allen's Encyclopedia of Pure Materia Medica and the

experiments upon animals recorded in the Cyclopaedia of Drug Pathogenesis.

In Allen's Encyclopedia we find the records of forty-three provings: Nos. 1 to 8 those of Hahnemann and his fellow-provers; 9 to 40 from the daybooks of the Austrian provers, while the remaining three are unclassified.

As we know so little of the method of preparation of the drug and the doses made use of by Hahnemann, it is customary to allow these symptoms to stand without change.

The Austrian provers, on the contrary, left most careful records of their method of work, the doses used, and times of repetitions, as well as full daybooks of symptoms induced.

Of the thirty-two provings made, five were the result of using *bryonia dioica*; but while Hahnemann's provings are known to be after the use of *bryonia alba*, the similarity of symptoms is so great, and the use of the *bryonia dioica* is so common in England, where it is indigenous, that the two have been combined and these provings stand. Twenty-two of the Austrian provings and two of the unclassified list were made with the tincture, but of these No. 30 follows so closely upon the previous proving by the same person as to be excluded by the rule, that it is unsafe to count as a separate proving one made by the same person within a short time (in the present case only two weeks elapsed).

Nine of the Austrian provings and one not classified, making ten in all, were made with the dilutions, although with material doses, as was indeed the case with all the work of the Austrian provers.

Examination of these provings, however, excludes several. No. 10 was made with the 203 x dilution, but the symptoms were few and not at all in concordance with the others, and hence should be excluded. No. 14 was made with the thirtieth dilution, but has neither numbers nor concordance to claim a place. No. 17 was made with a dilution, but follows so closely one made with the tincture as to be excluded as a separate proving.

No. 19 was made with 1 x dilution, and contains symptoms numerous and in accord with other provings, but follows so closely a proving made with tincture by the same person that its value must be questioned. No. 28 is practically a continuation of proving No. 27. No. 35 presented no symptoms of value.

Excluding these numbers, there remain but four provings with dilutions which can be counted as reliable. Thus our number of forty-three has been reduced to thirty-six worthy of careful study and comparison. There are two possibilities of comparison in these provings — the contrast of the provings of Hahnemann and his followers with those of the Austrians, and the test of proving with tincture or dilution. This latter is less interesting because the dilution was either the first at the outset, or, if begun with a higher, was brought down during the proving. The symptoms, however, show perfect accord with those of the tincture, although less marked

in severity and with absence of the irritating effects natural to larger doses of the drug.

A careful comparison of the provings by Hahnemann and his friends with those of the Austrians results in a vindication of our decision to retain unchanged the records of Hahnemann's *Materia Medica Pura* as the congruence is most marked. The later provings, too, were so surrounded with safeguards that we may look upon them with great certainty as pure drug effects.

In the *Cyclopedia of Drug Pathogenesy* are recorded the results of Loewy's experiments, six in number, upon rabbits, and dogs, the autopsies upon these animals showing in an exceedingly well-defined manner the pathological changes which bryonia is capable of inducing.

Brain. All the animals showed congestion of the membranes, but the brain substance unaffected.

Chest. Superficial veins of chest injected. Two of the animals showed reddening of the pleuræ.

Lungs. Dark reddish spots, exuding, when cut, dark fluid blood. Portions of lung sink in water. One presented collapsed, somewhat œdematous lungs, with foamy blood in lower lobes. One of the rabbits showed "under halves of both lobes of lungs colored like dark red meat, not crepitant, sinking quickly in water; apices of both lungs float and yield when pressed a foamy, reddish liquid."

Heart. Right side filled with dark semi-fluid blood and coagula, 5. Left side generally empty.

Liver. Dark brownish red, friable, 5.

Kidneys. Congested, 2. Healthy, 1. No report, 3.

Stomach. Distended, mucous membrane inflamed and in some cases studded with small ulcers.

Omentum congested, traversed by fine vessels filled with blood.

From these experiments it is evident that bryonia acts specifically upon the serous membranes and the viscera which they contain, especially the lungs and liver, in the former causing congestion and even hepatization; in the latter, congestion. It produces congestion of the membranes of the brain, with no effect upon the brain substance, as also congestion of the pleuræ and peritoneum.

Upon the stomach, as probably upon the mucous membrane of the alimentary track generally, bryonia acts as a direct irritant, causing inflammation and ulceration.

Eugène Curie experimented upon a rabbit, inducing a pseudo-membranous firm tube lining larynx and trachea, penetrating as far as second and third ramifications of the bronchiæ.

Teste also reports a case of pseudo-membranous catarrh induced in a woman who had taken daily for four months 10 to 12 grains of bryonia for the relief of a hernia.

In the following analysis of symptoms from Allen's *Encyclopedia of Pure Materia Medica*, the number following the symptom represents the number of separate provings in which that symptom appeared.

Mind. Mental depression (despondency, melancholy), 7. Anxiety (apprehension), 6. Irritable (fretful, ill-humored), 8. Mental exhaustion, 3.

Head. Vertigo, 17. Aggravated by motion, 3. In A.M., 4. As if everything were whirling, 4. Confusion in head, 18. Headache, 27. Frontal, 15. Temple, sides, 18. Occiput, 9. Vertex, 3. Pressive, 18. In forehead, 10. In sides of head, 10. In occiput, 5. Drawing, 6. Throbbing, 5. Dull, 5. Stitching, 5. Tearing, 4. In A.M., 6. In P.M., 6. Aggravated by motion, 6. By stooping, 5.

Eye, 19. Pressure, 5. Lachrymation, 4. Agglutination of lids, 5. Redness and swelling of lids, 3.

Ear, 15. Noises, 8. Roaring, 4. Stitches about ears, 3.

Nose, 12. Sneezing, 7. Coryza, 7. Nosebleed, 4.

Face, 12. Pain, 6.

Mouth, 24. Toothache, 5. Teeth feel too long, 3. Loose, 3. Tongue coated white, 3. Blisters on tongue, 3. Dryness of mouth, 8. Increase of saliva, 8. Taste flat, 3. Insipid, 3. Pasty, 5. Sweetish, 7. Bitter, 6.

Throat, 16. Pain, 5. Scraping rawness, 6. Dryness, 3. Mucus, 4.

Stomach, 31. Ravenous hunger, 4. Hunger with loss of appetite, 3. Loss of appetite, 11. Thirst increased, 8. Eructations, 10. Empty, 4. Tasteless, 3. Hiccough, 3. Nausea, 22. Vomiting, 7. Distention of epigastrium or fulness, 7. Pressure in stomach as of a stone, 3. Sticking, cutting pain, or stitches, 3. Epigastrium sensitive, 3.

Abdomen, 30. Hypochondria, pressive pain, 3. Stitches, 3. Pain in umbilical region, 10. Griping, 3. Pressive, 4. Distention, 8. Rumbling, 8. Passage of flatus, 6. Feeling as if diarrhoea would occur, 3. Griping in abdomen, 8. Colic, 4. Cutting in intestines, 3. Sensitiveness, 3.

Rectum and Anus, 13. Burning in anus after stool, 7.

Stool, 26. Diarrhoea, 13. Liquid, 4. Pasty, 6. Soft, 5. Constipation, 10. Difficult, 5. Hard, 11.

Urinary Organs, 18. Frequent urination, 6. Hot, 3. Profuse, 4. Scanty, 5. Darker than usual, 3.

Sexual Organs, 5. No congruence of symptoms.

Respiratory Organs, 17. Hoarse, 5. Cough dry, 4. In morning, 3. Sighing, 4. Oppressed breathing, 5.

Chest, 23. Heat, 3. Constriction, 4. Oppression, 4. Pressing pains about chest, 6. Stitches, 14.

Heart, 8.

Neck and Back, 15. Stitches, 3. Stitches in lumbar region, 5. Pressure in lumbar region, 4.

Extremities, 21. Heaviness, 7. Pains, 10. Tearing, 3. Drawing, 6. Sticking or stitch, 4.

Superior Extremities. Pain in shoulder, 9 (pressure, tension, drawing, and stitches). Arm, drawing, 4. Stitches, 3. Drawing

in elbow, 3. Tearing in forearm, 3. Fingers pain, 8. Swelling with pain on motion, 3.

Inferior Extremities, 25. Pain in hips, 7. Thigh, drawing, 3. Knee, weariness, 3. Pain, 5. Tearing, 4. Sticking, stitch, 8. Leg, swelling, 3. Stitches in heels, 5. Tearing in feet, 4. Stitches in toes, 5.

Generalities, 23. Fatigue, 18. Exhaustion, 8.

Skin, 12. Burning, 3. Itching, 3.

Sleep, 20. Yawning, 8. Sleepiness, 5. Sound sleep, 3. Restless, 8. Dreams, 12. Vivid, 5. Anxious, 4. Somnambulism, 3.

Fever, 20. Chilliness, 11. Partial chill, 7. Chill in back, 4. Sensation of heat, 4. Partial, face, 4. Sweat, 6. Night, 3.

The comparison of these symptoms with the pathological conditions found in animals throws light upon the clinical applications of the drug, but it seems hardly necessary for me to go into this comparison in detail. The general condition set up by bryonia, as shown by analysis of symptoms and autopsies, seems to be one of congestion, going on to inflammation, with, as stated above, especial involvement of the serous membranes and the viscera which they contain. The synovial membranes, as well as muscle fibre, show signs of irritation. The mucous membrane of stomach and bowels shows the effect of both local irritant as well as specific action of bryonia. The mental symptoms, when taken in connection with the febrile symptoms, point quite markedly to the type of febrile disturbance to which bryonia is applicable.

THE PREVENTION OF DEAFNESS.

BY J. M. BARTON, M.D., WORCESTER, MASS.

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

When we consider that deafness is so generally incurable, we see the importance of preventive treatment. By preventive treatment I mean the effort to remove the conditions which lead to deafness.

In examining the ears it is rare to find a healthy-looking drum membrane, or such as is given in the text-books as a normal appearance. "The brightest reflection from the healthy membrane is the cone of light, a triangular reflex of light in the anterior and inferior quarter of the membrane, which has its apex in the quarter of the umbo and its base near along the periphery of the membrane; it is analogous to the reflex of light of the cornea." Its locality and brightness change from various pathological conditions.

As a writer has lately said, there is a lack of appreciation with the laity and some of the medical profession of the importance of the early treatment of ear troubles.

Dr. Norton wrote for the American Institute of 1896, under the title, "Is the medical profession responsible for the vast number of

incurable deaf, and what shall we do for these cases?" Among other things he says: "I realize as well as any one that it is impossible in the light of present-day advancements for any one man to become a specialist in all departments of medicine; and that the general practitioner cannot be expected to recognize every special case that falls into his hands, or to be posted on the latest and most approved treatment of the same. At the same time, I do believe it to be the duty of the physician in general practice to know the generally accepted treatment for the everyday diseases which they are treating, even though it be of some special organ. And I believe that every specialist has had many cases that have become incurable from neglect of the correct treatment at the proper time. The approach of catarrhal deafness is always insidious, and the patient is little aware that he has any trouble until the trouble becomes deeply seated. One of the frequent causes of the so-called catarrhal deafness is the adenoid growths or enlarged Luschka's tonsils."

Many cases of adenoids can be attributed to the existence of chronic nasal catarrhs, exanthemata, deflected nasal septi, and nasal obstructions. It is well known that in the lymphatic temperament the various glandular structures are apt to be diseased, and in this affection as well this temperament plays an important part.

Symptoms. — There is apt to be a thick, glutinous, yellow, green muco-purulent or bloody discharge. The child or young adult has, as in other nasal obstructions, a peculiar nasal intonation, such as is noted with chronic nasal hypertrophies; while nasal respiration, if indeed air can be forced through the nose at all, is very loud. In mild cases the symptoms are less marked. Inability to fix the attention is a prominent feature, and the facial expression is much changed. Asthma may be a complication.

In order to prevent or avoid impairment of hearing, hypertrophied structures must be reduced before serious changes have occurred. Remedies are useful, but should not be too long persisted in if improvement does not take place. The remedies recommended by Nivens are arsenicum calc. phos., which Dr. Cooper considers almost a specific, kali mur., and sanguinaria nitrate.

We all have patients troubled in this manner in greater or less degree. Few of us have had the advantages of post-graduate study, and perfected ourselves in the operation for removal. Few comparatively of our patients are willing to submit to operation unless the indications are very strong, so we may do our part by applying our materia medica as early and as persistently as possible. When we are convinced we can do no more for our patients we shall perhaps be able to persuade their families to consent to an operation. The operation of removal of adenoids is claimed to remove many eye troubles, the majority of recurring earaches and discharges from the ear, and there is scarcely a symptom of defective hearing but what is dependent upon adenoids.

We recognize the two common forms of ear trouble — diffuse

inflammation of the external auditory canal, and catarrh of the middle ear.

With diffuse inflammation of the canal we may have an exudation watery or purulent. The canal fills with the desquamation, which may later produce ulceration of the drum. In this form the canal is so filled up that an examination of the ear is very unsatisfactory. For this form we would think of such remedies as arsenicum, graph., petroleum, natr. mur., kali mur., sulph., etc.

Local measures to keep the canal dry and clean and to stop the itching are important, such as boric acid calendulated powders, and perhaps acetanelid.

In one case of diffuse inflammation an erysipelatous inflammation started in the meatus and spread over one side of the head and face. I later found the meatus full of a mixture of wax and dried skin, very thin, in form like casts of the canal. There was decided deafness on that side, but there followed no discharge or acute inflammation.

Catarrh of the middle ear more commonly follows cold in the head, especially in infants. The usual course of the attack is a slight discharge from the nose; a stoppage of the discharge; there is heat in the head and restlessness and pain on lying down or trying to nurse. The child grows worse until the ear breaks, up to which time there will be perhaps nothing to fix the attention upon the ears as the location of the trouble. Acute attacks like that pass off and are not noticed much. During dentition the ear may become involved aside from that referred to nasal complications. Scarlet fever and measles have left many deaf children. Rane says the chronic otorrhœa after scarlet fever is mostly the consequence of a catarrhal inflammation of the meatus auditorius externus, while deafness has its cause in an inflammation of the middle ear, which has spread there through the Eustachian tubes and caused perforation of the tympanum or thickening of the same. Therapeutic suggestions for ear symptoms in scarlet fever mentioned are: Pain in left ear, kali bichr.; otitis media, puts hands behind the ears, silic.; deafness, nitric acid; deafness and purulent discharge, lycopod, fer. phos. and kali mur.

Tobacco smoking, especially cigarettes, is undoubtedly the cause of much nasal, pharyngeal, and ear catarrh. Not that abstaining from its use prevents catarrh, but with the inclination to irritable mucous surfaces there is great sensitiveness to the local irritation of tobacco, in the acute or active state producing a sensation of dryness and burning and tickling cough or sneezing. Older cases or secondary stages show the relaxed throat with a sensation of thick mucus which cannot be removed. Dr. Allen suggests argentum nitricum for this form. I have seen good results from its internal use in the third potency. Calc. fluorica is indicated for relaxed throat, with tickling in the larynx when caused by elongation of the uvula, with cough. One case of this kind, a man with a highly nervous temperament who was a smoker, had such a cough and throat irritation which calc.

fluor. 6 x cured after other means had failed. Such tickling coughs have sometimes been cured by removing hardened ear wax or dried desquamation in the meatus, also by general ear treatment.

General Therapeutic Suggestions (Rounds). — Of the lime preparations. The ear symptoms are not very characteristic, although they are numerous. But nevertheless this remedy in its various forms is one of the most valuable we have for the treatment of ear diseases. In the chronic otorrhœa of children it is especially useful. Otorrhœa in large, fat, flabby children, especially if the discharge is bland, yellow, and not very offensive, always calls for calc. carb. When the discharge is thin and excoriating, with enlargement of the glands about the ears, when the glands of the throat are hypertrophied and the patient suffers from hypertrophic nasal catarrh with scanty, ichorous discharge from the nostrils, I have found calc. iodatum the best preparation of lime to give.

When a patient is suffering from a wasting disease, gradually losing flesh, with a thin, offensive discharge from abundant granulations in the drum cavity, I have never found the phosphate of lime to fail to produce positive beneficial changes.

Calc. phos. (Allen). — Cold feeling in ears, coldness followed by throbbing, heat, with hard hearing; outer ears cold, cold and aching; earache, tearing, shutting, jerking pain in alternation, or with other rheumatic complaints; hearing, difficult hearing, with all other ear symptoms, singing and other noises most in right ear.

Hypophosphite of lime is particularly adapted to the treatment of suppurative inflammation of the middle ear in phthisical subjects.

Kali mur. is useful in the proliferous form of middle ear inflammation, with stuffy sensation, deafness, and naso-pharyngeal obstruction. It will open the closed Eustachian tube and release the retracted membrana tympani. Houghton says it seems to act more upon the right Eustachian tube.

I have verified the above indications in many cases.

Dr. Cooper says the ear is an anomalous organ. We are dealing with but one symptom, or perhaps two, tinnitus and deafness. We must diagnose in order to get on with the treatment. We may have a great deafness easily cured, or a slight deafness which may resist all our efforts. Nervous deafness is hard to cure and may return. It comes with a mental shock and often goes with the same. Magnes. carb. is a good remedy for this, and also for a gradually increasing inflammatory condition of the ear. This latter is very obstinate. Further indications for magnes. carb. are diminished hearing, especially in the house, with roaring and whizzing in the ears.

FIRST APPLICATION OF THE ROENTGEN RAYS IN MILITARY SURGERY. — The medical service of the present Anglo-Egyptian Dongola expedition carries a number of sets of X-ray paraphernalia, and the enterprising surgeons propose to turn the rays on the victims and locate the Dervish bullets with ease. — *Medical Review.*

*A NEW CLINICAL SYMPTOM OF PETROLEUM
CONFIRMED.*

BY JOHN H. PAYNE, M.D., BOSTON, MASS.

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

It has been my good fortune to be able to verify a symptom of petroleum first brought to your notice by me some time ago in a paper presented to this society. In this case an entire loss of the eyelashes (iridareosis) from infancy was rectified and a new and healthy growth reëstablished under the action of petroleum given internally, when the external application of the same remedy in its crude form had utterly failed to accomplish beneficial results; and the principal symptom that called for its exhibition, and the one on which I based my prescription, was a sensation on the skin of the face and lids of dryness and constriction as though it were covered with a thin layer of albumen. The case that I have to report to-day had also this same symptom and nothing else definitely in the way of subjective symptoms, and it was cured by petroleum, selected because of this peculiarity.

Mrs. A. H. C—, aged forty-five, was admitted to the Massachusetts Homœopathic Hospital in June, 1894, suffering from chronic recurrent iritis and from ectropium (eversion) of the lower lids, due to a granular state of the mucous membrane (the conjunctiva), a condition known as trachoma. She suffered great distress each night from dull, heavy pains in her eyes, which appeared very much flushed in the ciliary region, with the characteristic pink zone around the edge of the cornea, a symptom so indicative of iritis, and with contracted and inactive pupils and photophobia. Her lower lids were completely everted, so that the lining mucous membrane was much exposed. This was of a dull, dead, pale pink color, and covered with transparent elevations the size of an ordinary pin head, and almost bloodless in appearance. The cheek beneath appeared glazed and contracted. There was no discharge from the eyes, except an occasional lachrymation from the pain of the iritis. Questioning could elicit no history of importance, except that she had had the symptoms of iritis off and on for many months, and the eversion of the lids for a much longer period, and had adopted various methods of treatment without benefit. The only definite subjective symptom on which to base a homœopathic prescription was this one that I have referred to, namely, a sensation of dryness of the skin, as though glazed by a thin layer of albumen. Petroleum was prescribed with the result of a complete and rapid subsidence of the symptoms, a disappearance of the pain and of the flushing of the iris, and a restoration of the lids to their normal position and appearance, and simultaneously a subsidence of the guiding symptom that I have referred to on which the prescription was based. I have heard from the patient several months later, and have learned that she still continued well. The rapid subsidence of the symptoms following

the use of petroleum seems to leave no doubt as to the beneficial influence of the remedy, for the case had already dragged out a weary existence of several months, and was characteristic of that most stubborn of all diseases, chronic trachoma, with the additional incubus of recurrent iritis.

THE EFFECT OF THE FRANKLINIC CURRENT UPON THE CIRCULATION OF THE BLOOD.

BY MARY L. SWAIN, M.D.

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

In this day of increasing interest in the achievements of electricity as a therapeutic agent, we naturally are interested to know which form will accomplish a desired result most satisfactorily.

All the forms in common use, constant, induced sinusoidal as well as the franklinic or static, produce a sense of warmth and well-being. Possibly a slight change in temperature might be noted after their use. The static has a most decided action in this way. The objective evidence of its physiological action has been obtained by all who use the current.

Dr. Wm. J. Morton, of New York, in published records of twelve cases shows how marked this action is. The cases were quite varied.

- 2 Double Sciatica.
- 1 Transverse Myelitis.
- 1 Paralysis Agitans.
- 4 Neurasthenia, etc.

In the records we find the high temperature lowered and subnormal raised.

The low pulse is raised, and high is made lower.

The variations depending upon the nature of the disease treated.

The effect of the static is to equalize the circulation, and thus promote metabolism.

The customary treatment is to give the patient the electric bath or charge for fifteen minutes, and follow it with sparks along the nerve trunks and over the nerve centres for about five minutes more. The effect is to produce a decided sense of warmth in all, and many break into a profuse perspiration. This augmentation of the circulation is best demonstrated by applying a long percussive spark to the bared arm; the result is a dead white spot at first, due to vaso-motor constriction.

Later the spot will become intensely red from the secondary dilatation. This process goes on through the entire organism, hence its great value in affecting nutritional processes.

Patients favorably affected by this form of electricity report very soon after taking it a feeling of refreshment, warmer hands and feet, etc., showing the nutritional improvement very promptly.

From the reading of different authors I gather that many symptoms in the incipient stages of some forms of brain disease are due to congestive states.

One case treated by the writer was of great interest to her, as showing the possibilities in this type of cases.

Mrs. S—, fifty-three years old. Menses ceased at forty-seven with no abnormal symptoms. She complained on December 24, 1896, of great distress in her head, a light feeling on top with pressure and numbness at the base of the brain. She had much color in her face.

Appetite was poor and constipation present. Sleep poor; awake for hours some nights. Troubled dreams whenever she slept. Extremities were cold. She dreaded going out alone for fear something might happen, and always brought a friend with her to the office for that reason. December 27 she received her first treatment. Pro-insulation, followed by the spray over the entire surface. This was continued, only substituting the spark for the spray, over the spine and nerve centres, for a period of nine weeks, during which time she received nine applications. There was prompt and steady improvement. At about the end of the sixth week she told me with great satisfaction that she had twice been away to an adjoining town by herself, and felt most happy about it.

Case 2. Mrs. D—, age fifty, came in the autumn of 1895. She had suffered with pneumonia the winter before. There was an irritable condition of spine, with pain the entire length. Menses were irregular. She had suffered, when I saw her, for several months with gastric attacks.

They came on with pressing pain, quite severe, extending from stomach to spine. Cough every damp spell with expectoration, which exhausted her very much. There was a general disturbance of the system and feeling of great discouragement.

Same treatment was used as in the preceding case for its nutritional effect. The treatment extended over a period of six weeks. She felt the good effects at once; gradually dropped the painful symptoms; cough improved, and when we discontinued the treatment she felt in better condition than for several previous years. In cases treated by electricity the remedies are always used where indicated.

EFFECTS OF ROENTGEN RAYS. — In a recent session of the Paris Academy of Sciences, Dr. Lecercle communicated the interesting observation that in rabbits which had been subjected for three days to the action of the X-rays, the excretion of phosphates in the urine was decidedly increased. This augmentation lasted for two days after the experiment, when the normal ratio was reestablished. — *American Medical and Surgical Journal.*

A PROJECT is on foot to erect a ten-story office building in Chicago to be known as "The Medical." The intention is to have the building given over to doctors for offices, and the rooms and conveniences are to be arranged with that object in view. — *Cross Medical College Bulletin.*

SUPERFICIAL EPITHELIOMA.

BY JOHN L. COFFIN, M.D., BOSTON.

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

Epithelioma, as it occurs on the external surface of the body, presents three forms, the discoid, papillary, and infiltrating, the two former being superficial, but tending ultimately towards the last form. The discoid form, which I propose to consider in this brief paper, usually begins as a minute, illy defined patch or waxy-looking papule, covered with a minute, thin scale; this from time to time becomes rubbed or scratched off, the surface beneath presenting a finely granular, slightly bleeding appearance, which soon scales over, to be again denuded and again re-formed. This process often lasts for months or years with only very slight increase in size, the objective symptoms during all this time being slight; these consist, at the most, of occasional slight burning or itching.

After a variable but usually long time the growth increases more rapidly. Instead of a scale there is a crust formed, beneath which is an ulcer, with irregular border, waxy to view, and cartilaginous to the touch, having an irregular, granular bleeding floor, the whole being superficial and freely movable on the underlying tissues. At this point it may follow two courses: the centre may heal with production of scar tissue, the disease still progressing at the margin as a serpiginous ulceration (Kaposi), or, what is more common, the ulceration extends deeper, involving all tissues beneath, with their ultimate destruction.

This disease is rare under thirty years of age, is much more common after forty, more apt to occur in males than females, and is found most frequently upon the face, especially the lower lip and upon the genitals. The most prominent factor as a cause is long-continued irritation as from a pipe, when it occurs on the lips. The next most prolific cause is the presence of some wart or mole, which, I think, after the age of sixty is especially apt to undergo malignant degeneration. The prognosis, according to Radcliffe Crocker, of London, is always unfavorable. Kaposi, on the other hand, believes it to be much more amenable to treatment. Personally, I believe, if taken in the beginning and thoroughly removed, the prognosis is very favorable. Everything depends on its early recognition. The treatment is its thorough removal by knife, ecraseur, or caustic. I have never been satisfied that internal medication had any effect whatever on the disease.

When the ulceration is extensive and deep enough to involve the underlying tissues, the whole diseased mass should be removed by the knife, a good liberal margin of sound skin being taken, and the resultant surface treated to a skin grafting.

In the more superficial ulcerations thorough scraping with a curette, touching with a stick of caustic potash and immediately neutralizing with dilute acetic acid, I have found very efficacious, the

resulting scar being smooth, soft, and flat. Various caustic pastes, containing zinc chloride, arsenic, pyrogallic acid, etc., are not infrequently used. Of these arsenic, in the form of Marsden's paste (equal parts of arsenic and powdered tragacanth rubbed up with water sufficient to form a thick paste), has served me best, though not always successful. It has the advantage, however, of only attacking diseased tissue. In the very beginning, when the growth presents only a scaly patch or papule, I have seen it entirely disappear under the daily local application of Fowler's solution of arsenic. Of Mitchell's method, consisting, as I understand it, of the internal administration of arsen. 3 x and the topical application of arsen. 2 x trit., I can only say that, in the two or three cases in which I have tried it, I have seen no beneficial results; at the same time I wish to state that the trouble no doubt may be due to lack of knowledge of the exact technique on my part.

AN UNPROMISING CASE CURED BY ELECTRICITY.

BY E. P. COLBY, M.D.

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

R. W——, age 14. Remarkably nervous, lively boy, has been at school quite regularly. The first thing noticed was when he was two years old, he complained of the right foot feeling sore when the shoe was put on. Six weeks later the mother noticed that this leg and foot were wasting, then the foot began to turn in, so that he walked on the outside of it. After one and a half years, by rubbing, massage, etc., the foot improved slightly, but within a few weeks the leg was again growing smaller. Walked with irons until four, when he left them off. The right calf is $2\frac{1}{2}$ cm. smaller than left. Right knee $1\frac{1}{2}$ cm. smaller. Right patella shorter and narrower, bony points are sharper. Right tibia 1 cm. shorter. Toes do not drop, but he cannot flex foot readily. Right patella reflex dull. Reaction of degeneration in all anterior muscles of right leg. The muscles of right leg only respond to very strong and painful faradic current. Treatment was continued for ten months, gradually improving. Applications to the anterior leg muscles and motor points of interrupted, and labile continuous galvanic current two to three times a week. Reaction of degeneration disappeared within a month, and the motor power regained except extension of great toe, which was very slight.

This case is given to show the benefit of long-continued electrical treatment, even in the most unpromising cases.

"LET me take the blamed thing home," said the patient as the dentist relieved him of his aching molar; "I want to take it home to poke sugar in it to see it ache!" — *Exchange.*

STRICTURE OF THE URETHRA.

BY ORREN E. SANDERS, M.D.

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

Stricture of the urethra is divided into two great classes, congenital and acquired.

Congenital strictures may occur at the meatus or at any other point of the urethra, though by far the greater number of these occur at the meatus.

Narrowing of the meatus, even to almost a pin head, may exist from birth, which, however, may give rise to no appreciable symptoms, and no notice is taken of it until adult life, when an attack of urethritis or some urethral trouble obliges the patient to consult a physician.

The symptoms, if any, produced by this form of stricture would be difficulty of urination, ischuria, inefficient erection, and various reflex disturbances.

Repeated catheterism is sometimes effective, but an incision is quicker and more decided, of course, cutting downward toward the frænum. A certain amount of contraction occurs afterward, therefore it is desirable to make the incision deeper than the final requisite opening.

Congenital stricture of the deeper urethra is rare, and the probability is that such strictures are acquired after birth.

The symptoms would consist of a slow thin stream on urination and attacks of pain due to partial retention of urine.

Treatment consists of dilatation with sounds or internal urethrotomy.

In addition to these there may be stenoses or valve-shaped strictures in various parts of the urethra. These are hard to recognize, and when found by a small endoscopic tube must be severed by a dilating knife.

Acquired stricture includes all other forms. It is an abnormal lessening of the caliber, or dilatibility of the urethral canal, accompanied by changes in the mucous, submucous, or muscular structures, constituting its walls.

This class includes the following varieties : —

1. Inflammatory.
2. Spasmodic.
3. Organic (a) of large caliber.
(b) of small caliber.

1. Inflammatory stricture.

Its very existence has been denied by many authorities, who claim that without congestion of the prostate, spasm of the circular fibres of the urethra or præexistent organic stricture, no swelling of the mucous membrane alone is able to give rise to retention of urine.

It simply means that in cases of acute anterior urethritis, with no sign of previous stricture and with the prostate unaffected, we have

great diminution in the size of the stream of urine, manifestly from the unnatural approximation of the swollen urethral walls.

This condition is most always of short duration, never going on to complete retention of urine; still it is often the first step in the formation of organic stricture. The treatment is that appropriate to the usual form of urethritis.

2. Spasmodic stricture.

This form of stricture is the result of a contraction of the circular muscular fibres of the urethra. It is usually reflex, though frequently it is produced by psychical causes, as shame, fear, anger, etc. When its cause is reflex it is usually from some irritable point in the urethra, as from an organic stricture, or granular urethral patch, while it is rarely produced by some remote reflex irritation, as from retention of urine, after surgical operation upon anus or rectum. It may sometimes be dependent upon a narrowing of the meatus. It is especially liable to occur in nervous, excitable, or irritable young men.

These cases are frequently relieved by producing some marked mental impression, as the passage of a single sound or performing meatotomy.

3. Organic stricture.

This form of stricture may occur in persons of any age, but most frequently between the age of twenty and forty-five.

McIntosh and Carter have shown, by statistics taken from the records of the United States Marine Hospital service, that about one stricture occurs in every eight cases of gonorrhœa. While this proportion of theirs is probably far too high for private practice, still it is an indisputable fact that stricture is frequent enough in its occurrence to demand our special attention.

The symptoms produced by organic stricture may be both subjective and objective.

Under subjective symptoms we have, first, a history of previous urethral irritation, either gonorrhœal or otherwise, then frequency in micturition, especially in the daytime, a change in the character of the stream, twisted, double, flat, etc. With these often a diminution of expulsive force, and dribbling at the end of urination. Occasionally we would have some retention of urine, some ardor urinæ, vesical tenesums, and a slight gleety urethral discharge.

Under objective symptoms there would be a distinct contraction felt at some point along the urethral canal.

Therefore, when we have definite symptoms, as a gleety discharge, even though ever so small, or dribbling at the end of micturition, coupled with a distinct contraction upon proper and careful examination, we are justified in diagnosing an organic stricture.

The results or sequellæ of organic stricture depend upon its situation and the amount of the contraction. Among them are the pouches behind the stricture, which may produce fistulæ of various kinds, together with extravasations of urine, certain bladder complications, even extending to the ureters.

Occasionally a stricture may remain stationary for years, but as a rule the tendency is toward continuous contraction.

All organic strictures may result from either a precedent urethritis or from traumatism; the former by far the most common cause. It is especially apt to follow those cases of urethritis where the urethral inflammation has reached an exceptionally high grade of intensity, or, still more, cases which have run a very protracted course.

The pathological condition varies from an induration and thickening of the mucous membrane to the formation of a dense mass of cicatricial tissue, extending even into the meshes of the corpus spongiosum.

The strictured portion of the urethra varies greatly in extent.

It may present the appearance of a mere cordlike band called "linear" stricture or slightly broader called the "annular" stricture, or it may extend over a space of two or three inches of the canal, changing the canal into a devious irregular channel called the "tortuous" stricture.

Strictures are further divided into "irritable," when they are easily inflamed and bleed, and "resilient," when they are elastic and contractile. This of course depends wholly upon the density of the cicatricial tissue forming them.

They are also divided into those of small caliber, which includes strictures that will admit only instruments less in circumference than fifteen millimeters, and those of large caliber, or strictures which will take instruments from that size up.

The situation of a stricture also varies greatly, but there is no doubt that the great majority are to be found in the bulbo-membranous region, which includes a space from about one inch in front of the anterior layer of the triangular ligament to the prostatic-membranous junction.

The next most frequent position is in the first two and one half inches of the urethra, and the smallest number are found in the middle of the spongy urethra.

The vascularity of certain parts of the urethra makes these special points more liable to stricture than others, owing to the fact that chronic urethritis becomes more easily localized here.

The opening of a stricture is seldom in the centre of the urethra, but usually near the roof or one side.

The idea that any particular fixed caliber represents the normal condition of the urethra is fallacious, the observed variations of the canal being such that no special dimensions can be given as representing the exact dividing line between health and disease.

It has also been proved that no definite relation exists between the normal caliber of the urethra and that of the meatus, as was formerly supposed by Guyon and a host of others, but that a certain correspondence between the size of the urethra and the circumference of the flaccid penis is true, the caliber of the one increasing with the circumference of the other; however, even this correspondence has

not by any means been definitely settled in any absolute and unvarying manner.

Dr. Otis has arranged a scale of the relation of the caliber of the urethra to the circumference of the flaccid penis, and any deviation from this scale he and his followers consider as evidence of a stricture. The most valuable instruments for the purpose of diagnosis are the "bougies à boule."

Otis' urethrometer is liable to detect stricture in even normal urethrae if used under his scale of relationship.

Dr. Otis' scale is as follows:—

Circumference of penis 3 inches, means caliber of urethra 30 mill'trs.

Circumference of penis $3\frac{1}{4}$ inches, means caliber of urethra 32 mm.

Circumference of penis $3\frac{1}{2}$ inches, means caliber of urethra 34 mm.

Circumference of penis $3\frac{3}{4}$ inches, means caliber of urethra 36 mm.

Circumference of penis 4 inches, means caliber of urethra 38 mm.

While this scale may be true of the distensibility of the urethral canal, there are many who believe it is too high for nearly all normal urethra, therefore Dr. White adopts the following scale:—

Circumference of penis 3 inches, means caliber of urethra 26 to 28 millimeters.

Circumference of penis $3\frac{1}{4}$ inches, means caliber of urethra 28 to 30 mm.

Circumference of penis $3\frac{1}{2}$ inches, means caliber of urethra 30 to 32 mm.

Circumference of penis $3\frac{3}{4}$ inches, means caliber of urethra 32 to 34 mm.

Circumference of penis 4 inches, means caliber of urethra 34 to 36 mm.

If the meatus be too small to admit the requisite size of a bulbous bougie, it should be incised. By this smaller scale as our guide we can easily discover any contraction.

Treatment of stricture.

Of course the first essential thing to do is to make a careful and thorough diagnosis of the position, the size, and consistency, also the probable normal dimensions of the urethra compared to the circumference of the flaccid penis.

Having done this the treatment resolves itself into one of the following methods:—

1. Gradual dilatation.
2. Electrolysis.
3. Internal urethrotomy.
4. External urethrotomy.
5. Combined external and internal urethrotomy.
6. Perineal section.
7. Various methods, like divulsion, rapid dilatation, excision, etc.

The first condition in each and all of these various methods is absolute cleanliness, it being even more essential in operation upon the urethra than upon any other part of the body; the best antiseptic lubricant for the instruments being boric acid in proportion of 1 dram to an ounce of vaseline.

I can do no better than to give you the conclusions arrived at by

Dr. White, of New York, as to the conditions which require each of the different methods employed for stricture.

1. Stricture of large caliber, that is, of more than fifteen French, situated at or behind the bulbo-membranous urethra, are to be treated by gradual dilatation.

2. Stricture of large caliber, occupying the pendulous urethra, are to be treated by gradual dilatation when very recent or soft, and by internal urethrotomy when of longer standing and distinctly fibrous.

3. Strictures of the meatus and of the neighborhood of the fossa navicularis should be divided upon the floor of the urethra whenever there are real pathological conditions.

4. Strictures of small caliber, less than fifteen French, situated in advance of the bulbo-membranous junction, usually call for internal urethrotomy, preferably with a dilatory urethrotome under strictest antiseptic precautions.

5. Strictures of small caliber situated at or deeper than the bulbo-membranous junction should be treated whenever possible by gradual dilatation. In cases of resilient or irritable stricture, which is not dilatable, by external perineal urethrotomy.

6. Impassable stricture of the deep urethra always requires the performance of perineal section.

While this division is in the main a very good one, there are some methods of treatment left out. Among these, and to my mind foremost among them, is electrolysis. During the past few years electricity has taken mighty strides forward, being used in all forms of disease and meeting with wonderful success.

It was many years ago used by specialists in genito-urinary diseases but finally abandoned, and why? Simply because it was not understood or scientifically used. It was then considered necessary to use it with simply the cauterizing effect, and was never even surmised that used in a mild form it had the power of decomposing and breaking down all forms of fibrous growths.

It is now used successfully in nearly all forms of urethral strictures, using about two to eight milliampères in strength. There is, however, nothing equal to the cold steel sound for dilatation where the condition of the stricture is not too dense, or where the urethra is not too sensitive.

I have used electrolysis in something like twenty cases of stricture during the last year, varying as to size, consistency, and position, and in each case with marked success and probable cure. I say probable, because it cannot be definitely known so soon whether a return of the stricture will take place or not.

OFTEN ENOUGH. — An ambitious young physician once visited the grave of a celebrated physician to pay tribute to his memory. The cemetery was in a little village. On leaving the place, the young physician passed a gravedigger, and asked him, "Do people die here often?" "No, only once," came the reply, and the ambitious youth passed on — to reflect. — *Medical Brief.*

PHASEOLUS, THE NEW HEART REMEDY.

BY A. M. CUSHING, M.D., SPRINGFIELD, MASS.

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

By request I appear before you to-day, and I presume you will be disappointed if my paper is not on some new remedy; and such it is,—a remedy, I think, worthy the careful investigation of every homœopathic physician.—*phaseolus nana*, or the common white bean. It is unnecessary for me to say to you that Boston is called a bean-eating city, or refer to the many sudden deaths there or in its vicinity from brain or heart trouble, nor how in a certain way young men grow old. Can you tell me the cause? I shall not take the time to report the proving I made, nor why I began it, nor how I prepared it, nor its wonderful effects upon the nervous system, the genital organs, stomach, bowels, or kidneys, in the provings, referring only to three symptoms. A medical student has made a short but interesting proving of the remedy, confirming some of my symptoms. While my proving was going on nicely, I suddenly felt a curious sensation in the region of the heart. It was so sudden and strange I immediately felt of my pulse and found it very irregular and feeble, so much so I think I was frightened, at least I did not take any more of the medicine. Never before had I had any irregular action of the heart. Soon after, I read that foreign physicians were using a decoction of the growing bean and pod for dropsy.

About that time I was called to see a hopeless case of uterine cancer with severe general dropsy. I prescribed the best I knew and decided to try the bean remedy. Several days elapsed before I could get any, and then only the dry pods, as it was in December. I steeped them and gave it with apparent relief. I report this case more especially to speak of the final result. I called one day expecting to find her quite comfortable, but found her dead. She suddenly screamed, "Oh, my head!" grasped it with both hands and was dead.

Months later, after an experience with another patient which I will report later, it suddenly dawned upon me that possibly the bean decoction might have hastened her death.

I was called to see a man about forty-five, suffering from general dropsy with heart and other complications, who had been under the care of a homœopathic physician some time. Although he had taken *digitalis*, *strophanthus*, *strychnia*, *nitroglycerine*, salts, etc., he had been unable to lie down for two weeks. I prescribed for him, but as soon as I could I prepared and gave him the bean-pod decoction. In about one week he was able to lie down in bed, and his legs, which at my first visit measured over twenty-one inches in circumference, measured fifteen inches. Then hay fever appeared, and by the advice of nineteen or twenty-five women an old-school expert from New York was called and I was left out.

The following cases, having symptoms similar to those developed

in the proving, were given the same preparations as those used in the proving.

A man aged sixty-nine, a retired clergyman on account of a heart disease that had troubled him many years, yet no physician had been able to satisfactorily diagnose it, came home from a trip where he had unwisely preached twice, greatly exhausted. The heart's action was weak and irregular, growing weaker each day for a few days, when he was entirely pulseless at both wrists, which continued four days in spite of my best efforts. I then gave him phaseolus 9 x, and in a few hours there was an improvement, and in thirty-six hours his pulse was regular and strong, about seventy per minute; and it remained so till my last visit, one half hour before his death, two weeks after beginning the medicine. I was called to New York and returned too late to make a *post mortem* examination. Among his children were a public school-teacher and a college professor. I told them what I was giving, and they watched the case very closely and were surprised at its effects. Later they asked me if I would send some of the same medicine to a friend in Connecticut who had no money but a bad heart, said by the doctor there and an expert in Boston to be a weak heart. I sent the medicine and two weeks later they wrote: "His breath is not as short, his limbs were not as badly swollen, could walk and sleep better, but they did not know as he was any better." I sent more medicine and have not heard from that.

A lady living in the West, aged about fifty, had been ailing several years. Her greatest complaint was a weak, bad-acting heart. I treated her a few months with general improvement, but she complained of a weak, tired, bad-acting and bad-feeling heart. I sent her phaseolus 9 x, and later she wrote me that forty-eight hours after commencing the last medicine sent, her heart wheeled into line all right and remains so.

A lady, aged eighty-seven, had diarrhoea, which was soon relieved, then I found her heart acted badly, about every third beat omitted, and she said it had been so for a year or more. I gave her phaseolus, and two days later her pulse was all right.

Dr. Brown, of Springfield, reported a case of a young man that only once in two weeks did he get his pulse up to sixty, ranging from fifty to fifty-five the two weeks. He gave phaseolus 6, which I furnished him, and the next forenoon his pulse was seventy-two and remained so.

I will report only one more case, treated with this remedy, one which I think very interesting.

A lady physician, aged thirty, married, no children, never has been sick except with childhood diseases. Two years ago had considerable mental trouble and rode a bicycle a good deal. Since that time, two years ago, five times each minute, or about that, her heart would give one hard unpleasant throb, then omit one beat, this in the daytime, but much worse at night, preventing sleep. Being in something of a hurry, I did not examine the heart, thinking there would

be a plenty of time later, but gave her phaseolus, the 10 I think. Thirty-six hours later the heart would beat one hundred consecutive times without the slightest variation and it continued to improve, although after taking the medicine thirty-six hours she was obliged to desist on account of a severe headache. She is never subject to headaches, but it was so bad she dared not take any more of the medicine. It was as if something was pressing hard against each temple, much worse soon after taking each dose of the medicine. This headache led me to fear that the death I mentioned might have been hastened by the medicine.

A medical conundrum. A lady, aged about thirty, decided she would investigate the next world to see if she could enjoy it better than this, and called in the aid of morphine to help her along. Not being in the habit of taking morphine, to disguise the bitter of it, placed a tablet of morphine in the middle of a baked bean and swallowed it whole. She took her little dose in the evening, having eaten nothing since noon, and went to sleep. At seven in the morning she awoke and was surprised to find herself in this world. When asked if she would get up, replied, No, she would sleep a little longer. At eleven A.M. she awoke and tried to get up, but could not walk, so crawled to the door and opened it to let in fresh air. A servant found her there, and at her request handed her the camphor bottle, and she took a little. Dr. Rowe was called and said she vomited a little mucus, some dark specks that looked like blood, and a small piece of lettuce she ate the noon before. She had taken twelve and one half grains of morphine. Did the lettuce antidote it? Did the bean destroy its power? Why did it not kill her?

*AURAL VERTIGO.**

BY DUDLEY D'AUVERGNE WRIGHT, M.R.C.S., ENGLAND, L.R.C.P., LONDON,

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It can scarcely be doubted that the exciting cause of vertiginous attacks (whether from lesions of the outer, middle, or inner ear) is the sudden alteration of intra-labyrinthine pressure. This probably acts as a stimulus to the centre of equilibration, by which a discharge of energy is brought about, resulting in those symptoms which we are accustomed to associate with Ménière's disease. The whole series of phenomena is, therefore, the result of a reflex act.

It is probable, as Gowers says, that the presence of an aural lesion is sufficient to put this centre of equilibration into a state of instability, in which a sudden derangement may occur on some slight exciting influence.

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The parts of the labyrinth concerned in this action are probably the vestibule and semicircular canals. The cochlea is wholly given up to the reception of sound waves. The utricle, saccule, and the semicircular canals are the parts which subserve the functions of equilibration. These organs contain a special sense apparatus which, by reflex action, serves to maintain our equilibrium during rest and motion. The researches of Goltz and Breuer tend to confirm this view, and further point to the canals as the organs which maintain equilibrium during motion, and to the saccule and utricle as performing the same function during rest. (Static and dynamic sense organs.)

It is well known that diseases other than those of aural origin can produce vertiginous attacks of severe nature. Lesions of organs at a distance, such as the stomach, intestines, and heart, are credited with being the origin of such seizures. The question then naturally arises: In what manner do these pathological conditions bring about the symptoms under consideration? Is it through direct excitation of the coördinating centre, or is it through a less direct path?

Whilst we are not in a position to answer this question with an absolute degree of certainty, still we have facts at our disposal which tend to point to the intermediate action of the labyrinth in all cases of vertigo not primarily due to intracranial diseases acting as a central lesion.

The evidence in support of this statement is considerable, and far outweighs that which we are in a position to bring forward to disprove this assumption.

As a basis, then, for the remarks which follow, I would make the following propositions:—

1. That in those cases of vertigo not due to cerebral or intracranial lesions, the immediate cause of the symptom is a stimulation of the labyrinthine nerves by variations in the intra-labyrinthine pressure.

2. That this variation may be the result of either (*a*) local ear diseases, or (*b*) vasomotor changes, such vasomotor changes being brought about by direct or reflex stimulation of the cervical sympathetic.

3. That of all local ear lesions, labyrinthine hemorrhage (true Ménière's disease) is one of the least common, and that the term Ménière's disease should be restricted to cases of this nature, the remainder being called "pseudo-Ménière's disease," or spoken of as presenting Ménière's complex of symptoms.

4. That for purposes of treatment it is necessary to discover the primary lesion, whether local or vasomotor, as upon such knowledge the success of treatment depends.

In enumerating the causes which, either directly or indirectly, may cause an attack of vertigo, we may adopt the classification of Woakes, which runs as follows:—

1. Alterations of tension, whether + or —, of the labyrinthine fluid. Such changes of tension may be brought about by —

- a. Direct pressure due to local ear disease.
 - b. Reflex vasomotor changes.
 - c. A combination of the two above-mentioned conditions, which comprises the great bulk of cases.
2. Intracranial diseases which disturb the nerve of the organ of equilibration, and are central in their origin.

To the second class of cases, viz., intracranial diseases, I do not propose paying any attention in this paper, and shall only concern myself with those factors of vertigo which come under the three subsections of the first class.

Let us take them seriatim.

Increase of labyrinthine tension may be brought about by various lesions of the external auditory meatus. It is obvious that the pressure of a tightly impacted plug of wax, or other foreign body, upon the drumhead will indirectly raise the labyrinthine tension, and thus cause giddiness. Chronic dermatitis of the external meatus may also cause vertigo, only in this case the symptom is brought about in a different manner from the foregoing. It will be remembered that the auriculo-temporal branch of the fifth nerve supplies sensory twigs to the meatus. Irritation of these may cause reflex contraction of the tensor tympani, which is supplied by the nerve to the internal pterygoid (another branch of the fifth nerve) through the otic ganglion.

Contraction of the tensor tympani is not an uncommon cause of vertigo, and may be induced in a variety of ways. Spasmodic action of this muscle occurs occasionally in chronic middle-ear inflammation, and to such are referable those sudden and short-lasting attacks of tinnitus, accompanied at times by transient giddiness, of which so many patients complain.

Experimentally, many of us can bring about such an action of the muscle on our own persons by a forced contraction of the internal pterygoids, when, by what is termed an associated movement, the tensor tympani will contract and produce a ringing noise, easily perceived when all is quiet.

Apart from this spasmodic action of the tensor tympani, other abnormal conditions of the middle ear can bring about attacks of vertigo, provided they tend to press the stapes inwards and displace the membrane filling in the foramen ovale. Thus, retraction of the drum-membrane from long-continued blocking of the Eustachian tube; sclerotic conditions of the mucous membrane, involving and binding down the stapes; and paralysis of the facial nerve, with secondary paralysis of the stapedius muscle (which it supplies), permitting of the over-action of the tensor tympani, will all produce this effect. Polypi, especially those springing from the inner wall of the tympanic cavity, may, by causing pressure on the stapes, cause vertiginous attacks.

It is conceivable that sudden closure of the Eustachian tube, or sudden and extensive exudation into the middle ear, may produce

the same symptoms; indeed, Politzer has shown that both these conditions may, in a notable manner, cause vertigo.

Such sudden lesions are, however, the exception, and of middle-ear lesions slowly progressive sclerotic catarrh and chronic suppurative processes are by far the commonest causes of vertigo.

Labyrinthine lesions are necessarily, when they occur, prolific causes of vertigo. It is probable that simple anæmia will in many cases be sufficient to produce symptoms, but it is chiefly in vascular changes in the direction of congestion or inflammation that we find most marked evidence of disturbance of equilibrium occurring.

Sclerotic catarrh of the middle ear seldom long exists without the labyrinthine blood vessels participating in the process. This is accounted for by the fact that the vessels of the inner wall of the tympanum are in direct communication with those of the labyrinth through the bony walls which separate the two cavities. This labyrinthine hyperæmia commonly leads to some increase of the already existing deafness, manifesting itself chiefly through a diminution of the bone conduction, and further predisposing the patient to vertiginous attacks from very slight exciting causes.

Intracranial inflammation, especially that associated with cerebro-spinal meningitis, is especially prone to lead to intense hyperæmia of the labyrinth, in the course of which such widespread changes may occur that the labyrinthine structures may be entirely destroyed. In such cases intense vertigo occurs as an early symptom, but owing to the serious nature of the malady and the rapidity with which unconsciousness supervenes, the giddiness is often transitory in its nature.

The chief lesions found *post mortem* in such cases are exudation of lymph, or hemorrhage into the peri-lymphatic space. Such conditions are likewise developed in the course of typhus, variola, scarlet fever, and mumps, and a few other similar diseases. Hemorrhage into the labyrinth may, however, occur as an isolated symptom, a lesion characteristic of true Ménière's disease, and it is to this condition only that this term should be applied.

I wish to lay particular stress upon this point, as it seems to be overlooked by a large number of the profession, who consequently are apt to report in the various journals cases presenting the symptoms of vertigo, deafness, and tinnitus as examples of Ménière's disease.

A study of a large number of cases thus reported has convinced me that a considerable percentage are traceable to conditions other than apoplexy of the labyrinth, and should not have been reported as examples of Ménière's disease. I think this will be clear if we have a knowledge of the origin of this term.

The first case of this nature was reported by Ménière in 1861. It concerned a young girl who, in consequence of exposure to cold at the time of her catamenia, became completely deaf with symptoms of violent attacks of giddiness and vomiting, and who died on the fifth day of the disease. The necropsy showed the brain and spinal cord to be unchanged, but the semicircular canals were filled with a

reddish plastic exudation, which extended slightly into the vestibule, the cochlea being free.

After that Ménière met with several other cases in which the same group of symptoms appeared, but in none was an autopsy obtained. Since Ménière's observations were published, others have reported cases of a similar nature, confirmed *post mortem*; but there can be no doubt that the disease is far from being so common as the large number of cases reported as Ménière's disease would lead us to believe.

Having now discussed the various aural lesions which, by direct action on the labyrinthine tension, may cause vertigo, we may pass on to the consideration of those reflex vasomotor changes which, according to Woakes, are responsible for a fair percentage of cases presenting Ménière's complex of symptoms.

It will be remembered that the labyrinth derives its blood supply mainly from the internal auditory artery, a branch of the trunk formed by the junction of the two vertebrals. These vessels are supplied with vasomotor nerves from the cervical sympathetic, and it is upon the tonic influence of these nerves that the vascular supply of the labyrinth is kept in a healthy condition; and anything which leads, either directly or indirectly, to a disturbance of this sympathetic chain is liable to produce vasomotor changes in the parts to which the nerve fibres are supplied. By means of such vasomotor disturbances, variations of the intra-labyrinthine pressure are brought about, and vertigo, noises in the ears, and other associated symptoms may appear. As often as not some middle-ear lesion is present at the same time, for it is in just these cases — viz., those showing imperfect vasomotor control — that the naso-pharyngeal mucous membrane is in an unhealthy condition and prone to excite inflammation in the ear.

In many of our cases evidences are not wanting of deficient vasomotor control in other parts of the body supplied by the cervical sympathetic system. Thus, the brachial nerves obtain their vasomotor supply from the same source, and hence sluggish circulation in the hands and mottling of the arms may occur. In other cases the circulation in the cephalic vessels is at fault, as shown by the sudden flushing of the face which often accompanies an attack of vertigo. In fact, we have only to carefully examine a large number of aural cases to find out that a large percentage of them show evidence of vasomotor disturbances.

If we now recall the intimate connection which exists between the cervical sympathetic and the vagus, we readily understand the mechanism by which symptoms characteristic of Ménière's disease are brought about by lesions of the stomach and heart; and we clearly see that the form of vertigo which by many is labeled essential vertigo, or vertigo a stomach-leso, is but the objective sign of vasomotor disturbance, brought about reflexly by irritation of some of the terminal branches of the vagus.

I venture to think that a full comprehension of these views will not only clear away a good deal of the haze which surrounds the subject of vertigo, but will also materially aid us in the treatment of our patients.

Treatment. — It is perfectly obvious that when we have reason to believe that the symptoms are being caused by direct pressure of wax, polypi, or foreign bodies upon the drumhead or ossicles, internal treatment will be of little avail until such pressure is removed. Likewise, when vertigo and tinnitus are due to retraction of the drumhead, inflation through the Eustachian tube will materially aid us in our further efforts to cure. I do not, however, propose going into the detail treatment of the various conditions which produce Ménière's complex of symptoms, but will limit further remarks to noticing those drugs which I have found of most service, or which from their pathogenesis we might expect to be of value in the conditions we have been discussing.

Bryonia alba. — For the relief of Ménière's symptoms dependent upon a catarrhal condition, whether simple or sclerotic, of the middle ear, I know of no drug which is so generally useful as this one. Even in cases of suppuration this remedy, together with any other, such as hepar. sulph. or silicea, which may be indicated by the suppurative condition, usually acts efficiently. I am convinced, however, that it is not without an action on the labyrinth, for I have seen it act well in cases of sclerotic catarrh, with secondary labyrinthine trouble of high degree. It especially suits those cases in which vertigo comes on when sudden movements, such as getting up from a seat, etc., are made, combined with the presence of the characteristic digestive symptoms of bryonia.

I reported a case some time ago in which this remedy alone cured a long-standing vertigo. It was reported as an example of true Ménière's disease; but though the concomitant symptoms pointed to a labyrinthine involvement, further consideration has convinced me that the repeated attacks of vertigo were brought about by some sympathetic disturbance. The chief fact pointing to this was the flow of viscid saliva which occurred immediately before the attack, and which reminds one of the flow of thick, sticky saliva experimentally produced by stimulating the cervical sympathetic, contrasting with the thin watery flow on chorda stimulation. It is therefore probable that in this case the vertigo was due to sudden vaso-constriction producing anæmia of the labyrinth, an assumption which receives some confirmation from the fact that on one occasion a dose of glonoine gave immediate relief, though it should be mentioned that this effect was not repeated.

Aurum. — The fact that but little is said in the majority of homœopathic text-books concerning the value of the salts of gold in the treatment of diseases of the internal ear leads me to believe that their beneficial properties in such complaints cannot be as widely known as they should be.

In labyrinthine disease due to congenital syphilis I have found it of considerable service, and also in chronic nerve deafness of adults. In some of these vertigo was present, and was markedly relieved, if not cured. The following case is an example:—

A. H., office attendant, aged thirty-two. First seen April 8, 1894. He was then complaining of deafness, noises in the ear, severe attacks of giddiness with sickness. The symptoms had been present for four years. Three years ago had influenza, and since then the deafness had been gradually increasing. The patient says that he lost his sight twenty years ago for six months. Never had any discharge or pain in ear. Tinnitus frequent, both buzzing and like sounds of the sea. No cough or other lung symptoms. Digestion slightly impaired. No headaches. Sleep good. Inspection of M. T. showed some retraction, with redness along malleus handle on both sides. Patient was very deaf to conversation, and tuning-fork tests showed great diminution of both air and bone conduction. No air conduction for lowest two forks (C and C_1), and no bone conduction for highest two forks (C_3 and C_4) on left side; and on the right side the changes were more marked, the loss of bone conduction involving C_2 fork as well as the higher ones, and loss of air conduction involving C_2 also. The diagnosis was, therefore, primary middle-ear catarrh, with secondary involvement of the labyrinth, and Ménière's symptoms of recurrent nature, due to occasionally increased intra-labyrinthine tension. Treatment: Bryonia alba 3, two drops every four hours.

April 22. — Improvement intermittent. No appetite, losing flesh. Vertical and occipital headache. Repeat bryonia.

May 6. — Slight improvement in left ear, none in right. No attacks of vertigo, but great sleepiness. Noises as before. Aurum mur. 3, two drops every four hours.

June 10. — Is very much better as regards hearing in the left ear. Hears ordinary low-toned conversation now. No vertigo. Tuning-fork tests show those forks which could not be heard before, either by air or bone conduction, can now be heard in both ears for a few seconds. Repeat aurum and nux vomica 3, one drop occasionally for constipation.

January 1, 1896. — Patient returned and reported that the improvement in hearing noticed at last visit had been maintained, and he had no attacks of vertigo up to three weeks ago, when he had rather a severe one. This was repeated two days ago. He had not taken any medicine for three months. Examination of hearing power showed similar results to those stated in preceding note. Repeat aurum. The patient was seen again in July last, when he reported that he heard well and had only had one slight attack of giddiness since last visit. He had continued the last prescription for one month only. I noticed that for conversational purposes he used only his left ear, the right not hearing the spoken voice distinctly.

Spigelia. — This is another remedy whose action on the internal

ear, or, more correctly speaking, on the auditory nerve, is somewhat similar to, though scarcely so penetrating as aurum, and which should be thought of in treating nerve cases with vertiginous symptoms. I am indebted for this hint to Dr. Houghton, of New York, in whose book on "Clinical Otology" * reference to a case of auditory nerve disease cured with this remedy will be found.

The ciliary neuralgia caused by this drug is well known to all, and its symptoms indicate that it produces a true neuritis. It seems also to bring about a peculiar sensitiveness of the nerve centres. The sense of hearing is exalted, and it is possible that the vertigo noticed in some of the provings is due to a similar action on the centre of equilibration, rendering slight stimuli sufficient to cause an energetic response. It should further be noticed that it is liable to cause catarrh of the naso-pharyngeal mucous membrane, and thus favor the occurrence of intra-tympanic inflammation.

Pilocarpine. — For some time past I have been using this drug somewhat extensively in aural cases. Politzer was the first to recommend it in serous exudations into the tympanic or labyrinthine cavities. He administered it hypodermically in $\frac{1}{12}$ grain doses, gradually increased to $\frac{1}{4}$ grain. By this means its physiological effects were produced (profuse diaphoresis and some prostration). It is of undoubted value in some cases, and it has been shown that to produce its beneficial effects its administration by the mouth is sufficient. I have tried it in both middle and inner ear diseases with mixed benefit. In some it gave not only increased hearing, but also marked relief to tinnitus; but I have no notes of its having relieved vertigo, though there is good reason to expect such a result in suitable cases. In one very obstinate case of sclerotic middle-ear catarrh with secondary labyrinthine disease, but without vertigo (a condition of affairs in which the drug is usually considered to be contra-indicated), it caused marked improvement, though in many others of a similar nature it completely failed. In this particular instance, as was pointed out to me by Dr. C. E. Wheeler, my clinical assistant, a leading symptom before its administration was excessive sweating, which is interesting from a homœopathic standpoint.

The dose I usually prescribe is two grains of the 2 x trituration of the nitrate of the alkaloid.

Quinine. — As is well known, quinine in large doses produces well-marked aural symptoms which closely resemble those of Ménière's disease. In poisonous doses it causes paralysis of the vasomotor centre, dilation of the arterioles ensuing. It is to the increased flow of blood to the labyrinth, thus brought about, that I believe we may attribute the aural symptoms, for ergot, which, by its influence on the vessels, has a distinctly opposing action, causes their suppression. Quinine and salicylic acid are closely allied in the mode of action,

* Page 175.

and are distinctly indicated, both upon pathological as well as symptomatic grounds, in true Ménière's disease, and of their value in such we have ample confirmation from old-school sources. In simple congestive state of the tympanum and labyrinth, with slight vertigo and tinnitus, they are of signal use, and their selection in individual cases must be made by taking into account concomitant symptoms.

Hydrobromic Acid. — My experience with this drug is very small. It was first introduced to the profession by Dr. Woakes, who considered that its action was opposed to that of quinine, and that it had a specific effect upon the inferior cervical ganglion, increasing the tonic action of the sympathetic, and thus promoting vasoconstriction. He found it gave great relief to headache, tinnitus, and vertigo when given in doses of twenty minims, especially in cases of vasomotor disturbances of stomach origin. Dr. Winslow,* of Pittsburgh, made a proving of this drug on himself, taking a few drops at intervals during the day until half a dram had been swallowed. Dryness and puckering of the throat were produced, followed by a feeling of constriction in the pharynx and chest. It seemed as though he were about to have asthma, but the breathing continued uninterrupted and rhythmical. The head and face were hot, the brain had a dull ache, and waves of heat rushed over the face and neck, but the skin did not show any increase of vascularity. A decided ringing, non-pulsating tinnitus with slight vertigo on moving the head up or down followed later on in the day. The heart beats were accelerated, and there was some palpitation, and the arms had a dragging heaviness and dull aching which made them seem as though they were not part of the body. He likened the sensations to those produced by a too free use of tobacco. Next day some irritability of the stomach and heart and heaviness of the arm remained, but by the third day pathognomic symptoms had disappeared. He reports that its use in cases of tinnitus, nervousness, and cerebral strain in drop doses every three hours had been successful in his practice.

The above symptoms show that the drug certainly influences the circulation of the head, neck, and arms; that is, the parts whose vasomotor nerves are derived from the cervical sympathetic. As before stated, the upper limb receives its nerves from this source, and it is known that venous congestion of any part, such as is brought about by dilated arterioles (vasodilation), owing to the pressure exerted on the nerves by the dilated vasa-nervorum, will cause symptoms of perversion of function in the affected parts; such symptoms — we have it on the authority of Woakes himself — being mainly sensations of heaviness, dragging, and dull aching.

It is therefore interesting to note that in the later part of the above proving these identical symptoms occurred, which makes it

* "The Human Ear and its Diseases," p. 457.

seem likely that, although the primary effect of the drug may be, as Woakes states, antagonistic to quinine, viz., that of a sympathetic stimulant, if we may use such a term, its secondary or late effect may be exactly the reverse.

There is nothing very improbable in this, as it can be abundantly proved that the majority of stimulants produce secondary depression.

Under these circumstances, hydrobromic acid is not very far from being homœopathic to vertigo, having its origin in reflex labyrinthine vasodilation.

Cocaine and Tabacum. — I have had practically no experience of the use of the latter of these two drugs in the treatment of vertigo, and I have only the former on a few occasions, and then with negative results; but I should like to say a few words here concerning their action.

Both these remedies exert an influence upon the sympathetic system, especially upon the cervical ganglia. We have already seen that Dr. Winslow compared the symptoms produced by hydrobromic acid with those of tobacco poisoning, and any one acquainted with the provings of cocaine will be struck by a similar likeness. The first symptoms noticed are usually the peculiar sense of constriction of the throat, and feeling as though asthma were impending; and the later labyrinthine and other symptoms likewise correspond.

There can be no doubt that the primary action of cocaine on the unstriped muscles (which are mainly supplied by the sympathetic system) is one of stimulation, as is shown by its action on the eye. Here it not only causes dilation of the pupil (the evidence of which is equivocal, as we are not in a position to say whether dilation of the pupil is brought about by the action of a true dilator, or is the result of a relaxing or inhibitory influence of the sympathetic on the contractor muscle; an action having a counterpart in the accelerator and inhibitory influence on the heart of the sympathetic and vagus nerves respectively), but we also find that it causes enlargement of the pupillary aperture, owing to the contraction of the involuntary muscle of Muller in the lids, and some amount of protrusion of the globe from contraction of the unstriped muscle covering the sphenomaxillary fissure. The secondary effect of cocaine is, however, one of intense depression and vasomotor paralysis, causing feelings of weariness, fulness of the head, slight deafness, ringing in the ears, giddiness, and much restlessness.

We see, then, that there are several drugs which are homœopathic to the condition of vasomotor paralysis, which is, as we have seen, a common cause of Ménière's symptoms, and I think that they would repay a careful study. Of their provings we have many excellent examples; but what we most need is the narration of cases cured by their means, and I shall feel that this paper has not been written in vain if it arouses the interest of my colleagues in some medicines which in my opinion have been hitherto insufficiently used for purposes of treatment.

EDITORIAL.

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

THE NEW "HEALTH-METER."

Dr. Mersch, in a highly interesting paper lately contributed to the *Journal Belge d'Homœopathie*, truly says that until recently the average man only thought of his health after he had lost it; the only exception to this rule being the hypochondriacs who made health study a bore to their friends and a laughing-stock to the world at large. Lately, however, the tide of popular interest has turned so steadily and strongly toward prophylactic medicine of all kinds, and prevention of everything preventable, that how not to get ill is looked upon as an eminently proper study for mankind, in which study physicians are of course expected to act as expert instructors. One physician, Dr. Odiardi, has lately striven to demonstrate his right to such a position, by evolving a highly ingenious theory, and prosecuting sundry experiments in connection with it; account of which theory and experiments forms the theme of Dr. Mersch's paper above referred to.

If we would qualify ourselves for a shrewd guess as to what abnormal or pathological tendencies a given patient is likely to develop, — in other words, in what direction lies his line of least resistance to the inroads of disease, — let us, says ingenious Dr. Odiardi, take the patient while he is well, and bring him into a temporarily pathological condition by subjecting him to quick fatigue, and then carefully note results. This fatigue is most quickly and harmlessly induced through the respiratory apparatus. The patient is requested, by strong respiratory efforts, to maintain the mercury as long as possible at a given height in the column of a manometer. Five minutes of such exertion suffice, we are told, to bring about a general fatigue in which the pathological tendencies individual to the patient show themselves readily to trained observation. Thus before the experiment begins the patient's temperature is carefully noted; the color of his face, the frequency and fulness of his pulse, the heart-sounds, the number of respiratory movements, the relation of inspiration to expiration, etc. These things are again exactly noted at the experiment's conclusion. The results are said to be most surprising in their variations; thus interestingly hinting at individual

pathological idiosyncrasies. Thus in some subjects the pulse falls, in others rises; the same is true of the temperature; in some pulse and temperature rise or fall together; in others, one falls or rises, the other remaining stationary, and so on, through innumerable variations. According to these variations Dr. Odiardi pursues his system of "classification by predisposition," warning his patients what to avoid, what regimen to pursue, and so on. London is said to have taken up this "health-meter" notion with much enthusiasm, and to have one's physical fortune told, if one may put it so, is among the reigning fads of the medical hour. How far the "health-meter" can be put to practical scientific use is still, however, to be demonstrated.

EDITORIAL NOTES AND COMMENTS.

A MUCH REGRETTED ABSENCE from homœopathic Boston and the duties and interests of American homœopathy everywhere is that of Dr. Isidor Tisdale Talbot, than whom American homœopathy has no more valued leader. Dr. Talbot's ill health, resultant on his too arduous and manifold labors, necessitated his departure in mid-autumn for a gentler climate, and the opportunity for rest one seeks in vain in our strenuous and compelling atmosphere. His absence brings eloquent testimony to the inestimable value of his presence, for in college, society, and every other homœopathic interest his counsels are sadly missed.

A personal letter, recently received, bears encouraging assurance of Dr. Talbot's marked gain in health, from even the brief period of rest he has enjoyed. "Picture me," the pleasant letter runs, "at my window, with a beautiful garden of wide extent below, filled with palms and Oriental shrubs, with pomegranate and arbuton in full bloom, and the rich climbing roses flowering as with us in June. Far below stretches out the city, new and old, of Algiers. The new, with its elegant French quarter and boulevards; the old, with its red-roofed Moorish residences, its narrow streets, its mosques and kiosques; then the lovely bay, blue and still, with its curved beaches lapped with snow-white waves. The nearer mountains, deep brown, clothed in luxuriant vegetation, the far-off Mountains of the Moon, with their summits capped with snow."

From such a rose-scented paradise of *dolce far niente* Dr. Talbot

sends greetings characteristically cordial and felicitous in phrase to those "rare good fellows," his *confrères* in homœopathy's working world; which greetings are assuredly returned in kind, and with the heartfelt hope that the return of the more clement seasons will bring Dr. Talbot again to our midst with health at its old robust level.

A VERY NOTEWORTHY CURE BY NUX MOSCHATA is reported by Dr. Neatby, in a recent issue of the *Monthly Homœopathic Review*. We quote the case in full, as being one of the very few where the highly satisfactory cure seems attributable to the remedy, and to the remedy alone, beyond reasonable doubt.

Mrs. G., æt. 30, 18th June, 1896. Has suffered for many years "from prolapsus uteri." The trouble is constantly brought on by exertion even of trifling character. A comparatively short walk is enough to cause a "descent of the womb." She had worn two rings pessaries, but had discontinued their use as she was unable to retain them. They came out with every motion. She suffers from constant pain in the back below the waist, and from a dragging pain from the shoulders downwards. The pain is worse just before each period, but there is no pain during the period. She has no bearing down sensation. The period is sometimes seven days too soon, and sometimes fourteen days too late, and is occasionally profuse. She frequently has a troublesome leucorrhœa for a week before the period. There is an occasional headache right through the temples, just anterior to the ears. She complains also of pain at the back of the neck. She sleeps well, but gets drowsy by about 9 P.M. She has long suffered from palpitation, which is worse on exertion or on going to bed. There are no dyspeptic symptoms, no "globus" or faintness, but sometimes numbness of fingers.

Nux moschata 4 x, m. iii. ter.

June 25. Says she is not nearly so languid, and is in better spirits. Her sleep refreshes her better, and she suffers less from palpitation. The dragging pain from the shoulders is less. Continue.

June 29. Feels more equal to exertion. "Things are not such a trouble." Continue.

July 13. Has been free from the prolapse since beginning the medicine. Yesterday had some trouble with the pain in the upper part of the back. The pain over the sacral region is better.

Nux moschata 30, pil. iii. ter.

July 20. Altogether much better. Feels very little of the pains in the back, and nothing of the pain in the neck. Has entirely lost the nervous, restless feeling she had. Has much less palpitation but still some headache. The leucorrhœa has disappeared. There has been no return of the prolapse, though the patient has frequently

made such exertion as always formerly sufficed to bring it on. The last period came on prematurely.

Nux moschata 30, p. iii. n. and m.

July 27. Feels better in every way. Is in better spirits and not so easily tired. No pain in the back. Headache much better. There has been no return of the prolapse, but has had a very slight, irritating leucorrhœa. Continue.

August 4. Describes herself as better than she has been for a great many years. The leucorrhœa is better. She is free from the pain in the back and continues entirely free from the prolapse, though working harder than when she was constantly suffering from it.

No local treatment has been adopted in this case. There has been no change of air or rest of any kind. During the treatment the patient's circumstances have been getting more and more trying.

I directed her to take the same medicine once a day and discontinued my attendance.

Remarks.—One leading indication for *nux moschata* was the *variableness* which characterized the menstruation. Farrington (*Clin. Mat. Med.*, p. 111) has noted the changeable character of the nervous symptoms of this drug. A variable humor is also recorded under *nux m.* in the *Cyclopædia* (iii. 417, 423). It is further observable in the *Cyclopædia* poisonings, that in many of the cases recorded the drug was taken under the impression that it was valuable in the treatment of various uterine troubles, such as delayed, arrested, or profuse menstruation and leucorrhœa. Case 13, on p. 425, seems to show a marked action on the uterus and ovaries. A similar action is observable in Case 14, though there it is less striking.

On p. 416 of the *Cyclopædia* (vol. iii) there are two provings, in one of which menstruation was premature, while in the other it was delayed. In the latter, when menstruation was due, there was only a slimy discharge. It will be observed that in my case the period was preceded by leucorrhœa.

Drowsiness, lassitude, and palpitation occur repeatedly in the *Cyclopædia* under *nux moschata*.

Irregularity as to time and quantity is noted by Lilienthal (*Hom. Therap.*, p. 733) as being characteristic of *nux moschata*. The same author refers (p. 673) to this remedy under leucorrhœa in connection with prolapsus and palpitation.

The remaining symptoms will be found substantially in Jahr.

P. S.—The patient was seen again on the seventeenth of September. She continues free from the prolapse, and says she has enjoyed better health the last two months than she had known for eight years previously. She has just overtaxed her strength very imprudently, but has done so with impunity except for natural fatigue and a return of the pain so slight as not to be compared with what she formerly suffered. Menstruation is now regular.

THE NEW FORM OF DEATH PENALTY soon to be recommended to the Pennsylvania Legislature by the Allegheny County Medical Society, and taken under consideration by the former body, has much to recommend it to humanitarians everywhere. It provides that the cells occupied by condemned criminals shall be so furnished with gas pipes, that at any stated time the gas can be turned on, during the prisoner's sleep, and unknown to him, and his sleep pass painlessly into that of death. Since death and not torture is distinctly the desired object of capital punishment, the lethal chamber, with gas as its death-dealing agent, has much in its favor. It will do its grim work surely, without pain, without publicity, and without the hideous appurtenances of the gallows or the electric chair, which alike revolt the spectator and add terrors to the wretched estate of the criminal. It is to be hoped that Massachusetts, never behind-hand in reform, will look carefully into the claims of this one.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its regular meeting in the College Building, East Concord Street, on Thursday evening, December 3, 1896.

The meeting was called to order by the president, Dr. W. J. Winn, and it was voted that the reading of the records of the last meeting be omitted.

The names of Dr. Grace E. Skelton, of South Boston, and Dr. Frederick C. Robbins, of Wollaston, were proposed for membership.

Under unfinished business, officers were elected for the ensuing year for the section of *Materia Medica*; and Drs. F. P. Batchelder, Blodgett, and Coffin were appointed as a nominating committee. The nominations were: Chairman, James S. Kennedy, M.D.; Secretary, Ida S. Barnes, M.D.; Treasurer, W. N. Emery, M.D.: and it was voted that these nominees be accepted as officers for the coming year for that section.

The secretary read Dr. I. T. Talbot's report as Chairman of the Committee on City Hospital, which here follows:—

To the City Government of Boston:

The undersigned, a committee appointed by the Boston Homœopathic Medical Society, would respectfully represent to your honorable body that this Medical Society, consisting of more than two hundred physicians who believe in and practise in accordance with the system of medicine known as homœopathy, and who have many thousands of patients, citizens and taxpayers of Boston, who have like confidence in that system, petition that the city in its public hospital furnish homœopathic treatment to those of its patients who

desire it. They respectfully represent that for more than twenty-five years the friends of this system have sustained a hospital at great expense and have gratuitously taken care of more than 5,000 persons who prefer this method of treatment, and that many thousands more, for whom the Homœopathic Hospital has been unable to provide, have applied for such treatment; also that for nearly forty years they have sustained a free public dispensary, which in the last year has treated 17,020 patients and furnished 53,377 prescriptions; and since its establishment in 1856 has cared for 292,322 patients with 804,866 prescriptions, showing the great public demand for this method of treatment; that it is an obvious hardship to these persons, if obliged in serious illness to resort to the City Hospital, to be compelled to receive treatment which they do not prefer and to which they may be opposed; that the City Hospital has been supported at an expense of upwards of \$171,578 paid proportionately by all the taxpayers of Boston; and that it is an injustice to the large and highly respectable class of citizens who believe in the superiority of homœopathic medical treatment, to deny to them and to their friends and dependants its administration in the City Hospital. Moreover, that the medical students in Boston, of whom there are at present at least one thousand, are deprived in this hospital of the privilege of observing and learning the effect of homœopathic medicine upon the sick; that while the students of one medical school are allowed to visit its wards for purposes of observation and medical instruction, the students of the other medical schools, legally established, are there wholly debarred from privileges which are almost universally accorded in the public hospitals of the large cities in this and other countries.

This society, therefore, respectfully petitions the honorable City Government of Boston to take such measures as will relieve the grievances herein stated, and accord rights and privileges which we believe will be of essential benefit, not only to the petitioners, but to the citizens of Boston and to the City Hospital itself.

Respectfully submitted,

(Signed)

I. T. TALBOT,	} <i>Committee.</i>
CONRAD WESSELHOEFT,	
HERBERT C. CLAPP,	
J. P. SUTHERLAND,	
JOHN H. PAYNE,	

BOSTON, April 18, 1896.

The society voted that the report be accepted and that the committee be continued; and Dr. Horace Packard was added to the committee by the Chair.

Under new business, Dr. Batchelder spoke of the form of presentation of resignations which should be acted upon at this time in order to become a matter of record. The secretary had received the following resignations which were brought up at a meeting of the

executive committee held November 5; and the result of the meeting was that the executive committee voted to recommend the acceptance of the resignations of Drs. C. F. Osman, F. W. Patch, O. C. B. Nason, and Rachel T. Speakman, and it was voted that these resignations be accepted.

Scientific Session.

The following pathological specimens were presented: —

Dr. Packard. First, this enormous fibroid tumor of the womb, interesting from the complications; and more so, perhaps, because the patient died. We learn sometimes more from fatalities than we do from successes. After an operation for removal of fibroid tumor I more often feel regret for operating than for any other form of pathological condition that I know, for the reason that patients don't often die from fibroid tumors; they will carry them for years, and many times spontaneous recovery occurs. It is totally different with ovarian tumors, which almost always go on to fatality.

In this case the age of patient was forty-seven; she had had the tumor for sixteen years, but it had increased rapidly the last nine months, and that, with considerable pain, prompted her to seek surgical relief. She had been able to be up every day and do her own work up to the time of operation, although complaining bitterly of her suffering. The danger of the operation was made known to her, and she chose freely to have it done. It is not infrequently the case that patients with fibroid tumor come to the hospital and seek operation, who have been up and about in fairly good physical condition, undergo operation, and it proves fatal in a few days. There are so many unknown quantities in a patient's organism it is impossible to tell how such a thing will result. This case made excellent progress for three days, when she suddenly became agitated and restless, and expired about six hours after. *Post-mortem* examination revealed a perfect condition of the abdominal cavity, with no suppuration, hemorrhage, or any apparent cause for death.

I have also a little specimen which is intensely interesting because of its infrequency — a dermoid growth of the ovary. It was accessible *per vaginam*, felt readily in the posterior cul de sac and the tumor removed. There is a wad of hair of considerable size hanging from a rounded body which was attached to the wall of the sac, — a curious freak of nature.

Lastly, we have a tubal pregnancy, which occurred within the tube and ruptured into the abdominal cavity. The symptoms are so pronounced it is impossible to mistake them; sudden pain and faintness, and in this case cessation of pain, comparative comfort for two days, then recurrence of pain with all its suddenness and acuteness, and fainting again. Two complete fainting fits rapidly followed each other, with vomiting and the bloodless appearance of the countenance which comes from internal hemorrhage. Second attack occurred last Sunday night. I saw the case Sunday about seven, and

made a diagnosis of ruptured tubal pregnancy. At nine o'clock she was on the operating table. After getting her under ether I was unable to detect anything abnormal in the pelvis; but upon exploratory incision out gushed quarts of bloody serum and blood clots. The gestation sac was removed, and a perfect little foetus eight weeks old, with the placenta, was removed. The patient was in a very precarious condition, but I think was saved, as her life has been continued until the present time. Three quarts of salt solution were poured into her veins to take the place of the blood which had been lost.

Dr. Winn. I have here two appendices, both removed during the last month. In the first case the physician was called to the patient at nine o'clock in the morning. I was called in consultation and saw the case at eleven and operated that afternoon. The patient is convalescent now. If you look at the appendix, you will see there is a small opening in the side. Still people wonder why all cases of appendicitis should be treated surgically instead of medically.

In the other case, I was called two or three months ago to see a young woman whom I thought had an attack of appendicitis, but was told that this was impossible, as the appendix was removed last April. After a while she had another attack, and then an opening came in her side in the line of the old scar and established a fecal fistula there, with continual passing of gas and fæces. She came to me to have the fistula cured if possible. In freeing the colon from the abdominal wall and surrounding tissues I cut off the vermiform appendix. She has also made a good recovery. I don't think it is possible to say too much about early operation in appendicitis.

Dr. Packard. About this matter of appendicitis there has been much controversy. The New York journals have had communication after communication on it from both sides of the question. Surely such a divergence of opinion must come because persons who take the negative view and believe that these cases should not be operated upon do not understand the pathological conditions in appendicitis. There is little need of fatality. When once the diagnosis is made, then is the time for operation. If distinct symptoms of appendicitis go on for longer than thirty-six hours, operation should be resorted to without further waiting. Nature is beneficent, and spontaneous recoveries do occur sometimes, but you cannot count on that, and you don't know when a fatal result will occur. The tendency is to wait, and then, finally, when the patient is almost dead, send for the surgeon, who operates; and then they say the surgeon killed the patient. The operation if performed early would be no element in causing death. It is not a severe operation and would weigh very little in the balance. If delayed until septicæmia occurs of course the patient dies; it is then too late to benefit by surgery.

Dr. Winn. This last specimen was the thirtieth I have operated on this season, and all of the thirty are living but one. That was a hopeless case. When I opened the abdomen everything was in a gangrenous condition, and the appendix had sloughed off. Some of

the others seemed to be hopeless, too, but they pulled through. A man cured by an operation is cured forever, but medically treated they only get well to live for another attack; they are relieved but not cured.

NEW INVENTIONS. — Dr. S. A. Sylvester showed an instrument called a phonendoscope, and described it as a small instrument enclosed in a metallic case, constructed on the principle of a telephone and designed to enable one to determine sounds of chest or abdominal viscera more accurately than with the old instrument. It has two hard rubber disks that are somewhat flexible; the outer one is perforated, and has a thread in which to receive a rod which terminates with an enlargement which may be placed upon the surface to be examined, and, with the tips in the ears, as is usual with the ordinary stethoscope, sounds are intensified so as to be heard much plainer than with the ordinary instrument. The second or upper disk is somewhat convex, and the vibrations are transmitted from the first to the second and thence by a spiral spring to the space within the instrument, and from there to the ear. When more delicate observation is desired, the inner disk may be placed directly upon the surface. By placing it lightly upon the surface of the body, and by gently stroking the surface, the vibratory sounds are given and very easily enable one to determine the different conditions of density of the several organs. While I have had it but a short time, I believe it is a valuable addition to our apparatus, and those who have impaired hearing will find it a help in aiding their deficiency.

Section of Ophthalmology, Otology, and Laryngology.

A. A. KLEIN, M.D., Chairman; A. W. HERR, M.D., Secretary; S. A. SYLVESTER, M.D., Treasurer.

Drs. James Krauss, N. R. Perkins, and G. B. Rice were appointed a committee to nominate officers for this section for the ensuing year.

Dr. Klein made a brief report of the work of this section with introductory remarks, and the first paper was by Dr. S. A. Sylvester, of Newton Centre, upon "Local Applications in Diseases of the Nose and Throat," which was followed by discussion.

Dr. G. B. Rice. My time can be best occupied by discussing the question as to whether we, as believers in homœopathy, should use local applications at all to the nose and throat, unless they are prescribed according to the totality of symptoms. I believe that one should justify himself if he takes a stand in a direction which seems to be a little outside of homœopathy, so I wish to explain myself to you to-night. It seems to me that we are all working in one direction, that is, to aid nature, not to correct disease. We believe the homœopathically indicated remedy aids nature in the quickest way. Frequently the homœopathic remedy must be aided by some other means. Take that common disease of the nose known as ozaena, attended with great loss of tissue, profuse discharges of mucus, and dry secretions which produce irritation. The indicated remedy is

apparently useless ; failure inevitably results without the aid of local application. If we can use a solution of the same specific gravity as the serum of the blood, we should wait until we have brought about a change in the condition by the use of local applications and then resort to the indicated remedy. I believe in the use of the indicated remedy locally. Dr. Sylvester has dwelt quite lengthily upon this part of the subject. The solution should always be made alkaline if the remedy is to be used locally as well as internally. I believe that if the remedy is used locally and internally one supplements the other. My views would probably not be accepted by those who believe in the use of the high dilutions. I have had opportunities of observing the use of internal remedies alone, and internal remedies supplemented by local applications, and I am convinced, as far as one's own experience can convince him, that the results are very, very far superior when the remedy can be supplemented by the local application properly used. I don't advocate the indiscriminate use of sprays, douches, and applications to the eyes, nose, and throat in all cases, but I do believe there are many diseases which cannot be cured except by the aid of local applications.

The next paper was by T. M. Strong, M.D., of Boston, on "The Turbinate Bones in Health and Disease." This was followed by a paper by Dr. James Krauss, of Malden, upon "Syphilitic Diseases of the Eye."

DISCUSSION.

Dr. G. A. Suffa. One thing was omitted in regard to the cornea. We sometimes find a corneal trouble during a secondary period of syphilis which is not an inherited condition. The acquired keratitis occurs during the secondary stage. Then in regard to iritis, there are many cases where the patient readily acknowledges the cause of the condition, and there we find what is called iritis papulosa. It is easily cured if taken early and does not go on to very profound inflammation. We see them very often where, unless we had the acknowledgment of the condition from the patient, we certainly would never suspect syphilis. That is one reason why we could safely say the majority of cases are due to the syphilitic infection.

Dr. Colby. I noticed that the reader spoke of *tabes dorsalis* as being an eminently syphilitic disease. We may say that a disease is eminently syphilitic when it is one of the symptoms of syphilis, but that expression in regard to a disease which is a post-syphilitic disease in many instances, where many, many times, especially in this country, it occurs in individuals who have neither in themselves or in their family history, so far as the most careful investigation will show, given any evidence of syphilis whatever, I think is a mistake. It is a post-syphilitic disease in from 60 to 75 per cent of cases. That is to say, it has a syphilitic history. Anti-syphilitic treatment has no effect upon it. It is not generally accepted as a syphilitic disease strictly speaking.

Dr. Krauss. Of course every question has two sides. I am sorry to be on the opposite side from Dr. Colby, but most syphilologists believe, and I think that most neurologists believe, that tabes dorsalis is a syphilitic disease, but that is only a question of terms. It occurs years after when the nerve tissues degenerate in such a way as to cause tabes dorsalis. While I was in Paris I could not find any one but who was of the opinion that tabes dorsalis is a syphilitic disease. At any rate, the weight of professional opinion at the present time is that it is such. That there are cases of tabes dorsalis where it would be impossible to substantiate the thought of syphilis behind it I admit, but we know that tabes dorsalis may come on in families a few members of which have had syphilis, it may occur even in hereditary syphilis, it may occur in families whose parents have long had syphilis, and that it is a post-syphilitic disease I admit.

Dr. A. A. Klein. It seems to me that in many cases syphilis is assigned as a causation of diseases of the eye where really no syphilis is present. You will find nearly every European authority says iritis is either due to syphilis or rheumatism. You can have either one or the other. You can go to work and treat your patient anti-rheumatic or anti-syphilitic. Homœopathy has nothing to say here. I think we have inflammation of the eyes just as much from other causes. In my experience since 1882 I find not one half the diseases of the iris attributed to syphilis are due to syphilis.

The last paper was read by Dr. Howard P. Bellows, of Boston, upon "Selected Cases of Disease of the Middle Ear Treated by Vibratory Massage."

DISCUSSION.

Dr. Klein. In addition to vibratory massage I should also use the massage of the ear outside. It would help circulation a great deal, improve and assist restoration of hearing. I think vibratory treatment will prove a great boon. As long as the nerve is good and perception perfect, why should we not bring some means to aid in transmitting the force directly to the organ? The experiments of Dr. Bellows are highly to be appreciated.

Dr. J. M. Hinson, Jr. What results are obtained in old chronic conditions? Is restoration possible?

Dr. Bellows. If there is simple rigidity of the parts, results can be obtained. The speculum is very useful in conjunction with the use of the vibrometer. If it is a person who has already some failure of the auditory nerve, then the vibrometer must be used with great caution or not at all, because in my experience, where there is a failure of the function of the auditory nerve, it is deleterious rather than advantageous, especially if it is pushed to an extent sufficient to help simple cases.

The committee reported the following nominations for officers for this section for the following year, which were accepted: For Chair-

man, H. P. Bellows, M.D. ; Secretary, E. A. Bruce, M.D. ; Treasurer, G. A. Suffa, M.D.

Adjourned at ten o'clock.

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

685 BOYLSTON STREET, BOSTON, MASS.,
November 5, 1896.

To the Boston Homœopathic Medical Society :

The undersigned was appointed chairman of a committee to request the City Government to provide homœopathic treatment for its patients in the City Hospital. The committee prepared the accompanying memorial and petition, which was forwarded to Alderman Lee for presentation to the City Government. As he had promised to present it and have it properly referred, this was probably done, but owing to the absence and inability of your chairman, he has not seen Mr. Lee or ascertained what action was taken thereon. It is evident that the hospital will not be opened to patients requiring homœopathic treatment without some strenuous and efficient efforts to that end, and it is hoped that your society will take such measures as may aid in protecting the rights of homœopathic practitioners and their patrons in the City Hospital. Respectfully submitted,

I. T. TALBOT,
Chairman.

MATERIA MEDICA CONFERENCE.

The Committee on Materia Medica Conference presents the following program for the meeting to be held in Buffalo, N. Y., Tuesday and Wednesday, June 22 and 23, 1897 :

GENERAL TOPIC :

• *Methods of Purification of our Materia Medica.*

First Session. — Tuesday, June 22, 1897, 3 P.M.

“Does critical analysis of drug provings by the chart method mean too much elimination?”

J. P. Sutherland, M.D., Boston, Mass., Essayist.

Disputants. — A. L. Monroe, M.D., Louisville, Ky. ; L. C. McElwer, M.D., St. Louis, Mo. ; H. C. Allen, M.D., Chicago, Ill. ; A. C. Cowperthwaite, M.D., Chicago, Ill. ; C. W. Evans, M.D., Chicago, Ill. ; J. L. Moffatt, M.D., Brooklyn, N. Y.

Second Session. — Tuesday, June 22, 1897, 8 P.M.

“Is the method of the Baltimore Investigation Club qualified to fulfil its purposes?”

Eldridge C. Price, M.D., Baltimore, Md., Essayist.

Disputants. — George Royal, M.D., Des Moines, Ia. ; Frank Kraft, M.D., Cleveland, O. ; Pemberton Dudley, M.D., Philadelphia, Pa. ;

M. W. Van Denburg, M.D., N. Y. ; W. J. Hawkes, M.D., Chicago, Ill. ; W. A. Dewey, M.D., Ann Arbor, Mich.

Third Session. — Wednesday, June 23, 1897, 10 A.M.

“Purification by means of comparisons with normal standards.”

T. F. Allen, M.D., New York, Essayist.

Disputants. — Conrad Wesselhoeft, M.D., Boston, Mass. ; M. Deschere, M.D., New York ; J. C. Guernsey, M.D., Philadelphia, Pa. ; E. H. Walcott, M.D., Rochester, N. Y. ; J. B. G. Custis, M.D., Washington, D. C. ; C. F. Meninger, M.D., Topeka, Kan.

The allotment of time fixed by the Institute at its last meeting for the appointed disputants is ten minutes each.

The remaining time in each session will be open to volunteer speakers, who shall be limited to purely extemporaneous remarks.

Each volunteer speaker will be allowed five minutes as in the last conference, and the utmost latitude as to time will be permitted *when the subject is adhered to*, but it will be strictly enforced against desultory and irrelevant remarks.

Those desiring to take part in this conference, which promises to be of great interest, are urged to communicate at once with the secretary, stating the topic upon which they desire to speak. This should be done at once. Last year many were shut out by sending in their names too late.

W. A. DEWEY, M.D., *Secretary.*

ANN ARBOR, MICH., January 15, 1897.

REVIEWS AND NOTICES OF BOOKS.

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TRANSACTIONS OF THE INTERNATIONAL HOMŒOPATHIC CONGRESS.
London. August, 1896.

The prompt appearance in such admirable shape of the transactions of our last International Congress bears witness, where surely no witness was needed, to the indefatigable painstaking and eminent executive ability of the volume's editor, Dr. Richard Hughes. No warmer incentive to faith in homœopathy could be imagined than a careful study of the volume's pages, with their news of homœopathy's success in every part of the civilized world, and their papers, weighty with thought and digested experience, by men prominent in homœopathy's ranks. A new feature of the present transactions is the appendix, containing papers that arrived too late for actual presentation to the Congress. It is a record of which homœopathy may well be proud, and with which every homœopathist is bound to familiarize himself.

ANOMALIES AND CURIOSITIES OF MEDICINE: Being an encyclopedic collection of rare and extraordinary cases, and of the most striking instances of abnormality in all branches of medicine and sur-

gery. By George M. Gould, A.M., M.D., and Walter L. Pyle, A.M., M.D. 968 pages, with 295 illustrations in the text, and 12 half-tone and colored plates. Philadelphia: W. B. Saunders. 1897.

Here at last we seem to be able to greet that whose existence the sapient Solomon denied: "Something new, under the sun!" This large and handsomely gotten-up volume offers, as its authors justly claim, the first existent exhaustive compilation of the "records of the most curious, bizarre, and abnormal cases that are found in medical literature of all ages and of all languages—a *thaumatographia medica*." Justly, also, do the authors claim it to be in itself a curious fact that up to the end of the nineteenth century there has been no authoritative, scientific collection of medically curious cases. The collation now made would, even on the most cursory examination, plead its own reason for being; but in addition to this intrinsic plea the authors offer, in their excellently written preface, an eloquent and convincing apologia.

"Possibly, indeed, it was the anomalous that was largely instrumental in arousing in the savage the attention, thought, and investigation that were finally to develop into the body of organized truth that we now call Science. . . . It is often through the extraordinary that the philosopher gets the most searching glimpses into the heart of the mystery of the ordinary. . . . In monstrosities and dermoid cysts, for example, we seem to catch forbidden sight of the secret workroom of Nature, and drag out into the light evidences of her clumsiness and proofs of her lapses of skill; evidences and proofs, moreover, that tell us much of the methods and means used by the vital artisan of Life—the loom, and even the silent Weaver at work upon the mysterious garment of corporeality. . . . It must readily be seen that such a collection of records as this must have a function far beyond the gratification of any mere curiosity. . . . The clinician and investigator must have use for a handbook that decides whether his own strange case has ever been paralleled or excelled. . . . Remarkable injuries illustrate to what extent tissues and organs may be damaged without resultant death. . . . Directly or indirectly, these examples have clear medico-legal bearings or suggestions, for it must be acknowledged that much of the importance of medical jurisprudence lies in a thorough comprehension of the anomalous and rare cases in medicine. Expert medical testimony has its chief value in showing the possibilities of alleged extreme cases and extraordinary deviations from the natural."

The volume has eighteen divisions, with many subdivisions of subject. Among its chapters are those dealing with anomalous Nervous and Mental Diseases, Historic Epidemics, Genetic Anomalies, Prenatal Anomalies, Prolificities, Major Terata, Minor Terata, Longevity, Miscellaneous Surgical Anomalies, and other themes of interest as practical and as great.

No progressive physician—or lawyer for the matter of that—can

afford not to possess this entirely fascinating and distinctly valuable work. Unique in conception, and scholarly in execution, it is likely to be first in every possible sense in its chosen field.

AN AMERICAN TEXT-BOOK OF PHYSIOLOGY. Edited by William H. Howell, PH.D., M.D. Philadelphia: W. B. Saunders. 1052 pp.

Time was, and that easily within the memory of the present generation, when a single professor was considered competent, in even our leading medical colleges, to teach the subjects of anatomy and physiology. To-day, so rapid have been the strides of science, a perfect text-book on physiology alone can only be secured by the collaboration of a group of well-known teachers and investigators, each one dealing with but one branch of this vast and complex subject. In simple justice it must be said that the application of this plan to the volume before us has resulted in something as near perfection as it is often in the power of imperfect man to reach. The great medical schools of the country — speaking now from allopathy's standpoint — send of their wisdom: Harvard, speaking in the persons of Henry P. Bowditch and W. T. Porter; Columbia, by John G. Curtis and Frederick S. Lee; Yale, by Dr. Graham Luck; Johns Hopkins, by W. H. Howell, and so on down an illustrious list. The study of physiology may thus be followed under the guidance of more than one famous instructor, and with the certainty that every statement made has been verified by painstaking study and close experimental observation. In every particular the teaching is level with the newest discoveries, the best accepted theories. It is a work, study of which will benefit not only students but practitioners; not only practitioners but experts; a fine and final authority. Nowhere is this better instanced than in the sections on the Blood, where facts, demonstrated as such seemingly but yesterday, are fully and convincingly set forth, with illustrations exquisite in their accuracy.

A TREATISE ON OBSTETRICS: FOR STUDENTS AND PRACTITIONERS. By Edw. P. Davis, A.M., M.D. Philadelphia: Lea Bros. & Co. 553 pp.

This newcomer into an already well-tilled field boasts one or two comparatively novel claims; for instance, some highly interesting "skiographed" photographs; and certain sections not ordinarily included in works of its kind. The author claims that the accoucheur, being, almost always, the family physician as well, and, as such, certain to be consulted on the diseases of early infancy, chapters on the general diseases of infancy are germane to a work on obstetrics; a bit of special pleading which we confess to finding more ingenious than convincing. Nevertheless, to the student whose library necessity rigidly limits, this feature of the work will be a distinct additional recommendation. Another section, equally unusual and very demonstrably germane, is that on the Jurisprudence of

Obstetrics. The author's style is direct and graphic, and agreeably free from pedantry. He speaks with the authority that belongs alone to long and successful experience, both as teacher and practitioner, in the fields his work covers. The volume is offered in the thoroughly satisfactory form which marks all Messrs. Lea Bros.' publications. It is very fully illustrated.

MEDICAL JURISPRUDENCE, FORENSIC MEDICINE, AND TOXICOLOGY. By E. A. Witthans, A.M., M.D., and Tracy C. Becker, A.B., LL.B. Vol. IV. New York: William Wood & Co. 892 pp.

In the present volume of this encyclopædic work the subject of toxicology is fully dealt with. The treatment is under several heads, each in turn subdivided. Thus "General Toxicology" is made to include Definition of Poison, Causation of Poisoning, Statistics of Poisonings, and no fewer than thirteen other branches of the theme. Other subjects not less exhaustively handled are: Special Toxicology, Mineral Poisons, Vegetable Poisons, Animal Poisons, and Synthetic Poisons. We find, however, nothing on the serpent poisons, information concerning which would seem fitly placed in this connection. The clinician, the medico-legal expert, the pathologist, and the student of general medicine will all find in this volume, as in its predecessor, a reliable and welcome counselor.

GLEANINGS AND TRANSLATIONS.

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SUDDEN DEATH AFTER A PREVENTIVE INJECTION OF ANTI-TOXIN. — Dr. R. Paltauf, noting the previously reported cases of Maizard, Quinon, and Alfoldi, claims that these were not definite in that thorough examinations were not made. It is admitted that local and general erythemata, exanthemata, even marked fever, may arise, and occasionally joint symptoms, but denies that a fatal case has resulted or that permanent injury has been done. The beneficial influence of the serum upon diphtheria is incontestable, and the assumption that death is due to its action only prevents its use through the anxiety of the laity, to which these reports give rise. Instances of sudden death in children are not uncommon, and may be attributed to causes not found save after especial examination. Among these may be cited acute interstitial myocarditis, the lymphatic-chlorotic constitution of rhachitis. — *Wiener klinische Wochenschrift.*

THE TREATMENT OF SCIATICA BY COMPRESSION. — The *Bulletin Medical de Paris* states that M. Negro has reported 113 cases of obstinate sciatica in which this new treatment has resulted in recovery. The procedure is as follows: The patient lies on his face with his legs extended and resting easily one against the other. The most painful spot is selected, the region where the nerve proceeds from

the sciatic opening. On its trunk both thumbs are applied, and it is compressed with the greatest possible force. At the same time slight lateral movements are made without changing the point of pressure or moderating its intensity. This takes from fifteen to twenty seconds, and is followed by an interval of twenty minutes' rest, when the procedure is repeated. After a second application, which is much less painful than the first, the patient is able to walk, and for several hours, or even a day, he may be free from pain. In order to obtain complete recovery, says the author, this procedure should be practised about six times a day every two days until the definite suppression of the neuralgia. — *Cross Medical College Bulletin.*

PROPER NAMES IN ANATOMY.—The *Nouveau Montpellier Médical* for October 10 remarks that it has already made a protest against a mania which is tending more and more to take possession of us, that of giving to organs or to diseases the names of physicians who have made them the subjects of special study. According to the altogether up-to-date nomenclature, it says, the following will be the description of the biceps flexor cubiti given by the student of the future in the lecture room: Klefman's muscle, designated by the old anatomists under the name of brachial biceps, is situated in Cascow's space. At its upper extremity it is provided with two tendons of insertion, one, Fouillini's tendon, which is attached above Trombsok's cavity, the other, Mistalievichyt's tendon, at the apex of Truckmann's apophysis. At its lower extremity will be found Barackus' tendon, which is inserted into Traupmann's tuberosity. This tendon is provided with Wolberg's expansion. Klefman's muscle is innervated by Apelli's nerve, which arises from Paugesmaco's trunks, etc. — *New York Medical Journal.*

GRAPE-GROWERS in the neighborhood of the lakes have allowed their crops to be fed to hogs and to rot on the vines this season, because the appendicitis trade has injured the business. We therefore see the luscious but inoffensive grape, that graces the table and brings to pass so many delights, banished to the domain of the pigsty. Could there be a sadder commentary on ignorance in these panic days of dislocated wit and judgment, when so many people are suffering for the want of wholesome food? — *Dr. Rosse, Maryland Medical Journal, October.*

IS THE PROFESSION OVERCROWDED?—It is estimated that ten physicians die every day and about twelve enter the profession daily, and on an average five drop out each day, so that, at this rate, the medical profession will not soon be overcrowded; but unless a greater number engage in the study of medicine, there will be a less number actively engaged in the practice every year. We now have an average of about 4,000 medical graduates from the medical

colleges in this country each year, yet the supply is not equal to the demand, that is, to keep the same number in active practice.—
Jour. Med. Sciences.

ANÆSTHETICS. — The subsequent history of the men who introduced anæsthesia is instructive — and encouraging. Wells, after his failure at Boston, went home disheartened, and was long ill and unable to practise his profession. He gave up dentistry and went into picture dealing. He tried to get some reward for the priority of discovery, but was constantly disappointed, and finally committed suicide. Twenty years afterward his statue was set up in Hartford; and five years later, his widow being destitute, a subscription was raised on her behalf. Dr. Long lived quietly and little known till 1878, when he died. He received no reward nor honor of any kind. Jackson was equally unsuccessful in his endeavors to obtain recognition, and finally ended his days in a lunatic asylum. Simpson was made a baronet; had a statue erected to him in Edinburgh, and a bust in Westminster Abbey. — *William Murrell, in Manual of Pharmacology and Therapeutics.*

PERSONAL AND NEWS ITEMS.

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DR. H. C. AHLBORN has returned from his European journey, and resumed practice at his residence, 258 Marlborough Street, Boston. Special attention paid to consultation. Office hours, 12 to 4 P. M.

DR. EDWARD LINDON MELLUS has opened an office at 40 Newbury Street, Boston. Dr. Mellus makes a speciality of nervous diseases. Office hours, 10 to 12, and by appointment.

DR. MARION COON has moved her office and residence to 177 St. Botolph Street Boston.

THE Framingham Nervine has lately been established with, as physician and proprietor, Ellen L. Keith, M.D.; consulting physicians, Geo. S. Adams, M.D., Superintendent Westborough Insane Hospital, Westborough, Mass., Frank W. Patch, M.D., Framingham, Mass. The Framingham Nervine is a private hospital and home for the care and treatment of patients with nervous or mental disease. It is situated in the town of Framingham. Dr. Keith resides in the hospital, thus insuring personal attention to the patients, as well as constant supervision over all departments. From her seven years' experience as assistant physician at the State Insane Hospital, Westborough, Mass., she is well qualified to treat mental diseases. During about five years of that time she had in her immediate care over one thousand women patients. She has also become familiar with the best methods of treating nervous and mental diseases by practical observation of other hospitals, not only in this country but in England and Scotland.

FREDERICK WILLIAM PAYNE, M.D., Ophthalmic Surgeon and Aurist, has removed his office to the new Steinert Hall Building, 162 Boylston Street, opposite Boston Common, Suite No. 7. Hours, 11 to 1; 2 to 5.

FRED S. PIPER, M.D., '90, B. U. S. M., has recently moved from Hillsborough Bridge, N. H., to Lexington, Mass., corner Massachusetts Avenue and Waltham Street.

THE
NEW-ENGLAND MEDICAL GAZETTE.

No. 2.

FEBRUARY, 1897.

VOL. XXXII.

COMMUNICATIONS.

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EXPERT MEDICAL TESTIMONY.

BY SAMUEL K. HAMILTON, ESQ.

[Delivered before the Boston Homoeopathic Medical Society.]

I esteem it an honor to be invited to address your association, which I could not lightly decline, and a pleasure to accept it, and meet face to face and make the acquaintance of the active members of your body, which has been as a household word with my family and myself for many long years.

There are three great professions, and only three callings that should thus be classed: the clerical, medical, and legal, ranked, as I believe, in the order I have named, each of which is many sided and touches the others as well as all other trades and businesses at many points. The clerical deals with the morals, character, and future life of mankind; the medical, with the mental and physical character and bodily health of the human race; while our profession seems called upon to address its inquiries into the possessions, rights, and wrongs of individuals, or masses of individuals in their aggregated capacity.

It is a singular perversion of human reasoning and practice that, with the great bulk of mankind, this order is reversed, and a higher standing given to the man who devotes himself to the temporal rights and wrongs relating to the property and possessions of men than the one who leaves the fleeting affairs of our daily lives behind, and strives for those things which tend to elevate character in this world and lay deep and sure the foundations of a progressive and happy life beyond.

Your profession and mine bring us together in public life where, if anywhere, a fair degree of intelligence and a fund of common sense, which is the best sense, are sure to be appreciated and their teachings observed.

Our professions touch each other not only in our personal relations, when each is called to serve the other in his professional capacity,

but not infrequently in the homes of our patients and clients, in some of the most sacred relations of life in which the mental and physical capacities of individuals are of deep import; sometimes around the deathbed where questions of vital consideration to the rights of others are to be determined; when upon the knowledge, skill, and sound judgment of your profession, courses of action on our part and success or failure depend.

Our professions touch frequently at the very beginning of human life. Questions of identity, strange as it may seem, are not infrequent in the history of the world where the observation of your profession is of untold value to our profession in determining questions of inheritance or descent. Questions of paternity are of every-day occurrence, and challenge the scrutiny of every conscientious physician.

We are put to the test quite often, though not so often as under the old laws, to determine whether issue is born alive or not, for, upon that, as the law now stands, depends the question whether a husband shall enjoy the income of one half or the whole of any real estate of which his wife may die seized in her own right. This single fact may make thousands of dollars of difference in the income of a man after his wife's decease.

We meet in the ecclesiastical courts where controversies relative to the property of deceased persons are settled, and the delicate questions of the mental soundness or unsoundness of a testator are discussed and determined, and where vast interests depend upon the observations, the learning, sound judgment, and integrity of your profession.

We meet not infrequently where the liberty and the life of a person charged with an offence against the government are at stake.

We meet most frequently where the nature, character, and degree of an injury to the person and its probable continuance are to be ascertained for the purpose of determining a just compensation for that injury or that alleged injury by the person injured from the one by whose negligence or carelessness it has been received.

In these various classes of cases, in the consultation and court rooms, are where our professions meet and work out together problems which are of interest and importance to those who rely upon our skill and learning; where you are called upon to testify to observed facts and to give your opinions upon those facts and upon such hypothetical questions as may be submitted to you. I have no doubt that among your profession there are many who have been, and are anxious to be, called as expert witnesses. It is an honorable ambition, for it is a high testimonial to the learning and standing of the person called. It is a responsible place, and one in which no quack or shyster should ever be permitted to stand.

You will pardon me if I give you my conception of an expert witness and his duty. The place at, the purpose of, the preparation for, and the spirit with which your work is performed are all essential

and vital elements of its value and your success. There must be, first, a right conception of the place — a court — established under the form prescribed by our constitution and laws, itself charged with the performance of duties as grave as any which fall to the lot of man, guided by the experience and fortified by the learning of all ages.

The presiding spirit, in fact the autocrat, of this room is the judge, selected and appointed from the men of his profession for his integrity, his learning, his impartiality, his patience and judicial temperament. His fitness for the position is usually discerned by his fellows at the bar, and they acquaint the appointing power with their opinion. He takes up his work conscious that his fellow-men have discovered in him the qualities which should adorn the position. He is imbued with the purpose to do justice even if the heavens fall. This purpose animates his whole judicial life. Into the atmosphere of this high ideal is every one ushered who enters the court room.

You are confronted, in ordinary cases, by a panel of twelve men called a jury, because they are bound by an oath, the word "jury" being derived from the Latin *jurare*, "to swear."

With the jury chosen and qualified, the court is ready to proceed with such business as may be brought before it. A contest in court, or a trial as it is commonly called, presupposes at least two parties who are at variance, and who have determined to submit their differences to the arbitrament of legal proceedings.

Any person may conduct his own case in court, but it is usual for both parties to retain some attorney to appear there and act for them in the presentation of their case to the court and jury. Such attorneys are members of the court, and, aside from native morality, integrity, and professional pride, are also bound by an oath applicable to their position: "You solemnly swear that you will do no falsehood nor consent to the doing of any in court; you will not wittingly or willingly promote or sue any false, groundless, or unlawful suit, nor give any aid or consent to the same; you will delay no man for lucre or malice, but you will conduct yourself in the office of an attorney within the courts according to the best of your knowledge and discretion, and with all good fidelity as well to the courts as to your clients. So help you God."

This is in addition to a solemn oath to support the Constitution of the United States and of this Commonwealth. Any violation of either of these oaths is a sufficient cause for the attorney's disbarment.

The attorney for the plaintiff, who is the party bringing suit, reads the pleadings, which are a statement in brief in legal form of the claims of both parties and presents all the questions to be heard and determined, and these questions constitute the issue. After a brief explanation of his own side of the case his witnesses are called, and they too are sworn to tell the truth, the whole truth, and nothing but the truth, relative to the cause now in hearing. After the plaintiff's testimony is elicited the defendant opens his view of the case briefly,

and calls his witnesses, who are likewise sworn. It is as one of these witnesses that you are liable to be called to aid such a court and jury as I have described in reaching that true verdict they are sworn to render.

The jury finds or determines all questions of fact in issue under the instructions of the court, and most evidence relates to facts and things seen, observed, or heard. Of course, these relate to every phase of human activity, and in order to reach just conclusions frequently it is desirable that persons possessing greater ability in observation, and more learning and experience than are possessed by a jury panel, however carefully selected and instructed, should be called to furnish the results of their observation and education by way of testimony. They are called expert witnesses.

Whenever the issue relates either directly or indirectly to a matter which has become a subject of study by your profession, you are then called to aid the jury, because of your learning and experience upon the subject matter.

The services of the medical profession are sought, as I have already stated, in connection with diseases of the mind or body or injuries of the body. You are supposed to be experts on these questions, because of your study and experience in dealing with them. You may be called to testify to facts observed by you in a personal examination of the person diseased or injured and to give your opinion upon those facts as to the nature, cause, continuance, and results of the alleged disease or injury, and also to give your opinion upon any hypothetical statement of facts that the court may consider relative to the issue.

You are upon the witness stand, you are posing as an expert witness; and right at this juncture you should pause and reflect that you are standing before a tribunal organized as I have described, and charged with the solemn duty of ascertaining the truth and administering justice, exact justice, between party and party before you; that you are a part of the machinery set in motion by the law to assist this tribunal in the discharge of this frequently onerous and difficult task; to assist by giving this tribunal the benefit of your observations, learning, and skill expressed in such terms as may be understood and comprehended by the ordinary mind.

Absolute justice may never be realized except at the final bar, but it is to be sought at the hands of men, and the nearest approach possible made to it. It should be the paramount purpose of every expert witness to so testify as to do his part in approaching the divine standard.

No person should present himself as an expert witness who has not a profound knowledge of the basic principles of the subject matter upon which he is called to testify. This is no truer of your profession than of every other calling in which individuals are required to give opinions. This is a *sine qua non*, as older Latin scholars before Cicero — spelled Kickero — would pronounce it.

Years of work constitute experience, and experience makes knowledge, and experimental knowledge based upon principles which can withstand the assaults of other knowledge or ignorance and can meet and repel attacks of the skilled and trained inquirer; then, and not till then, should one suffer himself to be called as an expert witness; then, and not till then, no matter what may be the prescribed qualifications of the law, is a person in fact to be called as an expert witness; then, and not till then, should an expert witness be suffered to stand at the bar of a human tribunal, where exact justice is sought to be administered, where, to quote the language of our Bill of Rights, "Every subject of the Commonwealth ought to have a certain remedy by having recourse to the law for all injuries or wrongs which he may receive in his person, property or character; he ought to obtain right and justice freely and without being obliged to purchase it, completely and without any denial, promptly and without delay, conformably to the law."

It will prove of little consequence, however, what the conception of an expert witness of a court room or a court is, what his purpose may be in giving his testimony, or what his preparation for his work may have been, if he fails to enter upon it with the right spirit, the first elements of which are truthfulness and fairness.

The expert witness is called primarily because he is supposed to give truthfully an opinion which will tend to prove the claim of the party calling him, and he will be open to any relevant questions or courteous treatment by which the counsel for the opposing party may consider it expedient to test the correctness of that opinion or discount its value. Untruthfulness will, ordinarily, unmask itself; while unfairness will be easily discovered by any competent cross-examiner. When falsehood upon any material point is laid bare, the whole testimony of the witness becomes valueless; for it is a maxim in the trial of a cause, "*Falsus in uno, falsus in omnibus.*" Every symptom of unfairness will be seized upon by skilful counsel and magnified to the greatest possible extent, and it will detract just so much from the value of the testimony of the witness and much more from the credence that will be given it by the jury.

A witness should never presume upon the ignorance of the court, jury, or opposing counsel, for there are liable to be persons upon the jury possessed of much information upon the subject in controversy, whilst the court, from its long experience, may fairly be presumed to know something, and the lawyers on both sides are usually crammed upon the salient points.

An assumption of too much knowledge on the part of the witness is more dangerous, for with the scope which a skilled attorney can give to his inquiries for the purpose of testing the witness may extend into the most remote regions of learning relative to the subject, and there is no single incident in the trial of a cause that so delights a lawyer, and gives him eclat in the eyes of the jury, as to discomfort a consequential or egotistical witness.

I need scarcely remark that technical language is undesirable. It is not understood, and leads only to confusion. Plain Anglo-Saxon conveys the best impression, and a witness who can state a scientific truth in the language which a day laborer can understand is the most valuable.

An expert witness, especially in the medical profession, should not only familiarize himself with the subject of his testimony, but with the issues of the case, so that he may make his testimony relevant to these issues and not wander into the fields of immateriality. He should always confer with the attorney calling him upon all points, not so much to receive as to give instruction, and that they, working in harmony and understanding, may elicit such, all such, and only such testimony as bears upon the issue.

Consciousness of one's knowledge, with no desire to parade or exhibit it, consciousness of one's ignorance, with no fears of exhibiting it, crowned with a sincere desire that truth may be discovered and justice prevail, are the essential elements of a true spirit in an expert witness. Modesty in appearance and modesty in statement are jewels in the crown of an expert witness.

Hand in hand the expert witness and the advocate who presents him must descend to the profoundest depths and ascend the loftiest heights, that that truth which is mighty, whose span is the eternal years of God, may prevail.

Into that place, for that purpose, with that preparation, and in that spirit, the legal profession invites the medical profession.

LOCAL APPLICATIONS FOR DISEASES OF THE NOSE, THROAT, AND EAR.

BY S. A. SYLVESTER, M.D., NEWTON CENTRE, MASS.

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

All surfaces upon which we have morbid secretions frequently become invaded with germs which necessitate the use of some agent for their destruction and removal. This is one of the first and important measures in treating these localities, and in many diseases success depends largely upon the care and thoroughness with which this is accomplished.

To do this without irritation or injury to the delicate and sensitive surfaces, and to remove vitiated secretions that obstruct the natural passages, interfering with their normal function, requires more apparatus, care, and skill than is usually supposed; and when we consider the thoroughness necessary for surgical antiseptics, and realize the almost endless variety of secure intrenchments afforded to germs, in the secretions so favorable for culture as those of the nares, with the irregular form of the turbinated bodies, the accessory cavities, frontal and sphenoidal sinuses, ethmoid cells, antra of Highmore, Eustachian

tubes, palatine folds, tonsillar crypts, etc., the importance of disinfection claims our closest attention. Then, cases for which local applications are useful require cleansing, disinfecting, escharotic, stimulating, astringent, soothing, healing, and protecting agents according to their various indications.

First, the cleansing and disinfecting solutions and the methods of application. For the nose and throat atomizing by the hand bulb does much, but by compressed air from a tank more, and is essential to searching out secretions in folds and recesses unaffected by douching or irrigation with ordinary force, or that consistent with Eustachian safety. The air pressure should be moderate and the spray tips adapted to work in hand. Adherent crusts may be rendered more easily detachable by applying a pledget of cotton saturated with glycerine or boro-glycerine, which induces a secretion of serum, loosening and favoring removal by forceps or spray. Having dislodged the dense collections, we may use alkaline and antiseptic solution by douche or spray until absolute cleanliness is accomplished. Among the favored cleansing solutions we have that of Dobell, composed of borate and bicarbonate of soda, carbolic acid and glycerine. Seiler,—biboate, bicarbonate, benzoate, and salicylate of soda, eucalyptol, thymol, menthol, and oil of gaultheria.

That of Dr. G. B. Rice, of our society, is one well suited to sensitive conditions, biborate, bicarbonate, and chloride of soda, thymol and eucalyptol.

Hydrogen Dioxide. This useful agent, neither caustic, corrosive, irritant, astringent, or toxic, is perhaps the most powerful of all disinfectants and antiseptics, acting chemically and mechanically upon all secretions so as to thoroughly change their character and reactions, instantly searching them out in recesses and sinuses inaccessible to other solutions. Some cases tolerate full strength (15 vol.), but usually this should be diluted some ten to fifty per cent.

Chloride of Sodium. So tolerant to all tissues and justly famous with profession and laity, it holds a prominence by its indication in so many cases serving to cleanse, soothe, and restore to normal action the surfaces and glandular structures involved.

When we are satisfied that cleanliness is secured, we may consider medicinal applications; and in selecting medicaments I am more and more convinced that our ever helpful law of similars serves as our best guide; and I fail to see how any one can do other than grope without its reliable indications, and in this field of labor, as well as in general prescription, it simplifies the whole process, and the more closely we follow this law the greater success we shall obtain.

I will briefly mention some of the measures that are useful in the treatment of diseases of the nose, throat, and ear.

From the Sodium Group. Bicarbonate, borate, chloride.

Chloride of Sodium. A solution of ten to twenty grains to a pint of water for douche, with an addition of five per cent to ten per cent of glycerine for spray.

For cases with hyper-secretion, sneezing, worse from fresh air, loss of smell, interior of wings sore, swollen, with ulcers, crusts, etc., atrophic states, throat glazed, with sensation as of a splinter or plug, uvula elongated, tobacco users.

Bicarbonate of Sodium. Nose red, sore, skin peels, humid herpetic eruptions, ulcers, when secretions obstruct, are tenacious, thick, yellow-green, throat dry, painful, especially acute follicular pharyngitis, tonsillar crypts loaded with caseous secretions or covered with membranous deposits. Half a dram to the pint as a gargle, used hot, cleanses and soothes effectually.

Borate of Sodium. Aphthous states, white, flaky, curdy deposits, nose red, shining, swollen, sore; boils in nostrils and on tip.

Potassium Group. Bichromate, chlorate, chloride, iodide, permanganate etc.

Bichromate. This is a most frequently indicated remedy. Winslow says, "It has an affinity for the mucous membrane of nose and pharynx." In cases with dull frontal headache, pressure at root of nose relieved by pressing on the bridge, loss of smell, sensitive, excoriated nostrils and lip, ulcers on septum and turbinated bones, tonsils, uvula and pharyngeal walls, with relaxed, indolent, atonic, atrophic, and hypertrophic states, with enlarged turbinals, pharyngeal and faucial tonsils; mucous membrane yellow-red color with patches of yellow deposit adhering, difficult to remove, discharge thick, and stringy, lumpy, yellow, offensive, cheesy deposits in tonsils, a saturated solution in water (use from ten per cent to full strength), applied with absorbent cotton on a probe to all of these surfaces, has given me most excellent results.

Potassium Chlorate. Useful in aphthous conditions, marked dryness, mercurial ulcerations.

Potassium Chloride. Hypertrophy, nasal, pharyngeal, and Eustachian obstruction, tinnitus, follicles loaded with white exudations.

Potassium Iodide. Syphilitic causes, ulceration, caries, and necrosis of cartilaginous and bony septum, and turbinals, ozænous odor, nose red and swollen.

Potassium Bromide. Watery solution, used as a spray lessens the sensitiveness of the throat, facilitates examinations, and serves an excellent purpose in the absence of cocaine.

Permanganate increases oxidation, hence its use in state of stasis, vascular obstruction, etc. Marked fœtor is the most prominent indication for this remedy and in ozæna and otorrhœa it is often helpful.

Argentum Nitricum. Itching of the nose, ulcers, purulent discharge, fœtor from mouth, ptyalism, gray white, glistening silvery coating of mouth and throat, wart-like excrescences, syphilitic cases. A solution of from two per cent to ten per cent induces tissue metamorphosis.

Calendula. Indicated when pus is present, and should be used more frequently than it is. Clapp's calendulol is a convenient form for use in an oil atomizer.

Calc. Carb., Phos., and *Iodide* have their uses particularly with children of lymphatic temperament, adenoid growths, enlarged tonsils, profuse secretion obstructing air passages.

Eucalyptus. Stuffed sensations in frontal sinuses and nose, tightness across bridge of nose, chronic, foetid, purulent catarrh, burning, sore, full feeling in throat, with constant sensation as if loaded with mucus.

Hamamelis. Hemorrhoidal patients, dark venous passive bleeding, venous turgescence of mucous membranes.

Hydrastis. Ulcerations, excoriations, bloody, purulent discharge, septum sore, bleeds easily when touched, post-nasal catarrh, tenacious stringy mucus, rawness of pharynx, Eustachian tubes involved, tinnitus, depressed membranes, impaired hearing.

Menthol. Acute rhinitis, obstructions, frontal pains, also dry mucosæ, atrophic state, ozena.

Naphthaline. When this remedy is indicated in hay fever, its local application is usually beneficial in a marked degree used as an ointment; snuffed up the nostrils it renders patients comfortable and able to sleep at night and to follow their usual routine by day. Asthmatic conditions suggest its use.

Pinus pumilio is a useful agent in irritated, ulcerated, atrophic rhinitis. I use it in form of a spray and also ointment.

Plantago. To mitigate pain in otitis and rhinitis, a solution in water or oil applied hot; in chronic excoriations of nostrils it may be used as an ointment with boric acid.

Phytolacca. Persistent excoriations of nostrils, puriform discharge, rheumatic or syphilitic history, throat rough, hot, dry, burning, swollen, pain extends to ears, pseudo membrane, tenacious saliva, cervical muscles and glands lame and sore. When diphtheria is about, its use as a gargle should not be overlooked.

Petroleum. Nose sore, cracked nostrils, scabs, scurfs, muco-pus in naso-pharynx. Liquid cosmoline, used in an atomizer.

Sambucus. Characteristic obstruction of nostrils and closure of throat, preventing sleep, asthma in children.

Sabal. Serrulate Saw Palmetto. Atrophic rhinitis in subjects with malnutrition, glandular waste, especially mammæ, ovaries, and testes, prostatic and genito-urinary diseases.

Sang. Nit. Loss of taste and smell or susceptibility to odors, pains through nasal bones causing faintness, catarrhal headache, pollen catarrh, deafness, vertigo, nostrils sore, ulcerated, epistaxis, polypi, the lining of the nose feels raw, irritated, burning as if scalded, as if it would crack, also similar state in naso-pharynx. Ivins says it is his sheet anchor in chronic follicular pharyngitis, and is the remedy to use in absence of clear indication for another. Tertiary forms of syphilis.

Verbascum. Rhinitis with accompanying otalgia, facial neuralgia, sudden closure of nasal passages, constriction of throat, asthmatic breathing.

The most of these remedies are prepared by our pharmacist, Otis Clapp & Son, in readiness for use as a spray with water or oil, and some in the form of an ointment. When oil is used it should be selected with care. Fluid cosmoline has active petroleum properties and should be used only when that remedy is indicated. Alboline is more neutral; olive oil serves well for some and almond oil better for some cases.

Gelatine is a vehicle for some medicaments when furnished in sheets which can be cut into desired shapes and pressed between irritated or denuded surfaces (as in inoperable cases of nasal obstruction) and retained until slowly melted, separating inflamed tissue and medicating as well. This I have found convenient and effective, especially for surfaces in contact near posterior nares, unaffected by spray and irritated by pledget.

A glycerite of iodine and tannin promotes a reduction in subacute cases of rhinitis and pharyngitis. Apply with cotton on a probe.

Insufflation of powdered alum, aristol, boric acid, calendula, iodocin, permanganate of potash and sanguinaria does well at times.

Carbolic acid, pure or with glycerine, or combined with camphor to saturation, may be applied to indolent ulcers, granulations, etc. Aspergilli are destroyed by campho-phenique, mucous polypi wither and disappear under its influence.

Chromic acid is the most desirable acid in my hands for application to polypoid growths, hypertrophied turbinals, pharyngeal and faucial tonsils. In cases where reduction of tissue is desired and operation not practicable, then this agent may be fused upon a probe and applied with positive effect, and in most cases with good results. Usually the galvano-cautery is preferable, as its action can be controlled and the destruction of tissue more definitely limited than with the acid.

Lactic Acid. In ulceration of the nose or throat, especially the larynx, caused by tubercle or lupus, applied after curetting from eighty per cent to full strength, gives the best results obtainable in most cases.

Proto Nuclein (special), made by Reed & Carnrick, said to be cell elements in a state to be absorbed and immediately developed into healthy tissue, when applied to ulcerative surfaces after thorough cleansing. Its indication is similar to that of bovine to indolent ulcers, furnishing the material for immediate repair. I have used it in one case of ulceration in the nostril, and one of extreme destruction of the tympanum. In both cases marked improvement followed its application.

Cocaine is indispensable as an anæsthetic for operations and to reduce the erectile tissue to favor examinations and prove the degree of density of enlargements, and as a palliative in hay fever and other conditions.

Eucaïne is claimed as superior in some respects, but I have not proved it as yet. The reports regarding this new drug are substan-

tially that the dosage and concentration should be about the same as of cocaine. It is less expensive, is less poisonous, has less effect upon the heart. Its solutions are much more stable; they are not decomposed by boiling and therefore can be sterilized by heat. It does not contract the tissues like cocaine, but on the contrary vascular dilatation occurs, hence it is not as useful for diagnosis or treatment of hypertrophied turbinals.

Massage. I have observed that some cases improved most favorably when applications were frequently made with cotton on a probe saturated with the remedy and rubbed upon the nasal and pharyngeal surfaces, and the more manipulation the better the results. I am convinced that this served as massage to stimulate the circulation and lymphatics to better action, and consequently nutrition was restored. This I believe to be an important factor in the treatment of all atrophic conditions, and applies equally well to that of the ear with deafness, etc., as to the nose and throat, and should include massage of the entire surface of the head and neck, stimulating the action of the neighboring lymphatics to such a degree as to influence the nutrition of the deeper structures.

A FEW POINTS PICKED UP IN EUROPE.

BY WINFIELD SMITH, M.D., BOSTON.

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

From a somewhat miscellaneous tour of Europe it is difficult to choose the particular experiences which will interest all the members of the society; but if you will bear with me I will endeavor to select only the points which may be worthy of special mention.

Most of our work (Dr. Bliss and I were together) was done in London, and it seems particularly fitting that the claims of London as a medical centre should be here considered.

In the light of a former experience on the Continent — and I may add that a recent investigation only corroborates the opinion formed some time ago — it was deemed wise to go direct to the English metropolis and make use of a few letters of introduction of which we were the fortunate possessors.

The wisdom of this move was immediately apparent; and, speaking from the standpoint of a surgeon, I am sure that the opportunities offered an American post-graduate in London are almost if not quite unsurpassed.

When one has a knowledge of the language, a visit to Berlin and the other continental medical centres is not only a luxury, but has come to be well-nigh a necessity; and the variety of experiences gained in different cities under different masters and conditions is of course desirable; but London is such a vast city, its charities are so many, its hospitals so numerous, and the material so inexhaustible, that

something important can be seen somewhere each day ; and one has only to keep posted to see operations and cases without number.

Under any circumstances it would be a treat to take advantage of all that may be seen at the London, St. Thomas', St. Bartholomew's, the Samaritan, and the other very numerous and excellent institutions ; but when one adds that there is an unfailing and delightful courtesy attached to the presentation of all the surgical material, and that it is a liberal education in itself to come in contact with the men who make up the advance guard of English surgery, it adds another to the many excellent reasons for a tarry in the London hospitals.

Americans seem particularly welcome ; and one cannot help thinking that men and women in other walks of life would materially increase the *entente cordiale* between the two English-speaking countries if they but took advantage of the example set by the surgeons of London.

The methods of doing work differ — as with us — according to the institutions, or the men making up the staff of each ; but a remark made by Mr. Clutton, of St. Thomas', gives one a fairly clear idea of the general feeling of English surgeons of the present time. As I recall them his words were as follows : " As near as I can make out, we have not fully recovered from the shock of learning that the early promise of immediate and scientifically correct deductions from microscopical examinations is quite unreliable ; and we are forced to admit that the recent investigations in microscopy and bacteriology would seem to indicate that the end is still more or less remote. For this reason I have contented myself with drifting along with the current, doing the work as my personal experience and that of my friends seem to dictate, and hoping that something tangible and exact and reliable may soon be demonstrated." (Explain.)

These words, at first sight, would appear discouraging, but they are offset by the success of Mr. Clutton's endeavors and those of many others who employ apparently widely different means to bring about similar results.

One fact is universal : *every surgeon abhors filth* in whatever form it may appear ; and I fancy that this may by and by be proven, veiled in the scientific jargon of the time, to be after all the one thing which distinguishes the successful surgery of our day from that of a generation ago.

While men may differ in their methods they must agree in results, — this applying to general medicine as well as surgery, — but if, for instance, Lawson Tait should not make use of the elaborate means of preparing for an operation which distinguish so many able and successful surgeons, his success can without doubt be explained by his undoubted possession of an exceptional surgical sense, his wonderful refinement and development of touch, and the unusual training which his large experience has given him ; all of which mark him as unique ; and the only criticism it seems possible to make is that some unfortunate beginner may come to grief by using his methods without the

aid of his genius. That Mr. Tait is worthy of emulation in the simplicity and directness of his work cannot be denied; and it is a pleasure to recall that his instrument table has never been, and probably never will be, littered with a multiplicity of mechanical wonders in the way of instruments which are never used; and that his field of operation is *his alone* and not to be invaded by the numerous pushing, pulling, clawing hands of eager assistants "whose intentions," as the song goes, "are well meant," but whose efforts only serve to obscure the visual field and prolong the anæsthesia.

A proceeding which seemed curious to us, as Americans and Bostonians, was the almost universal use of iodoform in much the same manner as was our custom a few years ago; only, at the London hospital especially, open wounds were covered in what appeared to us a most reckless way, with no apparent fear of unpleasant consequences; in one case particularly — one of left lumbar nephrectomy — the large cavity left after removal of the kidney was thickly powdered with the yellow crystals and sewed up to heal by "first intention."

We are without doubt, as a rule, much more careful of our asepsis than they; and while I saw enough iodoform used in one day to supply one of our hospitals for many weeks, and ceased after a while to be alarmed for fear that somebody might awake in the morning with darkened urine, I am prepared to say that I like our way better and see no reason to return to the use of iodoform which prevailed a decade ago.

More silk is used for ligatures and sutures in the English hospitals than any other material; and their reasons for clinging to it in preference to catgut are that it can surely be made aseptic, and is stronger; neither of which seems tenable; as catgut can certainly be prepared in such a way as to be perfectly safe; and one can choose a sufficiently large size to withstand any force which it is necessary to use in its application.

Many of the points which I shall mention may seem trivial, and may be repetitions of what has been lately mentioned in the American magazines or societies; but personal enthusiasm is the cause of the mistake, if mistake it is, and must be my excuse for this report.

When the Englishman washes out a cavity — a tubercular one in particular — he does it thoroughly, and the result seems to bear him out. The head of the table is raised a few inches, two pieces of an ordinary wooden water conductor, about six feet in length, are placed along its longitudinal edges, a large rubber sheet is made to cover all and arranged to drain into a large basin at the foot; the hose is now put into the cavity, and it is flushed for a much longer time than I have seen under American surgeons. The result more than justifies the means.

HERNIA.

The favorite operation for hernia in London is MacEwan's, and the chief fear is that the peritoneal pit may not be entirely obliterated. For this reason the divided end of the sac is carried by needle well

to the inner side of the internal pillar; and Mr. Treves is carrying it quite to the median line. Mr. Openshaw, of the London hospital, after tying and cutting off the lower part of the sac, often twists the remaining portion, with a pair of Pean forceps, sharply upon itself, and forcibly pushes it through the inner pillar about an inch from its margin, and there confines it with the necessary sutures.

Nephrotomy and nephrectomy are frequently performed for the relief of kidney symptoms; and I recall one case in which the kidney was removed from its bed, stripped of its capsule, and carefully examined; as no disease could be discovered, it was as carefully replaced with the remark, "It will probably do the patient a great deal of good, as renal symptoms often disappear after such an operation as this;" possibly for the same reason that opening an abdomen and finding inoperable disease often relieves the patient to a surprising degree; the lumbar, etc., slitting the capsule and intra-visceral pressure.

FIBROIDS OF THE UTERUS.

The choice of operation for the removal of abdominal uterine tumors differs according to the man operating; but the extra-peritoneal treatment of the stump is undoubtedly the favorite method employed in London.

One eminent man's position as regards these growths seems to me somewhat anomalous; for after having expressed himself, one morning at his office, as generally opposed to operation and believing that the danger from any source, even hemorrhage, is infinitely less than we have been taught to believe, we had the pleasure in a few days of seeing him remove an uterine fibroid and sew the stump in the lower margin of the wound! They have a great fear of including the ureters in the ligatures applied during abdominal hysterectomy; but are content to brave the dangers of confining a sloughing mass within the edges of a fresh wound. Martin of Berlin and his three cases of occluded ureters.

The success attending *amputation of the thigh at the hip joint* has recently been very satisfactory at the London hospital; and has robbed this operation of some of the terrors which its mere mention formerly aroused.

The femoral vessels are tied in Scarpa's triangle, and are approached by an oblique incision which widens by retraction of the muscles, and is hence considered superior. The artery and vein are then separately tied and cut; after which the removal of the part is completed as speedily as possible; the gluteal and sciatic vessels being easily controlled by forceps.

As there is practically no blood lost, the shock is not severe; and the results have been so uniform and encouraging that the operation is considered not much more serious than amputation at the middle third of the femur.

A case of great interest to me was the removal of the epiglottis and the parts directly contiguous, for epithelioma.

The operation was immediately preceded by tracheotomy; after which an incision was made, with the head thrown back, in the median line of the front of the neck from a point just below the chin, to and including the upper part of the thyroid cartilage. The region involved was thus exposed and the diseased tissue was entirely excised. The tracheotomy tube was left in place for a few days to guard against any difficulty arising from œdema of the glottis, which is liable to supervene when the intra-laryngeal territory is so violently attacked. Great care was also exercised to prevent the blood trickling into the trachea, as this is now acknowledged to be the cause of pneumonia subsequent to the operation, through degeneration of the blood in the tubes and local sepsis from absorption of the toxins or ptomaines so produced.

Another case which excited our interest came under our observation at one of the most famous hospitals in the city. It was one of tubercular glands of the left side of the neck in a well-developed man about thirty years of age. An incision was made along the posterior border of the left sterno-mastoid muscle and a large mass of diseased and partially disintegrated glands was removed without injuring the branch of the spinal accessory nerve which crosses the neck near the middle and, if divided, tends to interfere with the freedom of such actions as shrugging the shoulders or putting on a coat.

As is usual in these cases, the glands kept continuously projecting into the bottom of the wound until a wide area had been dissected, exposing the internal jugular vein nearly its whole length and leaving an enormous cavity which was entirely free of glands except at its lower angle, where a small chain of infected tissue remained to be removed. Just as this mass was somewhat forcibly torn from its attachment, it was noticed that a small stream of whitish yellow pus-like fluid welled up in the bottom of the wound.

Every one present thought that one of the glands had entirely broken down and ruptured; and the opinion was expressed that, since the disease was so deeply seated, the thoracic lymphatics were probably involved in the pathological process. It was then noticed that opening the wound excited the escape of the fluid, while allowing the edges to approximate controlled the discharge; and it was soon discovered that it was not pus after all, but that the uppermost portion of the thoracic duct had been incised and that the contents of that vessel were escaping.

The aperture was evidently of a valve-like nature, and it was decided, as passive closure of the wound seemed to control the outflow, that the introduction of firm, superficial sutures would *promise* as well as making an anastomosis between the duct and a neighboring vein.

In accordance with this reasoning the wound was closed and we

saw no more of the patient ; but happening to meet the operator a few days later, he gave us the subsequent history of the case, saying that he had carefully looked up the records and had failed to find anything that would help him in his predicament.

He also stated that after the operation he read up the recent physiological authorities, and was astonished to learn that the daily amount of liquid passing through this duct had been lately discovered to be enormous in quantity ; and when he visited the patient the next morning he was shocked to find not only the dressings, but the pillow and bed saturated with the exudation from the wound.

Last edition of "Foster": Man about 130 pounds has about ten pounds blood. Average quantity of lymph passing through thoracic duct is about one half ($\frac{1}{2}$) pint per hour, say six quarts ($1\frac{1}{2}$ gallons) in a day (twenty-four hours).

He redressed the case in fear and trembling, and was relieved to notice at a later dressing that the oozing was gradually decreasing ; which it continued to do until the morning of our meeting, when it had nearly disappeared. I asked as to the influence on the physical character of the blood ; but unfortunately no microscopical examination had been made. It was said, however, that the patient's general health did not suffer ; and that while on the day following the operation the desirability of reopening the wound and establishing an anastomosis between the torn duct and the internal jugular or subclavian vein was carefully considered, the absence of abnormal temperature and the general lack of symptoms were sufficiently marked to warrant them in pursuing the expectant treatment, which, as we have seen, was sufficient.

VARICOCELE.

Varicocele in its various forms came under our observation at the London hospital. I was glad to learn that the cumulative experience at this large clinical centre has led the staff to unqualifiedly choose and advise the radical operation for the cure of this disorder ; and we were further cheered by the statement of one of the oldest and most eminent operators that in addition to its being the thing to do, it is unattended with danger. These remarks were supplemented by the statement that all the veins should be extirpated, and that the artery of the vas deferens would cause no trouble even if included in the ligature, owing to the frequent inosculation between the many small vessels which supply the scrotum and the parts about.

It is, without doubt, better surgery to leave the artery, however ; and one or two small veins may be left with no danger, as the absorptive changes induced by the operation tend to alter their abnormal character. Hydrocele is treated radically and the operation is always advised as devoid of danger and sure to prove efficacious.

There were of course many other cases of great interest, particularly in abdominal work, but the time is limited and I have only mentioned those which occur to me as being unique or having some

aspects upon which equally eminent authorities are inclined to differ.

Finally let me say that as good conservative surgery is done in America as in the world, and that above all we should be gratified to think that while we are untrammelled by the conservatism and red-tape of the Old World, we have never ceased to consider the patient's comfort and welfare, first, last, and all the time.

*THE SURGICAL CLINICS OF THE MASSACHUSETTS
HOMŒOPATHIC HOSPITAL.*

A Report of Five Successive Services.

BY NATHANIEL W. EMERSON, M.D., BOSTON, MASS.

The following report embraces the summer services of 1891, 1892, 1893, and those of the winter from January 1 to April 1 of 1895 and 1896. All operations taking place within the hospital during the above-mentioned time and properly belonging in this record, and all fatal cases occurring within the same period are here included. Drs. Winfield S. Smith and W. F. Wesselhoest were the principal assistants through the various services, and valuable assistance in special instances was also given by Drs. W. J. Winn and H. E. Spalding, to all of whom sincere thanks are gratefully extended. The fatalities were apportioned to the various services as follows: The first term, the one in the summer of 1891, no deaths. The second, in the summer of 1892, two deaths. The third, in the summer of 1893, no deaths. The fourth, in the winter of 1895, two deaths. The fifth, in the winter of 1896, five deaths. Besides these, there were two deaths in cases not operated on. One died from the result of extensive burns. Brought to the hospital at the time of the accident, the patient survived only three days. The other came in because of a fracture of the hip, but on arrival was found to be in a precarious condition by reason of pneumonia well developed. The hip was never even examined; and the death was due to pneumonia.

What follows is a study of the fatal cases with some deductions therefrom. Bad cases often teach lessons more effectively than successes, and those which are classed as failures are often most instructive. They are taken up in the order of occurrence.

1. Mr. J. H. M—, age fifty-nine. I was asked to see this patient because of necrosis of the great toe of the left foot. Investigation showed him to have had diabetes mellitus for fifteen years. Two years before he had had an attack of pneumonia, and two months before, a second attack of the same. During this last sickness hot water at his feet had caused both great toes to blister and the blisters had burst, leaving open raw surfaces. These had never healed, the right one showing a large slough on the under surface. On the

left one an opening led to the remains of the last phalanx, which was necrosed. A diagnosis of gangrene due to the diabetes was made, and amputation of the toe advised.

Under ether the left toe and lower third of the first metatarsal bone were removed, but the wound never healed, a sinus persisting to the end of the bone. During this time sugar fluctuated in the urine from $1\frac{1}{4}$ to 2%. Two months later the remains of the first metatarsal bone of the left foot were removed, and the great toe of the right foot was amputated in a manner similar to that of the previous operation. In neither case did the wounds heal, although temporarily the sugar in the urine was reduced to a mere trace. In the mean time his general condition became unfavorable and he died twenty-four days after the second operation, the last few days having been wholly taken up by a most persistent and entirely intractable attack of hiccough, which was not mitigated by any remedial measure. This case caused me some unhappy reflections, and the writer believes a mistake was made in not promptly amputating the whole leg at the time of the first operation. In a similar case again an amputation above the knee would be urged.

2. Mrs. A. B—, age thirty-six. This case was a cœliotomy for extensive abdominal disease. The patient was a poor and ignorant woman, hard-worked in the support of a drunken husband, and was very sure from the time of entering the hospital that she had come to die. She had had one child, then eleven years old, and a miscarriage eight years before, since which she had never been well. During the previous winter an abscess had opened spontaneously beside the anus and had never healed. There was difficult urination with tenesmus, menses every three weeks, with backache and severe pain in right side, constant headache, and great tenderness in right ovarian region. Examination under ether discovered a lacerated cervix, ruptured perineum with a marked rectocele, the opening of a fistulous tract beside the anus the inner termination of which was not discovered, and a large mass in the right half of the pelvis which was adherent to the uterus and involved ovary and tube. Abdominal section was advised as being the first step necessary to obtain recovery since relief of all the other disorders would only bring palliation at best; and this was accordingly undertaken. On opening the abdomen the right half of the pelvis was full of a fluctuating mass completely covered in by many adhesions. A pus sac indistinguishably involved the ovary and tube, and dipped deeply into the pelvis; in the enucleation of this, foul-smelling pus escaped. The left tube and ovary were also removed although no pus was present in connection with them, and a small sub-serous fibroid was taken away from the right side of the fundus of the uterus. The abdomen was thoroughly flushed out with hot water and a double drainage tube employed. On recovering from the anæsthetic she did fairly well, although her condition was of course precarious. She could not be made to understand her deprivation of water, and

rather complicated matters in the small hours of the fourth night after the operation, by regaling herself on a hearty draught from a rubber bottle filled with lukewarm water. Whether or no this really had an injurious effect was difficult to determine accurately. It was a fact, however, that vomiting soon after set in and continued violently; and nothing that we could do served to interrupt the steady decline to a fatal result on the eighth day after the operation. This patient had little desire to live; and had the same conditions occurred in a more intelligent woman having a determination to survive, it is believed she would have come through safely. If such cases live for eight days they usually get well unless some unfortunate emergency arises.

3. Mrs. M. E. S—, age fifty-two.

The third case was very interesting. The patient was the most jaundiced person the writer has ever seen. The skin was an intense copper color, and all visible signs were present of the most complete saturation of the whole system with bile. There had been some enlargement of the abdomen for several years but no pain. About three months previous to admission there had been a rapid increase in the size of the abdomen, with pain in paroxysms, and she became very yellow. The urine was deeply colored, the fæces scanty and almost white, the eyes a deep yellow, with itching and burning of the skin, shortness of breath, an increasing weakness and prostration, some vomiting, and when first seen she was pronouncedly apathetic. Examination showed a large tumor in the right half of the abdomen, movable below and fixed above, continuous with the liver, fluctuating indistinctly, and floating in fluid free in the abdominal cavity. The diagnosis of obstruction of the common duct, with a cyst of the gall bladder, was reasonably sure before the operation.

A medium incision above the umbilicus was made, allowing the escape of about three quarts of yellow fluid from the free abdominal cavity. The diagnosis of cyst of gall bladder was confirmed; but it was found so fixed to the right that the first incision was closed and a second one made over the most immovable point of the cyst. The tumor there presenting was opened sufficiently to admit the finger, and forty-three and one half ounces of viscid fluid, without a trace of bile discoloration and as white and clear as spring water, were evacuated. The sac was drawn up into the wound and the peritoneal cavity carefully guarded. The exploring finger found a mass of gall stones at the narrowest and detached upper end of the cyst and deep in the abdomen. There were twenty of these lying in one mass and so arranged that the general body of them was egg-shaped. The various facets on the individual stones perfectly showed their manner of placement, so that the effect of them collectively was as one stone. These were of course removed. Careful searching failed to show the entrance to the duct, and the patient's condition necessitated carrying on the operation to completion. The cyst walls were attached to the abdominal opening so as to exclude the peritoneal cavity, and the wound abundantly dressed with gauze after inserting

a rubber drainage tube. It was hoped that the removal of the obstruction caused by the stones would allow the ducts to reopen, and that the bile pressure would force a passage to the intestine. There was a copious secretion of fluid from the cyst through the wound, and after three or four days it was at times bile-tinged. The patient's general condition at first seemed to improve.

The morning after the operation the temperature was $100\frac{2}{3}^{\circ}$, the third night the patient slept eight hours, and the temperature in the morning following was normal. She was, however, very weak and complained of being tired. The discharge from the wound was also continuously bile-tinged. On the next day there was a troublesome hemorrhage difficult to control from the abdominal walls at the site of the wound. This was all the more remarkable because the hemorrhage at the time of the operation had been insignificant. It became so persistent that it was necessary to use perchloride of iron to control it. Also, it was recognized as a most unfavorable symptom and probably due to the saturation of the whole system with bile. During the previous night there had been three stools, the first two of which were natural in color, the last one lead colored and sticky. The next night was not unfavorable excepting the great weakness and prostration, and she slept eight hours. The next night, however, there were many stools, with some of which were clots and clear blood; and she continued to grow weaker and more apathetic until she died on the eighth day after the operation. In this case the operation was not undertaken early enough, although no time was lost after she came under observation.

4. Mrs. M. A. B——, age fifty, came to the hospital because of a burn. In attempting to extinguish a threatening brush fire her dress became ablaze. She threw herself to the ground, rolled from side to side, and tried to put it out with her hands; but as no competent assistance was available she was most seriously injured. The hands were almost mummified and the arms deeply burned to the elbows. The legs were quite generally blistered, with deeper burns on the posterior and inner sides as high as the waist line. The absence of extensive lesions on the torso, with no evidence of inhalation of great heat, at first led to hope of recovery, but she failed to rally from the shock and died on the third day.

5. Mr. G. L. H——, age sixty-eight, appeared at the hospital one day just at the beginning of a severe blizzard looking ready to expire from cold and fear lest we should send him out again. Under care and warmth and good food he cheered up so much that we examined him the next day, finding an abscess pointing beside the rectum, and a fistulous opening which had been existent fifteen years. The former was almost ready to burst spontaneously, and the operation only incised the skin and evacuated the pus, which was copious. He died the third day after entering the hospital, and we had no doubt the result would have been the same had the abscess opened itself, since the autopsy showed the kidneys to be in an advanced state of disin-

tegration and with only a small amount of normal tissue left. The ureters were dilated and the bladder thickened although only the size of an orange. There was also a fatty heart. This case should never have been sent to the hospital from a distance as his death on the way would not have been unlikely.

6. Mrs. H. A. H——, age forty-six. Diagnosis, fibro-myoma uteri. Operation, abdominal hysterectomy.

This is another interesting case. The uterus with adnexa was removed through an abdominal incision, and after peritoneal toilet, consisting of careful stopping of all hemorrhage, union by continuous catgut suture of the cut edges of the broad ligament, which also covered in the stumps of the vessels, coaptation of the vaginal incision so that there was no exposed raw surface, and careful dry cleansing of the pelvic cavity before closure, the wound was united without drainage, and dressed as usual. All went well after the operation, the highest temperature being $100\frac{1}{2}^{\circ}$, until the following Saturday, the operation having been done on Monday. Friday night had been good, the patient sleeping five and a quarter hours. She was beginning to take food quite freely, temperature was $100\frac{3}{4}^{\circ}$, pulse 88 on Saturday at 10 A.M. At 1 P.M. word was sent that the patient must be seen at once, as there was a most decided change for the worse. She was found in a state of profound collapse, face pale and pinched, respiration hurried and shallow, body cold and clammy, and pulse 148, temperature $101\frac{1}{2}^{\circ}$. A diagnosis was made of heart clot, probably an embolus dislodged from some occluded vessel in the loose tissues of the pelvis adjacent to the field of operation. No improvement took place and death occurred the next day. A partial autopsy was allowed, so much as could be made through opening the original incision in the abdomen. The wound was found perfectly united and free from any signs of adjacent irritation. The pelvis and abdominal field of operation were in a perfect condition. The lines of suturing were healed, there was no irritation or inflammation, in fact the parts were entirely normal in appearance and no clotted vessel could be found. This is a surgical accident liable to happen after any operation, and especially so after operations in loose tissue involving large vessels which divide and ramify in parallel lines. A similar accident, though happily without fatal result, occurred to the writer after an operation for inguinal hernia where a large mass of omentum was removed. There is no way of foreseeing or avoiding such an accident.

7. Mrs. B. N——, age thirty, had not menstruated for over two months. There had been nausea and vomiting for the last three weeks, with concomitant signs of pregnancy. Three days before coming to the hospital a flow began accompanied by sharp pains low in the abdomen. At time of entrance the abdomen was distended, very sensitive, and there was no flowing, but a slight dark brown and very offensive discharge. Miscarriage or abortion was denied; nevertheless a diagnosis of abortion was made. Examination

showed a thoroughly septic condition of the uterus with cervix soft, os wide open and a most foul smelling uterine discharge. There were also chills, profuse perspiration, and dulness of mind, with a temperature of $104\frac{1}{2}^{\circ}$ and pulse 116 at 12 M. A hot uterine douche reduced temperature to $102\frac{1}{2}$ and pulse to 104, and these were continued at frequent intervals as long as the temperature improved. On the following day, however, the temperature again rising, the patient was etherized and the uterus thoroughly curetted. Pieces of placenta and membranes came away and the hemorrhage was profuse. A copious douche of hot water was given and the uterus packed with iodoform gauze arranged for drainage. The evening temperature came down to $101\frac{1}{2}^{\circ}$, pulse 100, but the next day it was up again to 104° . The douching was regularly and carefully continued, and again the temperature fell, going as low as $101\frac{3}{8}^{\circ}$, but from this time it continued higher and higher, finally reaching $107\frac{1}{8}^{\circ}$. Sleep became restless and disturbed by dreams. Unconsciousness followed a wandering condition of mind, and she died on the seventh day.

The writer unhesitatingly affirms that the curetting was a mistake in judgment, and that at the time it was done if anything was to be undertaken a vaginal hysterectomy was preferable. These cases are the worst possible, and in the light of the fact that the mortality is excessive, it is believed a total extirpation of the uterus and adnexa, with free drainage afterward provided, offers the best promise of favorable results.

8. C. B.—, age seventy-three, was transferred to us by his friends from one of the other large hospitals of the city, where he had been sent because of a fracture of the hip, the result of a fall. From the position of the leg and concomitant symptoms there was undoubtedly a fracture of the left hip, probably impacted. But it was also found that he had a well-developed condition of pneumonia, right side, and to this all attention was given. The temperature went as high as $103\frac{3}{8}^{\circ}$, pulse 116, and respiration 40. He progressed favorably, became markedly better, so much so that on the twelfth day the temperature was $99\frac{1}{8}^{\circ}$, pulse 102, and respiration 24. Anxiety concerning him was considerably allayed, when a secondary attack of pneumonia affecting the opposite side supervened, and he of course succumbed, since he was not a robust individual at best. The fracture was not manipulated or examined.

9. Miss A. W.—, age forty-seven. Was called to see this patient with reference to her removal to the hospital because of some intestinal obstruction which had arisen within the previous three weeks. The condition of the bowels for some time had been more and more constipated, yet relief had been obtained until this present attack. There had been occasional nausea and vomiting, with sharp pain about the navel and sensitiveness in the right iliac fossa. The pain was paroxysmal and caused nausea with some gurgling.

Examination of abdomen was negative, as was also that of the rectum; and after her entrance to the hospital no physical sign of

obstruction had appeared. Her condition, however, was less and less favorable, and we decided to operate, with no definite idea of what would be found. Upon opening the abdomen nothing abnormal appeared, and it required a careful search of the colon, going over it in continuity, before a small annular obstruction low down in the sigmoid flexure was brought to light. This involved the whole structure of the intestine for about two inches and almost completely occluded its lumen. Her condition was unfavorable and it became necessary to quickly conclude the operation. The mass was brought out through an incision in the inguinal region and there secured, the intent being to establish an opening into the intestine, evacuating its contents and afterwards dealing with the growth by extirpating it. The patient rallied, the bowel was opened above the stricture and its contents freely evacuated, but she rapidly failed and died on the third day.

I am of opinion that too long a time was spent in consideration of this case before deciding to operate. Although the symptoms were not definite, the operation might well have been undertaken sooner, the growth extirpated, and an anastomosis of the intestine made, and this would have been done with fair probability of success.

10. Mrs. E. D——, age thirty. Diagnosis, appendicitis ; purulent peritonitis. This patient was sent to the hospital in the middle of the night for an acute attack of appendicitis, with the message concurrently forwarded to me that she ought to be operated on, if alive on reaching the hospital, and that there was every probability that she would die by the way. We met the patient on arrival and found her indeed *in extremis*.

She had a violent attack of appendicitis and perforation had evidently taken place with consequent peritonitis. The abdomen was enormously distended, tympanitic, rigid, pulse small, thready, face pinched, anxious, and the body covered with a clammy perspiration ; altogether a picture of impending dissolution. After consultation it was decided to open the abdomen since that gave the only possibility of any relief, and while probabilities were against a successful issue, death was absolutely certain otherwise. An incision over the appendix was followed by a copious flow of pus which was found diffused thoroughly throughout the abdomen, and separate pocketed masses occurred wherever the intestines slightly confined it. It was washed out from all recesses when found, liberal drainage inserted, and the patient was put to bed without closing the wound ; but she died before six o'clock the next morning. The appendix was not seen or extensively looked for, as it had become of minor importance in the general aspect of the situation. Such cases are almost invariably hopeless, yet an opening into the abdomen seems advisable especially since no other means offers a possibility of success. The writer is sure he has seen at least one such case saved by a free opening, thorough flushing with hot water, and generous drainage. It is, perhaps, best to leave such cases with the abdominal

incision unclosed. This creates a direction of little or no resistance toward which pus naturally tends, even from the distant parts of the abdomen. With a drainage tube, glass or rubber, carried to the bottom of Douglas' cul-de-sac, a careful arrangement of gauze drains as seem most efficacious for such other parts, a wide-open surface wound, with a not too tight bandaging, it would seem as if the best conditions were established for a successful outcome.

11. Mrs. L. J—, age thirty years. This case was undertaken for disease of both tubes and ovaries. The right tube was much distended and with the ovary firmly bound down by dense adhesions. The left tube was also much enlarged, with a cystic ovary, one cyst of the size of a hen's egg, and also firmly imbedded in dense adhesions. The hemorrhage was profuse and persistent and required utmost care to control it. After the operation prostration was extreme; free stimulation was resorted to. She did not rally satisfactorily, however. The next morning temperature was $101\frac{1}{2}^{\circ}$, pulse 160, and she was very weak. Hypodermatic injections of strychnia and later of glonoine, together with rectal saline injections, were given, but she continuously failed and died before 6 P.M. the day following the operation.

SUMMARY OF OPERATIONS.

DIAGNOSES.	OPERATIONS.	Number of Cases.	Number of Operations.	Cured.	Improved.	Not Improved.	Died.
Abortion; septic uterus	Curetting	1	1				1
Abscess, antrum	Opened and curetted	1	1	1			
" back; tubercular	" " " " " " " " " " "	1	1		1		
" cervical	" " " " " " " " " "	8	9	7	1		
" cheek; septic	" " " " " " " " " "	1	1	1			
" chest wall; tubercular . . .	" curetting, drained	1	1	1			
" foot	" and curetted	1	1	1			
" gluteal	" " " " " " " " " "	5	6	4			1
" iliac region	" curetting, drained	5	4	4	1		
" jaw	" and curetted	1	1	1			
" kidney	" drained	1	1		1		
" knee	" curetting	1	1	1			
" labium	" " " " " " " " " "	1	1	1			
" mammary	" drained	1	1	1			
" palm	" curetting	1	1	1			
" pelvis; tubercular	" curetting, drained	2	3	1	1		
" perineal	" curetting	1	1	1			
" pulmonary	Aspirated	1	2	1			
" scalp; necrosis of oc. . . .							
bone	Opened and curetted	1	2	1			
Abscess, thigh	" " " " " " " " " "	2	2	2			
" " " " " " " " " "	Aspirated	1	2	1			

DIAGNOSES.	OPERATIONS.	Number of Cases.	Number of Operations.	Cured.	Improved.	Not Improved.	Died.
ABDOMINAL SECTIONS.							
Appendicitis, acute, hernia of appendix	Appendectomy	1	1	1			
Appendicitis, intercurrent	" "	10	10	10			
" " suppurative	" " , drainage	5	5	4			1
Ascites, tubercular	Exploratory incision	1	1		1		
Carcinoma of intestine	Inguinal colotomy	1	1				1
Cyst of gall bladder, with stones	Incision; 20 stones removed	1	1				1
Epithelioma uteri	Abdominal hysterectomy	1	1	1			
Fibro-cystomata uteri	" "	1	1	1			
Fibro-myoma uteri	" "	10	10	9			1
" "	Extirpation of ovaries	2	2		2		
" "	Vaginal hysterectomy	1	1	1			
" " pyo-salpingitis	Extirpation of adnexa and 2 sub-serous tumors	1	1	1			
Hernia, direct inguinal	Radical operation	6	6	6			
" " " (strang.)	" "	1	1	1			
" " indirect "	" "	3	3	3			
" " " (ret. testicle)	" " , extirpation of testicle	1	1	1			
" " femoral	Radical operation	1	1	1			
" " " (strang.)	" "	1	1	1			
" " umbilical	" "	4	4	4			
Hydro salpinx	Extirpation	1	1	1			
Ovarian cystomata	Ovariectomy	23	23	22			1
" " (dermoid)	Opened and drained	1	2	1			
Par-ovarian cyst	Ovariectomy	1	1	1			
Procidentia uteri	Extirpation	1	1	1			
Pyo-salpingitis	Ventro-fixation	1	1	1			
" " pelvic abscess	Extirpation	2	2	1			1
Retroversio uteri	" " and drainage	1	1	1			
" "	Exploratory incision	1	1				1
" "	Ventro-fixation	6	6	6			
Salpingitis	Extirpation	11	11	11			
Sarcoma of pelvis	" "	1	1				1
Sclerosis of ovary	" "	1	1	1			
Tubal pregnancy	" "	1	1	1			
Tuberculosis of peritoneum	Exploratory incision	1	1		1		
Adherent clitoris	Freed from adhesions	2	2	2			
Ascites (carcinoma)	Aspiration	1	1				1
Atresia vaginæ	Dilatation	2	2	2			
Bursa of elbow	Extirpation	1	1	1			
" " foot	" "	1	1	1			
" " hand	" "	1	1	1			
Carcinoma mammæ	" "	7	7	7			
" "	" " with axillary glands	11	11	11			
" " of cervical glands	" "	1	1				1
" " uteri	Curetted	3	3			3	
" " vulvæ	Extirpation	1	1	1			
Caries of metatarsus	Curetted	1	1	1			

DIAGNOSES.	OPERATIONS.	Number of Cases.	Number of Operations.	Cured.	Improved.	Not Improved.	Died.
Caries of tibia	Curetted	1	1	1			
" " toe	Amputation	1	1	1			
Cervical adenitis	Extirpation	5	5	5			
Cleft palate	Staphyloraphy	1	1	1			
Contraction of pect. muscles	Complete division of muscles	1	1	1			
Curvature of spine	Fixation	1	1	1			
" " tibize	Fracture and fixation	1	2	1			
Cysto-adenoma mammae	Extirpation	2	2	2			
" " axillae	" "	1	1	1			
Cystocele	Anterior colporrhaphy	4	4	4			
Cyst of perineum	Extirpation	1	1	1			
Destruction of nose (partial)	Rhino-plastic operation	1	2	1			
Dislocation of coccyx	Coccygectomy	1	1	1			
" " femur	Opened joint; fixation	1	1			1	
" "	Aspiration	1	1			1	
" "	Resection of two ribs	1	1	1			
" "	Incision and drainage	2	5			2	
Endometritis	Curetting	56	56	56			
Enlarged prostate	Castration	1	1			1	
Epileptiform convulsions	Trephining	1	1			1	
Epithelioma, cervix uteri	Curetting	3	3	3			
" " cheek	Extirpation	1	1	1			
" " face	" "	3	3	3			
" " hand	Amputation at lower $\frac{1}{2}$ arm	1	1	1			
" " leg	" " above knee	1	1	1			
" " lip	Extirpation	3	3	3			
Erosion, cervix uteri	Curetting	1	1	1			
Exuberant tissue about anus	Extirpation	1	1	1			
Felon	Opened and curetted	2	2	2			
Fibroma mammae	Extirpation	1	1	1			
Fibro-cystoma mammae	" "	2	2	2			
Fibroid uteri (sub-mucous)	Enucleation	3	3	3			
Fissure in ano	Excised; primary closure	2	2	2			
Fistula " "	Opened and curetted	13	13	13			
" " "	Excised; primary closure	2	2	2			
" " urethrae	Opened and curetted	1	1	1			
Fracture of ankle	Fixation	1	1	1			
" " coccyx	Coccygectomy	2	2	2			
" " hip	Extension and fixation	1	1	1			
" " os calcis	Fixation	1	1	1			
" " patella	" " by wiring	3	3	2		1	
" " compound of radius and ulnar	" "	1	1	1			
Fracture of tibia	" "	1	1	1			
" " compound of tibia and fibula	" "	1	1	1			
Gangrene of toe	Amputation	1	2				1
Glaucoma	Extirpation of eye	1	1	1			
" "	Iridectomy	1	1			1	
Hammer toe	Amputation	1	1	1			
Hare lip	Primary closure	1	1	1			

Hemorrhoids	Clamp and cautery	1	1	1
"	Radical operation	30	30	30
Hydrocele	Extirpation	14	14	14
Hymen, imperforate	Dilatation	1	1	1
Hypertrophied recto-vag. sep- tum	Excision	1	1	1
Hypertrophied toe nails	Extirpation	1	1	1
" tonsils	Tonsillotomy	4	4	4
Hypospadias	Plastic operation	1	1	1
Induration on toe	Extirpation	1	1	1
Inflamed inguinal gland	"	1	1	1
Ingrowing toe nails	"	2	2	2
Irritable sphincter ani	Dilatation	1	1	1
Lacerated cervix	High amputation	2	2	2
" "	Trachelorrhaphy	106	107	106
Lipoma, axilla	Extirpation	1	1	1
" buttock	"	1	1	1
" groin	"	1	1	1
" thigh	"	2	2	2
Lupus, cervical	"	1	1	1
Metrorrhagia	Curetting	4	4	4
Movable bodies in knee joint	Extirpation	1	1	1
Nævus of lip	"	1	1	1
Necrosis of carpus	Opened, curetted, drained	1	2	1
" " inf. maxilla	Curetting	2	3	1
" " metatarsus	Amputation lower $\frac{1}{2}$ leg	1	1	1
" " tibia	Trephining and curetting	1	1	1
Needle in hand	Removal	1	1	1
Neuralgia of face	Resection of infra-orbital nerve	1	1	1
Osteomalacia	Amputation above knee	1	2	1
Osteo-sarcoma scapulæ	Extirpation of tumor and part of scapula	1	1	1
Osteitis of inf. maxilla	Trephining and curetting	1	1	1
Periostitis of tibia (traumatic)	Incision, trephining	1	1	1
Phimosis	Circumcision	5	5	5
"	Dilatation	8	8	8
Polypus nasi	Extirpation	1	1	1
" uteri	"	11	11	11
" recti	"	1	1	1
Pott's disease	Plaster jacket	2	2	2
Procidentia uteri	Obliteration vaginæ	1	1	1
Rectal pockets	Divided	1	1	1
Rectocele	Post. colporrhaphy	5	5	5
Recto-vaginal fistula	Opened and curetted	2	2	2
Retained placenta	Curetting	4	4	4
Retroversio-uteri	Vagino-fixation	1	1	1
Rheumatic iritis	Extirpation of eye	1	1	1
Ruptured perineum	Perineorrhaphy	85	86	85
" " complete	"	4	5	4
Sarcoma axillæ	Extirpation	1	1	1
Scirrhus mammae	" with axillary glands	2	2	2
Septic wound of finger	Amputation	5	6	5
" " " hand	Opened and curetted	1	1	1
" " " knee	" " "	4	4	4
Sinus, abdominal wall	" " "	2	4	2
" back	" " "	4	6	4
" cheek	Excision	1	1	1

DIAGNOSES.	OPERATIONS.	Number of Cases.	Number of Operations.	Cured.	Improved.	Not Improved.	Died.
Sinus, foot	Curetting	1	1				
" groin	Opened and curetting	1	1	1			
" hip	" " "	1	2	1			
" inf. maxilla	Curetting	1	1	1			
" leg	Opened and curetting	1	1			1	
" sacral	" curetting, drained	1	1				
" shoulder	Removal of scapula	1	1	1			1
Stenosis cervix uteri	Dilatation	11	11	11			
Stricture urethræ	" " "	7	7	7			
Talipes equino varus	Tenotomy, subcutaneous	1	1		1		
" varus	Amputation of leg	1	1	1			
" "	Tenotomy, open	1	2	1			
" "	" subcutaneous	1	1	1			
Traumatism of finger	Finger reunited	1	1	1			
" " hand	Amputation, finger	3	3	3			
Tuberculosis, cerv. glands	Opened and curetting	2	2	2			
" cheek	Extirpation	1	1	1			
" chest wall	" " "	1	1	1			
" hand and elbow	Amputation of hand, cu- retting elbow	1	3	1			
" hip	Fixation	1	1				
" knee	Opened and curetting	2	3	2			1
" "	Resection	1	1				
" metatarsus	Curetting	1	1		1		1
" peritoneum	Aspiration	1	1		1		
" shoulder joint	Resection, head of hu- merus	1	1	1			
" thigh	Opened and curetting	1	1	1			
" ulnar	" " "	1	2		1		
Tumor, lip	Extirpation	1	1		1		
" toe, fibrous	" " "	1	1	1			
Ulcer of radius	Curetting	1	1		1		
" " leg, varicose	" " "	1	2	1			
Unruptured hymen	Dilatation	1	1	1			
Urethral caruncle	Extirpation	1	1	1			
Urethrocele	Excision; primary closure	1	1	1			
Varicocele	Radical operation	3	3	3			
Varicosis of leg	Extirpation of veins	2	2		2		
Vulvo-vaginal cyst	Extirpation	1	1	1			
Wens of face	" " "	1	1	1			
" " scalp	" " "	4	4	4			
" " temple	" " "	1	1	1			
		6	6	6			
Totals		728	758	675	39	5	9

Number of deaths in operated cases 9

Total number of deaths 11

Percentage of deaths to number of operations 1.19%

Percentage of total deaths 1.45%

EDITORIAL.

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

THE USEFULNESS OF PLAY.

A very interesting and suggestive paper on "Tendencies in Athletics for Women," by Sophia F. Richardson, appears in a recent issue of the *Popular Science Monthly*. While many views expressed in the article are not novel, they are such as will profitably bear much repetition and insistence; such, for instance, as Miss Richardson's remarks on the fact that overmuch brain work, in women as in men, defeats its own ends, in rendering the worker unfit to continue work. There are, however, certain ideas brought forth that are less frequently insisted on, and from consideration of which not only the student and the educator, but the family physician may gather very useful hints. Chief among these is that physical exercise, to achieve the maximum of good, must appeal to the one practising it, not as work, but as play. We all know — the "funny columns," so called, of the daily newspaper never suffer us to forget — that the small boy who is prostrated by a quarter-hour of wood sawing is refreshed body and soul by three hours of the infinitely greater physical strain of football, or of imperiling the continuity of his entire physical constitution by "playing circus." We all know from experience how in serious mental work a correlative principle holds good; a student is more wearied and nervously irritated by an hour's wrestle with an uncongenial theme than by a half-day spent with a fascinatingly congenial one. Miss Richardson proves, by statistics gathered from many sources, that of all college undergraduates those of England accomplish the highest intellectual result with the fewest hours spent in actual intellectual labor, and the greatest number of hours spent in field sports; and this is equally true of men and women students. With daring and well-supported logic she proceeds to set these facts in the order of cause and effect, and to claim that it is *because* the English student, man or woman, "grinds" fewer hours and plays more hours than any other student, that his or her intellectual achievement outweighs that of any other student. Stress must be laid on the fact that it is *students* and not shirks or idlers who are here under discussion; workers, the results of whose accomplished work make it sug-

gestive and valuable to study the methods of their work. The writer further claims that the vast reflex good wrought by out-of-door sports to the English student springs chiefly from his ardent, wholesome love of them as play, as genuine congenial recreation; setting over against this the German, the French, and to a degree—and especially in the case of women students—the American student's taking to outdoor exercise as a duty, to be conscientiously gone through with, in the interests of his or her all-around development.

“If there be those who assume that physical excellence is the attribute of the so-called new woman, and therefore unwomanly,” says Mrs. Richardson, “we can only reply that the idea that women should have the same physical training as men is no newer than Plato's Republic, wherein the Greek sage insists that the women should have the same physical training as the men, that the race might be continued in the highest perfection of mental and physical vigor. Little is told us of the education of girls in Greece; but this we know, that Spartan girls were subjected to a course of training differing from their brothers only in being less severe. They had their own exercise grounds, in which they learned to leap, run, cast the javelin, throw the discus, play ball, wrestle, dance, and sing. The result of this fine physical training was not only health and strength, but beauty; for it is a well-attested fact that the daughters of Sparta were handsomer and more attractive than the more delicately nurtured Athenians. In Aristophanes, Lampito, a Spartan woman, excites the jealous admiration of the Athenian women because of her beauty. When some one said to Gorgo, the wife of Leonidas, ‘You Spartans are the only women who rule men,’ she proudly replied, ‘Because we are the only women who bring forth men.’

“In behalf of the introduction of games as supplementary to the work of the gymnasium, I will quote Miss Hill, of the Wellesley Gymnasium: ‘Four years ago I began to give my services to the college in organized “sports and pastimes” in connection with the department, feeling that we were giving in America too much attention to artificial exercises and too little to the development of the play instinct, which is the natural means of recreation. I believe in gymnastics for girls for their *corrective* value and as an antidote to the faulty postures we take so much, the effects of wrong clothing, etc., lack of knowledge how to breathe, run, walk, to climb and leap for practical purposes and self-preservation in accident. But I think we use them too much. We waste time and strength in not accomplishing the direct results of gymnastics, and fail to obtain the nerve stimulus that comes from natural play. If games and sports are organized and directed to a certain extent by the director of physical training, often, of course, the gymnastic and corrective value can be got out of a sport, and the fun, too.’

“Matthew Arnold, in his work on Higher Schools and Universities in Germany, says in describing the exercise ground of a German school finely equipped for gymnastics, ‘Nothing, however, will make an ex-schoolboy of one of the great English schools regard the gymnastics of a foreign school without a slight feeling of wonder and compassion, so much more animating and interesting do the games of his remembrance seem to him.’

“Statistics regarding the benefits that students have derived from athletic games are frequently asked for. These are difficult to state in the form of records. Nevertheless, the advantages are very real and very evident. A graduate of the University of California writes me, ‘Athletics proper, as distinguished from physical culture, are enormously important for girls — more so than for boys, for it brings out a side of their nature cramped from childhood.’ She says that, from her own experience, she knows that ‘there is nothing like the hard-played game to bring out powers of the body that the routine work cannot touch. Still more, the mental and moral effect is wonderful. There is a zest, a freedom, a whole-souled sincerity of effort, a flinging aside of every consideration of how she is looking, or whether she is doing the proper thing, that goes right to the root of some of the most inveterate evils of feminine adolescence. The effect on our basket-ball girls has been perceptible in a single year; all their attitudes toward life have taken on a healthier and heartier tone.’ She adds that this is heartily the belief of the director of the gymnasium of the University of California.

“The tendency of athletic games to dispel morbid conditions is, I think, too well known to require comment. One cannot watch a game of basket-ball without observing the will-power, nerve control, and general self-government which the rules of the game to prevent all rough play, and the necessity of quick decision and instant decided action, cultivate.

“The match games give outdoor entertainment to the whole body of students, thoroughly diverting, and of the most healthful kind.

“As a less direct result of the growing interest in athletics we may notice the increased stature of women, and a corrected æsthetic judgment which now pronounces the normal form the most beautiful.”

The family physician can, from this excellent “straight talk,” gather a hint of very distinct value. Long ago he, with the serpentine wisdom which his craft, above all others, is required to exercise for his fellow-creatures’ good, learned that when it is a question of supplying needed fat to a depleted nervous system, it is often more efficacious to suggest butter-scotch than to suggest cod-liver oil. So in lieu of suggesting duty walks or parallel bars, he may very profitably try to interest his patient in some form of sport *as sport* — tennis and bicycling being two that readily lend themselves to this

idea ; certain that in attaining proficiency by pleasurable effort in these and kindred sports, the needed exercise will be obtained in quite the most helpful sort of way.

That wise bird of nonsense song, the San Francisco *Lark*, lately in a little tale pointed a quaint moral : " There is work that is work, and there is play that is play ; and there is play that is work, and there is work that is play ; and by only one of these does a man fully and permanently profit."

EDITORIAL NOTES AND COMMENTS.

THE MUSIC CURE, the new German therapeutic movement — or shall one say fad? — is reaching proportions so impressive that there is in process of erection at Munich a hospital to be devoted exclusively to the treatment of certain maladies, largely nervous, by the " music cure " ; impetus having been given to the movement by the recent rather remarkable cure of certain long-standing and severe neuralgic affections of the Empress of Austria by this treatment alone.

The leader of the movement is Dr. Paul Riverra, a well-known physician of Munich. In a recent interview granted by him to the correspondent of a great daily paper, Dr. Riverra said several rather interesting things ; among them : —

" I am greatly encouraged in my discovery, for the water cure and hypnotic methods of treating diseases have prepared the way for every kind of painless cure ; and this is indeed the age of painless cures. Anæsthesia was the first step in the early part of the present century, and from that day to the present hour the painless treatment has gone steadily forward.

" Laughing gas was a great step in advance, but cocaine was a greater step, and now I believe music is to prove not simply the latest, but the best exponent of all.

" Indeed, the ' music cure ' may be said to have to do with antiquity itself, since it began in the days when David played to soothe the perturbed spirit of Saul. The next record we have of a musical effort to relieve great distress was when the singer Bellari, in the sixteenth century, put to sleep the Italian patron of sculpture, Prince Bellargravia. The prince awakened after a twelve-hours' slumber wholly relieved of the terrible rheumatic pains which had prevented his obtaining sleep for over a fortnight.

" The singer Raaf of the eighteenth century cured the raging fever of the Princess Pignatelli by singing the ' Saxon ' to her.

"And now, regarding our present plans for a musical hospital cure: It is not our purpose — as in the case of the Kneippists — to advertise a 'cure for every ill of mind or body,' any more than we would declare that electricity will cure everything under the sun, or that iron itself is a universal medicine. We only propose to cure disease of a certain nature, while letting others entirely alone. We lay all stress on curing pain. Now everybody knows who has given the subject careful attention that the influence of music upon pain is wonderful. The mother's lullaby is founded upon it, and the singing to invalids is also based on the soothing effects of harmonious sounds. Then, too, reading to the sick — and there are societies banded together for this sick-room diversion — is only a branch of this same cure.

"The real philosophy of the cure lies in this: Pain will depart if you only give it sufficient time to do so. If you could only get a patient to sleep for a period of two weeks — while his pain is raging — there is no question about his awaking cured. But, of course, the difficulty in the matter is to get him to sleep. The 'music cure,' however, serves its purpose by putting the patient to rest.

"The influence of music has this effect: The patient hears the pleasant sounds and does not experience the pain while he is listening. This is a fact well known in every hospital. Patients who are suffering acutely with pain are quieted for hours while Sunday-hymn sing is taking place.

"We shall have a ward in our music hospital expressly for pain patients, where they can hear the most interesting character of music. There will be another ward for nervous patients with music largely descriptive. For example, you see a milkmaid leave the house and go to the barn with her pail in her hand. You hear the first tinkle of the white drops in the pail, with the maid crooning her song as she fills her pail. One by one the cows are mooing for their turn, and, at last, when all the cows are milked, you see the maid carrying her dainty burden to the dairy. Now, the story will first be told the patients in mere words, after which they will hear it expressed in music, the effect of which will be to relieve them from pain, and so make them well, all being accomplished, as you see, through the spell of music.

"A peculiar feature in this method of treatment is in the character of sounds to serve a given purpose. For instance, certain ailments are best treated in the employment of soft, low sounds, while others require loud, compelling strains, and these several conditions will be arranged for in our hospital.

"This 'music-cure' hospital idea is not a German delusion, very far from it. Only a very few years since the reality of hypnotism was regarded in the United States as an imposition, a fraud, but today Bellevue Hospital, New York, is considering with great favor the idea of introducing a chair of hypnotism; our hospital, here in Munich, already has such a chair. The next thing, in my opinion,

which this same Bellevue Hospital will provide for will be a chair of music, though I hardly think New York will have, at least for some time to come, a hospital devoted entirely to the 'music cure.'

"The 'music-cure' idea is making progress, not only in Europe — especially in Germany and France — but in the United States. At the present time I am in correspondence with one of the most eminent physicians in the United States, who says that he has advocated for some time employing nurses in hospitals who can sing to patients suffering from neuralgia and certain fevers.

"In our music treatment we have often forms that patients can not only relieve, but cure themselves where they suffer from severe headache, earache, and even sciatica. At one time we had a young lady who was greatly afflicted during certain hours with pains in her back. We advised the 'music cure,' and so when she felt her pain coming on she would sit down to the piano, and, while nearly fainting from pain, she would touch a few notes here and there, the effect of which was to afford her almost instant relief.

"It is a fact beyond dispute that indigestion has been cured by listening to music while eating. Music relieves worryment of every kind, and precludes the possibility of nervous indigestion. Salpierre made himself famous in 1847 with his hospital for the insane. He had a band of music stationed in the main hallway of his hospital, and had it play at frequent intervals. In this way the brain of the insane man was kept from drawing on its exhausted supply of gray matter, the result being many of the patients recovered. I thoroughly believe in the 'music cure,' and am confident in time it will completely revolutionize the treatment of disease."

GRIPPE TAKES ON NEW TERRORS from study of its ravages in a field than which none is more vital to humanity's interests. Thus its dangers are outlined in a recent issue of the *Medical Review*: —

"Gabriel V. Engel has made observations during recent epidemics of influenza, and has found (*Wiener med. Presse*; *Brit. Med. Jour.*) that of the four clinical forms — the purely febrile, the nervous, the catarrhal, and the gastric — women suffer most from the first two. Symptoms connected with the genital organs are very common, and menorrhagia and intermenstrual discharge are frequent. Præexistent diseases, such as endometritis, congestive or infectious, show exacerbations; and the author noted two cases in which a latent perimetritis was lighted up, with a fatal result (from general peritonitis) in one. In an instance in which removal of the appendages had been followed by menstrual cessation, hemorrhage from the uterus occurred during influenza. In a school Engel was able to note that in chlorotic and anemic girls in whom menstruation was irregular the flow became and continued regular after an attack of influenza. In several cases the first occurrence of the menses was during the illness. In cases in which a premature climacteric accompanied by the excessive

deposition of fat took place there was a resumption of the menstrual function in consequence of influenza. Pregnancy and labor were commonly gravely affected, and many abortions and premature labors occurred during the several epidemics. Labor pains were weak and specially painful, and the confinement was prolonged. In the puerperium the advent of influenza simulated puerperal fever, and the secretion of milk was interfered with. Further the power of conception was lessened after the epidemic of 1889-1890, as is shown by the Hungarian statistics of births given by the author; of course the diminution in the number of births was due also in part to weakening of the male element in reproduction. Influenza, then, is an infectious disease, having a serious effect on the female genital organs, and capable of leading even to grave national economic questions."

THE LESSON OF THE DOWNFALL OF THE NATIONAL COLLEGE, whose diplomas have lately been refused recognition by the Medical Board of the State in which it is situated, is a lesson by which others than the National College may well profit. There is no more potent and insidious foe to medical education, and, by inevitable sequence, to medical progress than the so-called colleges that, in a spirit of the most frank and crass commercialism, "underbid" existent colleges, not only in the matter of fees, but — what is of infinitely more moment — in the matter of requirement and achievement. No experience is commoner with our medical colleges of high standing and uncompromising standards than to have some student who, through idleness or absolute incapacity, fails to pass his examinations, betake himself to some of these parasitic institutions, and return in a few months to swaggeringly flourish his degree before the eyes of his worthier ex-comrades, they faithfully following an undergraduate course still. Such an exhibition cannot fail to be demoralizing in the extreme to any student not well grounded in honest scientific principles and ambitions. For the credit of homœopathy a very firm and open stand should be taken by homœopaths, individually and working in societies, against all such colleges, and all those who make an unworthy living by connection with them.

A BRIGHT lad when asked by his teacher to name some of the most important canals in America named the alimentary canal as first in importance. — *Kansas City Medical Record*.

IN Germany a law has recently been enacted which holds the advertiser as well as the newspaper publishing the advertisement responsible for the assertions made therein. If a promise to cure is made and the remedy fails, prosecution is liable to follow. This is a good law, and this country should have one like it. — *Texas Medical News*.

SOCIETIES.

—:o:—

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its annual meeting at the College Building, East Concord Street, Thursday evening, January 7, 1897, at 7.45.

In the absence of the president and vice-presidents, Dr. Frank E. Allard was chosen president *pro tem*.

It was voted to omit the reading of the records of the last meeting.

The following physicians were proposed for membership: Fred S. Piper, Alice Z. Patterson, and Sarah F. Newton.

Election to membership: Grace E. Skelton, M.D., of South Boston, and Frederick C. Robbins, M.D., of Wollaston.

The secretary's report for 1896 was read and accepted.

The reports of the treasurer and auditor were read and accepted.

Dr. G. A. Suffa presented the following motion: That in consideration of the necessity of closing the meetings of the society at a reasonable hour so that members living out of town may participate in the discussion of the subject presented by the special committee of the evening, that the time occupied in the presentation of new cases and the exhibition of pathological specimens be limited to fifteen minutes, unless on special occasions otherwise decided by vote of the society.

This was unanimously adopted.

The election of officers was conducted by the Australian method, Dr. A. Howard Powers acting as teller.

The nominations on the ballot were made by a special committee composed of Drs. H. C. Clapp, Horace Packard, and J. H. Sherman, appointed by the president and approved by the Executive Committee.

The following list of officers for the society for the ensuing year was elected:—

President, George B. Rice, M.D.

Vice-Presidents, Benjamin T. Church, M.D., Lucy C. Hill, M.D.

General Secretary, J. Emmons Briggs, M.D.

Provisional Secretary, F. P. Batchelder, M.D.

Treasurer, Maurice W. Turner, M.D.

Auditor, A. H. Carvill, M.D.

Censors, N. R. Perkins, M.D., J. Herbert Moore, M.D., Eugenie M. Phillips, M.D.

Dr. J. Heber Smith briefly referred to the death of Dr. Emily A. Bruce, which occurred early in the morning of January 7, at her home in Roxbury.

By vote of the society, Dr. S. H. Calderwood was chosen a committee of one to draw up and present a memorial to the society at its next meeting.

The retiring president, Dr. W. J. Winn, made a short address upon "Surgical Cleanliness."

Scientific Session.

Section of Sanitary Science and Public Health.

Charles H. Thomas, M.D., chairman; F. E. Allard, M.D., secretary; Grace E. Cross, M.D., treasurer.

The committee appointed by the Chair to nominate officers of this section for the ensuing year reported as follows: Chairman, Charles H. Thomas, M.D.; Secretary, F. E. Allard, M.D.; Treasurer, Grace E. Cross, M.D.; and they were duly elected.

The paper of the evening was presented by Charles H. Thomas, M.D., the subject being "Sanitary Problems in Typhoid Infection."

DISCUSSION.

Opened by J. Heber Smith, M.D., and participated in by the following physicians: Conrad Wesselhoeft, F. C. Richardson, H. E. Spalding, J. L. Coffin, and A. H. Powers.

Dr. F. C. Richardson then made the following motion: That a committee be appointed to take such steps as will secure some legislation to procure improved inspection and supervision of all sources of milk supply. Carried.

The following committee was appointed: F. C. Richardson, M.D., J. Heber Smith, M.D., and H. E. Spalding, M.D.

In accordance with the suggestion in the president's address, Dr. T. M. Strong moved that the secretary be instructed to cable to Dr. I. T. Talbot the following:—

The Boston Homœopathic Medical Society sends New Year's greeting and best wishes for your early return in health and strength to take an active part in our ranks.

The Scientific Session closed at 9.30, when the society adjourned to the physiological laboratory, where a collation was served to the members of the society and their friends.

J. EMMONS BRIGGS, M.D.,

Secretary.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY: SPECIAL MEETING.

A special meeting of the Boston Homœopathic Medical Society was held in the College Building, East Concord Street, on Thursday evening, December 17, 1896. The meeting was called to order by the president, Dr. William J. Winn.

The president announced that Dr. Henry M. Smith, of New York, would address the society at the close of the meeting, regarding the Hahnemann statue, and invited all to stay and hear what he had to tell them about it.

Drs. E. P. Colby, H. E. Spalding, and W. E. French were appointed nominating committee for officers for the medico-legal section for the ensuing year.

Medico-Legal Section.

E. P. COLBY, M.D., Chairman, ALONZO BOOTHBY, M.D., Secretary,
JOHN H. PAYNE, M.D., Treasurer.

Dr. Colby introduced the speaker of the evening, Samuel K. Hamilton, Esq., whose address was upon the subject of "Expert Medical Testimony."

The address was followed by a discussion by Dr. J. W. Hayward, who gave some opinions from the physician's standpoint.

Dr. Hayward. My experience in the court room has been somewhat like my experience this evening, not sought, but forced upon me; and it is an experience extending over a number of years, and which I prize. Before attempting to say anything from the physician's standpoint, I would like to ask the gentleman who has just given us this able discourse one question: Does expert testimony necessarily require that the physician should have made a special study, or what we term a specialty, of the department of medicine under consideration?

Mr. Hamilton. I think the value of his testimony depends largely upon his preparation upon the particular subject under consideration. He may be an expert, but it is a question not of his testimony, but the weight of his evidence.

Dr. Hayward. I asked this question for a purpose.

At one time when I was called as a witness and was surprised to learn that I was giving expert testimony, the opposing counsel objected, or at least he put this question, "Doctor, have you made a special study of diseases of the brain?" The question under consideration was this: a man had died of diabetic coma. Twenty-four hours before his death he had made a will; the question arose in regard to the competency of that will. I gave it as my opinion that no person dying of diabetic coma was competent to make a will twenty-four hours before his death. My testimony was objected to on the ground that I was not an expert in mental diseases. The judge said that my testimony would have to be taken, but that it was not really expert testimony upon that point. I said: I have not made a special study of mental disease, but I have sufficient knowledge of disease and power of discrimination to determine whether a person is of sound mind, or whether he is suffering from a debilitated condition which would make his mind unsound. I did not see this patient, but I have seen several patients who have died of diabetic coma, and I never saw one who was competent twenty-four hours before his death to make a will.

I have questioned, as I have listened to the discourse this evening, about the possibility of ever obtaining absolute justice. There are

honest men and dishonest men ; men with ability and men without ability, and men of apparent ability who have the power of covering what they don't know so well that they can make people believe that they know a great deal. That is one of the most valuable possessions in the hand of the medical expert, to be able to cover what he does n't know, to be able to so arrange with the counsel with whom he is working to draw out from him the things which he knows positively and certainly. The first and most important thing is for the physician to thoroughly acquaint himself with the person for whom he is to testify. It is the duty, of course, for the physician to testify to facts and nothing but facts. He has no right to be biased, and no right to favor one or the other. But it is his duty to acquaint himself thoroughly with the party for whom he is to testify and who employs him, and to be honest with himself and with the person who employs him. After a careful examination of the person who is suffering, it is his duty to meet the lawyer in question, and acquaint him with his belief concerning his client. The lawyer does not desire anything but truth. Now in making our examination we have to determine in our own mind whether this man is honestly suffering. If he is, in what manner is he suffering and to what extent is he suffering? What is the nature of his disability? What is the probable duration? To what extent will he regain his powers? This is of vital importance, not only to the lawyer, but to his client.

Now when you have decided for yourself what you think, then there should be the most intimate understanding between yourself and the lawyer. If you cannot honestly support the case, tell him so frankly ; and he will tell you just as frankly that he does n't want your services. The first thing is to be honest with yourself, and then anticipate all manner of things from the opposite side. I think the days of badgering have gone by. I think you may expect to be fairly and courteously used in the court room. If there is any attempt at anything else, if you are honest and have a fair knowledge of the subject, your lawyer, with the assistance of the judge, will protect you.

The first thing is to satisfy yourself with regard to the nature of the disability. Find all the symptoms, support the symptoms from the physical signs, note carefully everything that you find. If there are physical signs that point unquestionably to a disability, make careful note of them. Every smallest thing may assist the suffering man to gain what justly belongs to him. I recall a case where a corporation was sued by an individual for an injury which he had sustained by being thrown down by a railroad train. He claimed injury to his back, which completely disabled him, and was prostrated in bed for two or three years. There were numerous surgeons and physicians sent to him ; some called in consultation by his physician, and some sent by the corporation. When the case came to trial, it was evident that the corporation would claim traumatic hysteria. The symptoms in the case were such that no person could dispute

that diagnosis. The prognosis of the experts on the opposite side was, in that case, that as soon as this suit is settled and his mind is at rest he will recover.

Now the most careful examination in that case revealed but one physical sign upon which he secured a proper verdict. He claimed paralysis in the right leg. In January, when he was examined, there was, he claimed, also anæsthesia, or a partial loss of sensation in both the right and left legs. In January, when he was examined, the measurements of the two limbs were alike at the thigh. In June, when it came to trial, the left leg was an inch smaller than the right. At night after the first day his counsel was very much discouraged, for not a single physical sign had been brought out by which he could show anything beyond what was going to be claimed by the opposite side, traumatic hysteria. That night, in conversation with one of the experts, he asked if there was a single physical sign. Yes. What is it? The left leg is an inch smaller than the right. It was not so when he was examined by the experts on the opposite side in January, because examination was made in the presence of the examining physician and his attending physician. This morning there is an inch difference. A man could pretend to paralysis, either sensory or motor, but here is a waste. But it is upon the opposite side. Very well, just what you want. The principal source of nutrition is supplied from the sympathetic nerve. The sympathetic ganglia run down from the base of the brain and cross at a point nearly opposite which they are to supply. This man has an injury upon the right side of the lumbar vertebræ. Upon that one thing a verdict was given of \$11,500. As was expected, the experts upon the other side said it was simple hysteria. When asked if this physical sign existed they admitted it. When asked if the statement which had been made was correct they admitted that. The result was that the man got justice, and although fifteen years have passed he has not yet recovered, showing the justice of the verdict and the injustice of the expert testimony upon the opposite side.

But only a part of the duty of the expert or the duty of the physician, it seems to me, is discharged when he has acquainted himself with the patient, when he has satisfied himself of the just disabilities which exist. It is quite as much his duty, and it is quite as important that he should — perhaps “coach” is as good a term as any, his lawyer. He is not a physician; he is not a surgeon; he has not studied medicine. He knows no more about medicine than we know about law. Therefore he is dependent upon the physician, and in proportion to the accuracy of your coaching and the knowledge which you put in his way he will be prepared to conduct his case; and in just the proportion that you understand each other he will assist you in hiding your weak points, and will make it appear to the judge and jury that you have a wonderful knowledge of your profession.

Dr. Earl. I wish to ask a mercenary sort of question; it is, whether lawyers or the court has a right to ask a physician on the

stand an expert question when he is summoned as an ordinary witness. I have been summoned in this way and paid eighty or ninety cents or \$1.50 a day or something like that, and asked to express opinion that I would charge more than that for in my own office.

Mr. Hamilton. No matter what his position or calling is, when served with subpoena an ordinary witness for his \$1.50 per day and ten cents per mile for travel one way paid him in advance, he is obliged to attend, must go there, take the stand, be sworn, and answer questions. If called upon to express an opinion upon the case in issue, that is what would be called an expert question, he could say, "I have not been paid my fee as an expert witness, therefore I decline to answer."

Report of nominating committee: For Chairman, Dr. Alonzo Boothby; Secretary, J. W. Hayward; and Treasurer, Dr. Mary E. Mosher. Voted, to accept these nominations for officers for this section for ensuing year.

Dr. Henry M. Smith thanked the society for an opportunity to interest them a little more in the subject of the Hahnemann monument. He said he had visited several cities for the purpose of having conferences with the homœopathic physicians as to what should be done now in addition to what has already been done. When the matter was broached by Dr. McClellan before the meeting of the American Institute of Homœopathy a few years ago, a simple monument consisting only of a statue and pedestal would probably have been as much as anybody expected to do. It was decided to open the subject to competition. The model which was adopted, and with which I suppose you are more or less familiar, is one that has been in the library for some time, and is in itself a perfect gem. It is a work of art.

When we saw this model we thought, it is not possible that for the sum we have decided to raise, \$30,000, this can be built. The specification was to build it of English limestone, a stone not known a sufficient time to have any history as to its permanency; and we hesitate to have the monument built of that, fearing that it might crumble readily or soon become defaced. The question was, shall we increase the amount and have it built of granite? It was found that a company in Portland, the Maine & New Hampshire Granite Company, have an exceedingly fine granite which they are desirous of calling public attention to, and they wished to have this monument with their name on it in Washington as an advertisement; and provided we would give them a contract to do the work in winter, when their hands were unemployed, they would contract to furnish the monument and do the work at a very low figure. We thought we were exceedingly fortunate to get a contract signed on the exceedingly low terms of \$56,000, and this contract relieving the committee of all personal responsibility. Now, the Hahnemann monument is finished; it is up at the quarry in Portland; it is not paid for; and

we want to know what plan we shall adopt to raise money to get this monument.

Homœopathic physicians have been liberal in their subscriptions, but they all have some families that have been benefited by homœopathy who would be glad to show their appreciation in subscribing to this. We feel that attention has not been called to it by all homœopathic physicians as it might have been.

It was suggested last night at our conference that if the physicians would pledge themselves to raise out of their resources or the pockets of their patients \$1.00 a month for two or three years, or any specified sum, that might be a way. In every section they seem to have their ways. In Boston it seems to be to have a fair.

Dr. Smith's remarks were followed by a brief discussion of ways and means, though no definite plan was adopted at this meeting.

Meeting adjourned at 10.30.

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

NEIGHBORHOOD MEDICAL CLUB.

The Neighborhood Medical Club, comprising homœopathic physicians of Roxbury, Dorchester, Jamaica Plain, and South Boston, has been organized, with the choice of Dr. J. Tucker Cutler as secretary, and Dr. S. Calderwood, Dr. F. W. Elliott, Dr. L. H. Kimball as Executive Committee.

It holds monthly meetings at the Norfolk House, Roxbury, with dinner at 6.30 P.M., after which an informal discussion occurs.

Dr. F. W. Elliott was the host at the December meeting. The subject for discussion, "Criminal Abortion." A physician called to such a case should always, for self-protection, refuse to go unless accompanied by a consultant, and if the patient be found in a dangerous condition, the case should be immediately reported to the district medical examiner.

Dr. J. H. Tompkins was the host at the January meeting. The subject, "Homœopathy as a Reliance."

Comparatively few have the constitution of mind requisite for the practice of pure homœopathy. The painstaking and laborious study and comparison of symptoms, and the scientific spirit necessary to discover in any given case the true simillimum, are too rarely used, and therefore prescriptions are too often a matter of routine rather than of scientific deduction. It is a noteworthy fact that the longer a physician uses crude drugs the less confidence he has in them, while the more a doctor employs true homœopathy the more enthusiastic and certain he becomes in his belief of the curative and reliable effects of medicines duly potentized and selected by Hahnemann's law. A very interesting debate ensued. It was generally held that the division of the homœopaths into high and low potency practitioners was to be deplored, and that all should work together

for the common cause, allowing to each freedom of choice as to the amount of medicine to be administered in any given case.

Dr. N. L. Damon was the host at the February meeting. Subject, "The Diagnosis and Treatment of Diphtheria."

The most unqualified support is given to the methods of diagnosis by the bacteriological test now employed under the supervision of the Board of Health.

The use of anti-toxin is strongly urged in every pronounced case of diphtheria, and it has been uniformly successful when exhibited at an early stage of the disease. Several aggravated malignant cases which, by the older methods of treatment, would have been almost certainly fatal, promptly recovered after the anti-toxin injection. The site of injection preferred was under the left mammary gland. The amount 1,000 units, to be repeated once in twenty hours, if improvement was not manifest. For local cleansing of the throat, corrosive sublimate 1 : 2,000 was recommended. Successful experience has demonstrated that in the anti-toxin a specific has been found, and diphtheria by this new treatment has been robbed largely of its terrors and is now a curable malady.

Dr. Bliss called attention to the fact that O'Dwyer has stated that in a great majority of cases the early use of anti-toxin will render intubation unnecessary.

Dr. Cutler gave interesting experiences as a medical officer of the Board of Health, urging that in doubtful cases the attending physician delay his diagnosis until a report is received from the culture.

Very few morbid effects due to the injections were reported.

The general consensus was strongly in support of the opinions of the host, both as to diagnosis and treatment.

The next session will occur Wednesday, March 3; the host, Dr. J. H. Sherman; the subject, "Catarrhal Pneumonia and Capillary Bronchitis."

REVIEWS AND NOTICES OF BOOKS.

A COMPEND OF THE PRINCIPLES OF HOMOEOPATHY. By William Boericke, M.D. San Francisco: Boericke & Runyon. 160 pp.

The object of Dr. Boericke's book is an excellent one; being to present to the student and to the inquiring layman a statement, epitomized and elucidated by being put so far as possible into modern and untechnical language, of the principles of medicine laid down by Hahnemann in the *Organon*. This object has been in the main very well accomplished. It may be questioned by some readers whether certain of Hahnemann's teachings, now rather definitely outgrown, were wisely perpetuated, even in quotation; it may be questioned by other readers whether the suggestion as to how far time and experience have borne out Hahnemann's theory of the liberation of dynamic

power by continued trituration might not have been a shade less positively advanced. But all good homœopaths will agree that anything which arouses interest in and respect for the great truths taught by Hahnemann is to be welcomed and commended; and Dr. Boericke's book can hardly fail to do this in a very excellent degree.

THEY SAY. By Charles Gatchell, M.D. Chicago: Era Publishing Co.

To aptly and appreciatively repeat a witty saying commends a speaker to any good company; but when the speaker is, beside, gifted with a very pretty wit indeed of his own, good company may indeed go far to seek him. Such a speaker, beloved of gods and men, is that clever physician, gentle cynic, and rare good fellow, Dr. Gatchell; and this little book, his latest contribution to the world's good cheer, earns its welcome at a glance. Its cover is adorned with a quaint, artistic, and appropriate design; its very first page entertains us with such scintillant bits of wise nonsense as:—

"About two thirds of what one positively knows is not so."

"Every man thinks that when he dies there will be another holy ghost."

The many pretty, charmingly illustrated pages that follow are crowded with "wise saws and modern instances" not less quotable; space limits us, regrettably, to the citing of but a few:—

"Cows don't give milk; it is taken from them."

"Every man should have an aim in life; but he should not spend too much time in aiming."

"It is generally the stale bread that is cast on the waters."

Surely such tempting drolleries as these will tempt every reader to the immediate possession of the little book which is rich in their pleasant like.

MEDICAL DIAGNOSIS. By John H. Musser, M.D. Second Edition. Philadelphia. Lea Bros. & Co. 938 pp.

That a second edition of Dr. Musser's book should be so promptly necessitated by professional appreciation of it, speaks warmly and deservedly in its praise. No sounder principles of diagnosis can be laid down than those which have prompted the author in the preparation of this work, and which are in part summarized in his saying:

"Diagnosis, being a practical art, should be held to include not merely the recognition of a disease or a complication of diseases, but also a determination of the *health value* of the patient. Thus, in a case of pneumonia, not only should the presence of the malady be established, but the functional condition of all the organs should also be investigated, in order that rational treatment may be prescribed, and a rational prognosis given. The physician should never forget that the patient is a unit, comprising closely interacting organs; and that the response to treatment will be satisfactory in proportion to its adaptation to the condition of the entire organism."

The second edition is brought up to date in all particulars, including mention and description of the latest instruments of precision, new illustrations, and the like.

DISEASES OF THE STOMACH. By Max Einhorn, M.D. New York : Wm. Wood & Co. 478 pp.

This is one of the studies in specialization by which the general practitioner may very fully profit. Happily this is almost as true of the homœopathic practitioner as of his brother of the old school, since the instruction here given in methods of diagnosis, in the uses of diet, and in local and surgical treatment, in gastric disease are as suggestive to him as to his confrère of differing therapeutic views. Dr. Einhorn treats his interesting subject tersely, intelligently, and in eminently up-to-date fashion. His work is enriched with many illustrations, including those of mechanical appliances and their manner of use, microscopical slides of pathological specimens, and the like.

THE POPULAR SCIENCE MONTHLY for February numbers among its contributions of especial interest to physicians one by Professor Newbold, on "The Interpretations of Automatism"; one on "The Animate World a Unity," by Albert Gaudry; and one on "Plural States of Being," by Alfred Binete. New York : D. Appleton & Co.

THE complete novel in the February issue of LIPPINCOTT'S MAGAZINE is "Under the Pacific," by Clarence Herbert New.

"Old Tom of Nantucket," celebrated by Joseph A. Altsheler, was an old man-o-war's-man in the hands of Algerine pirates.

"South Florida since the Freeze" is another of R. G. Robinson's eminently fair-minded and instructive articles. Albert G. Evans handles a topic of vital importance to our great West, "Irrigation." Frances Albert Doughty writes on "The Southern Side of the Industrial Question."

"The Dignity and Humor of Signs" are discussed by Agnes Carr Sage. Dr. Charles C. Abbott has a quaint essay on "Overdoing the Past." Philadelphia : J. B. Lippincott Co.

THE YEAR BOOK OF THE BOSTON HOMŒOPATHIC MEDICAL SOCIETY FOR 1896 makes prompt and very creditable appearance. Its contents include the Constitution, By-Laws, officer and membership list, historical sketch, President's address, and other matters interesting and convenient for reference. It is excellently edited and printed.

TO PREVENT RUSTING.—Common baking soda put into the water in which instruments are boiled in order to sterilize them will, to a great extent, if not totally, prevent rusting.—*Medical Summary.*

GLEANINGS AND TRANSLATIONS.

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GESTURE AS DIAGNOSTIC. — Gesture has long been considered of diagnostic value, and Dr. Ricard points out peculiar phenomena in connection with the indication by patients of the location of pain. If a patient is asked to locate his pain, he does so by the movement of one or both of his hands. The gesture, however, in reality not only indicates its seat, but describes its character and distribution. This is an all-important point. If the pain is widely distributed over the whole chest, the patient locates it with a circular rubbing motion of the palm of the hand, indicating the diffuse soreness. On the other hand, the pain of a serious inflammation is described by first drawing the hand away from the body, and then, with the fingers close together or with the index finger extended and the other flexed, cautiously approaching the seat of the inflammation. In appendicitis the patient refrains from touching the skin, indicating the location of the pain by simply holding the palm of the hand over the diseased areas. To indicate violent non-inflammatory abdominal pains the patient will slap himself vigorously across the abdomen. In the hip joint disease the pain will be referred to a point inside the knee. With terrific diffused pain in the leg, not due to an inflammation, the patient grasps the leg firmly. If it is a darting or lacerating pain, he will indicate it with one finger. Pain caused by the descent of renal calculi and gall stones is suggested by the following of their course with the top of the thumb or index finger. A severe syphilitic headache will be indicated by hammering with the tips of the fingers near the seat of the pain. In joint pains the patient approaches the seat of trouble very cautiously, with the hand spread flat. The degenerative pain of locomotor ataxia is described by grasping the affected area firmly, indicating a bandlike pain. Or, if the pain is sharp and lightning-like in the leg, the pain gesture is perfectly descriptive of an energetic downward motion, at the same time twisting the hand as though manipulating a corkscrew.— *The Medical and Surgical Reporter.*

THE CAUSE OF SUDDEN DEATH AFTER ANTI-TOXIN INJECTIONS. — Drs. A. Seibert and F. Schwyzer (*Medical Journal*, May 30) published the following conclusions: 1. Anti-toxic serum does not seem to be capable of causing threatening symptoms and speedy death, even when brought quickly into the blood current in very large doses. 2. The carbolic acid used in preserving the anti-diphtheritic serum must be in such a weak solution as to be entirely unable to cause the characteristic carbolic convulsions produced in every one of our second series of experiments. The absence of these convulsions in patients in the cases of sudden death, the entirely different group of symptoms reported in them, and the fact that guinea pigs and rabbits will survive even very large and concentrated doses of carbolic acid

injected into a vein, lead us to discard the possibility of this drug having caused the reported deaths. 3. Even very small quantities of air will cause severe disturbances and ultimate cessation of breathing in every animal experimented upon. These disturbances are entirely analogous to the symptoms reported as preceding the sudden deaths after anti-toxin injections. Air is found alongside of the fluid in every syringe used for hypodermic injections, and being pressed under the skin with the fluid may readily come in contact with a punctured cutaneous vein and so may enter the blood vessel and the right heart, even before the serum has been absorbed. In view of these facts and of our experiments, we here express our firm opinion that the sudden deaths reported after anti-toxin injections were caused by injected air and not by the anti-diphtheritic serum. — *Medical Record*.

STATISTICS OF DIPHTHERIA ANTI-TOXIN. — Dr. Loddo has collected the various official statistics on this treatment in Europe, America, Australia, and Japan. They include about 10,000 cases treated in 86 hospitals, with a mean mortality of 18 per cent. Fifty-three of these hospitals furnish comparative statistics of treatment without and with serum; 7,277 cases were treated with serum, giving a mean mortality of 20 per cent as against a previous mortality of 44.3 per cent. In addition to the about 10,000 cases, Guérard has collected the accounts of 3,760 cases treated with serum in private practice; here the mortality was only 7.8 per cent. Adding these to others, there is a mortality of 15 per cent on the 13,760 cases. The author then cites a series of figures which tend to show that serum-therapy is of little value, and even may be harmful. Of these latter, about 3,000 cases are collected, giving an average mortality of nearly 23.4 per cent. — *Rif. Med.*

LIKE CURES LIKE. — If by tapping an old horse that has been filled with diphtheria bacilli doctors can get a cure for the disease, why should n't the doctors tap an old Kentucky colonel and get a toxin that would knock the gold cure out of sight? — *Exchange*.

SUICIDE IN EUROPE. — From recent statistics it appears that 25,000 people commit suicide in Europe each year. In Paris alone the number last year was 8,226. — *Exchange*.

MISCELLANY.

THE X-RAY DOCTOR. — "Anxious Mother: Oh, doctor, we missed one of our silver spoons, and as baby has been very cross all day, we want you to look through him, and see if he has it in him!" — *Life*.

"THE codfish," said the professor, "lays considerably more than a million eggs." "It is mighty lucky for the codfish that she does n't have to cackle over every egg," said the student who came from a farm. — *Cincinnati Medical Journal*.

FREE SILVER AND MEDICAL COLLEGES. — An esteemed correspondent who occupies a chair in one of the St. Louis medical colleges says in a letter recently

received: "Students are coming in fast. We have more present than ever before in the history of our institution, but I must say this silver movement has greatly affected our finances. I am astounded when I see sensible men, or men who by every manner and means should be sensible, cutting their own throats in this wild and unreasonable bypath of political economy. It has paralyzed all of our interests, even gone into medical life with its paralyzing influence." — *N. Y. Medical Journal.*

PERSONAL AND NEWS ITEMS.

A PHYSICIAN with a large practice would like to correspond with a recent graduate of a homœopathic college with a view to engaging him as assistant. Must furnish good references.

DR. F. W. ELLIOT, 107 Warren Street, Roxbury, has secured the good will of the practice of the late Dr. Emily A. Bruce. His office hours are 1-3 P. M. Telephone, Roxbury 35-2.

OBITUARY.

DR. WALTER M. HAINES.

Another honored and highly useful practitioner of homœopathy has joined the silent majority. Dr. Walter M. Haines died at his home in Ellsworth, Maine, of Bright's disease, on January 19, aged forty-one years. He was among Maine's well-known and well-beloved physicians, and his death brings sorrow and loss to a wide circle of patients and friends.

Dr. Haines was born in Dexter, Maine, August 5, 1855. He worked hard from a mere boy to gain a good education, and after graduating from the Dexter High School he studied medicine with Dr. C. M. Foss, of that place. He then entered Boston University, and, later, Hahnemann Medical College of Philadelphia, from which he graduated in 1876.

In 1877 he located in Ellsworth. In September, 1877, he married Miss Phonia L. Eldridge, of Dexter, who survives him. He leaves also one brother, Dr. C. H. Haines, of Dexter, Maine, and one sister, Mrs. John W. Jayne, of New York.

The doctor was a most successful sportsman, and was well informed on the habits of bird, fish, and beast. Through his efforts the fish hatchery, which has made Green Lake famous, was established. A large proportion of the most desirable lots on the shores of the lake were owned by him alone or in conjunction with Senator Hale. He owned a steamer and a famous sportsman's camp at the lake, known all over the State as "Camp Comfort."

He was a member of the Maine Medical Association and had held the office of president and vice-president of it. For many years he was a member of the Board of Health and an active member of the Board of Trade of this city. He was a charter member of I. O. O. F. and a past grand of the lodge. He was also a member of Wyvurna Encampment and a charter member of Donaqua Lodge, K. of P., and a first chancellor commander and a great worker for the lodge. His private charities were many and unostentatious.

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VOL. XXXII.

COMMUNICATIONS.

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*THE NEED OF A LUNACY COMMISSION IN MASSACHUSETTS,
AND CERTAIN DUTIES OF THE PHYSICIAN
TO THE INSANE.*

BY F. B. SANBORN, OF CONCORD, MASS., ONCE LUNACY COMMISSIONER.

[A paper read to the Homoeopathic Medical Society of Massachusetts, Thursday, February 4, 1897.]

Gentlemen and Ladies,— It is a pleasure to address so large a gathering of those whose special mission it is to care for the physical and mental maladies of our fellow-beings, and who must therefore be presumed to have a professional regard for the cure of those maladies when curable, and their alleviation when recovery is not to be expected. All human creatures are under sentence of death; a doom mercifully suspended, in many cases, and often through your agency, until the victim himself desires its execution, as a release from the accumulating evils of age and infirmity, or from the tortures of pain. It might almost be said, also, that we are all under sentence of mental alienation and impairment; for so close is the dependence of our intellectual and moral being on the physical system with which God has been pleased to endow us, that, as the body decays, or suffers lesion, the mind must share, too often, in the loss of vitality and self-direction. Age or earlier death awaits us all; and seldom indeed do either come without some impairment of that wondrous faculty by which we adapt ourselves to the conditions of social life. Insanity may be viewed in many aspects; but it is essentially an unsocial relation, throwing its victim out of the kindly circle of mutual relations which are the needful conditions of human society. Of all the definitions of insanity, — and the best are but inadequate, — perhaps the closest to the fact is this: “a state of mind and body that unfits us for life in society.” Social relations imply self-direction, at least to the extent of submitting voluntarily to the direction of others; and it is this very power of direction or

wise submission which the lunatic loses by his disease. If he retains it (as often happens) in some degree, it is a self-direction which leads to the injury or disrespect of others; or else, as in suicide and evil habits, to the injury of one's self; and these are both unsocial, if not distinctly anti-social habits. Hence their victim must often be secluded in asylums, or put under guardianship in some family; and his treatment, wherever he is, must be directed either to his restoration to social conditions, or to the protection of society from his injuries. To some extent this must be done by medical agencies; and, in any case, he should come under medical observation, in order to determine what physical lesions have led to this mental alienation. Hence the important relation which an educated physician must always hold towards insanity in the community where he practises.

But there are several other relations than the merely medical one in which the lunatic must be considered; he has property rights, it may be,—social and family connections, almost always,—which demand the study and care of other professions, and in regard to which a physician has no special qualification for acting. And when the insane become a special class, as in all civilized States they soon do, special consideration must be given to them in economic, judicial, domestic, and other relations; for which consideration the doctor who cares for him as a patient may be, and commonly is, practically unfitted. There must then intervene the action of courts and of commissions representing the public authority; to these the physician may be an aid, but he can never replace them.

The first of these deputies of the public authority is commonly the poor-law board, under whatever name custom may have conferred; because insanity soon produces poverty, if not originally joined with pauperism; and so we generally find the earliest lunacy commissioners to have been overseers, guardians, or directors of the poor in their localities. Next in due course, establishments arise — hospitals, bedlams, almshouses, asylums, etc.— in which the insane are forced to live, and which must have governors, trustees, or their equivalent, to direct them. These local authorities always precede in date the central authority which comes along, sooner or later, to investigate and direct the system of these dispersed and often conflicting establishments, between which and the pauper authority there is usually a conflict more or less active. This central board is, from the circumstances of the case, at first a poor-law bureau, because the question of insanity first touches the State (after the restraint of the dangerous insane has been provided, sometimes very savagely) in its economic aspect. The insane poor must be publicly maintained; therefore, put them under a board of charities, or a poor-law board. We have commonly, in the United States, called this a board of public charities; in the British Isles it has been named a poor-law board; the principle is the same, whatever the name may be. But soon there appears the need of a distinct and better qualified board to manage the general system of care for the insane on a comprehensive scale;

and then Lunacy Commissions, with powers and qualifications suited to this general oversight and particular administration, are created here and there, and are seen to be an essential part of the public executive.

These latest creations of government, Commissions in Lunacy, are but little more than half a century old, and do not yet exist in great number. England led the way in 1843, under the vigorous and rather narrow impulse given by Lord Ashley, better known by his later title, the Earl of Shaftesbury, a famous philanthropist in a philanthropic era—the period of Florence Nightingale, Dr. Howe, Dickens, and Dorothy Dix. Scotland followed suit in 1857, from an equally vigorous impulse given by our Miss Dix and the Scotch secretary. Nothing of the sort happened in our country, except a few committees of inquiry, taking the name of Lunacy Commission, but with very little power; till in 1879, by the wise initiative of Governor Talbot, Massachusetts created a genuine Lunacy Commission, with large powers, of which for more than nine years I was the executive officer, under the name of Inspector of Charities. True, these powers were combined a few years, for greater effect, with those of a State Board of Health and one of Charities; for most questions affecting the insane touch at one side on the domain of public health, and upon the public charities at another point. But since 1885 the lunacy powers have only been joined with those of the Board of Charity; though it is quite possible that a commission lately investigating the subject may bring about a special Lunacy Commission here, analogous to the Scotch Board, which has long been the model in such work. I have twice visited Scotland to examine the system there, and quite agree with my friend Dr. A. R. Turnbull, of the Fife and Kinross District Asylum (corresponding to our Westboro Hospital), who wrote me last Christmas as follows:—

“There is no doubt that much of the progress in Scotland is due to the wise attitude which the General Board of Lunacy have taken up towards the local authorities and the Medical Superintendents of Asylums, by discussing the requirements of each district in a sympathetic spirit, and by supporting individual action by the Superintendents in introducing and testing improved methods of working, wherever possible. If the central board in Massachusetts can be induced to act on the same lines, it would have a great influence in promoting progress.”

Coincident with what Massachusetts did in 1879 and earlier, there grew up in New York, Pennsylvania, Wisconsin, and finally in Minnesota and New Hampshire, a similar union of lunacy and charity powers in a State board; but in no State except Wisconsin did these lunacy powers have much result except a better supervision of the existing hospitals and asylums; and nowhere except in Wisconsin and Massachusetts was the prevailing policy radically changed before 1890. Since 1888, however, New York has had a special Lunacy Commission, with great and constantly enlarging powers; and this

has finally wrought a complete change in the once firmly established policy of the Empire State; a change just the reverse of what has happened in Scotland and Wisconsin, which now have the best system known to me for the distribution and general management of the insane. In our State we have a system (or lack of system) midway between the centralizing policy of New York and the localizing system of Scotland and Wisconsin.

It is high time that we had in Massachusetts a systematic effort to bring the care of our seven or eight thousand insane into harmony with the most progressive thought of other lands, and of our own people. We have good hospitals and asylums, but they are over-peopled, and there is neither forecasting wisdom nor practical benefit in our Central Board of Charities, so far as insanity is concerned. The general situation is impressive, but few have considered it thoughtfully, and this official board least of all. Its statistics have some value, but its generalizations are trite and feeble, and the improvement of our lunacy administration derives from it no aid whatever. Fortunate have the well-governed hospitals been, of late years, if they have not encountered the pragmatism or the ignorant criticism, whether praise or blame, of this superannuated bureau.

There has been a remarkable increase of visible insanity in Massachusetts since I began to study the subject, a whole generation ago. In October, 1864, being then Secretary of the (old) Board of State Charities, I took the best census I could of all our insane, and the number then visible was but little more than 2,100, of whom about 630, or nearly a third, were supported by their own property or that of their friends. They were in hospitals, asylums, and almshouses much as follows:—

At Worcester, 344; Taunton, 376; Northampton, 334; the McLean Asylum, 200; at South Boston (City Lunatic Hospital), 165; Ipswich County Receptacle, 32; Tewksbury State Almshouse, 130; Bridgewater do., 125; in city and town almshouses, 400. In all, 2,106; in hospitals and asylums, 1,451; in almshouses, 655.

In 1864 the State had not quite 1,250,000 inhabitants; it now has rather more than 2,500,000; that is, we have rather more than doubled in thirty-two years. If, therefore, insanity had merely kept pace with the population, there should now be no more than 4,400 insane in Massachusetts, and of these only 3,000 should be paupers. But in fact the number of the insane reported by the State Board of Lunacy last October was 6,985, of whom at least 6,000 were paupers; and the total has now increased to more than 7,000. In other words, the visible insane have gained in one generation at least fifty per cent more than the gain in population; while the increase in the pauper insane has been one hundred per cent, or more than double the gain in population. Instead of one third of the whole number supported by their own property, scarcely one seventh are now so maintained; while the number of the pauper insane has quadrupled.

In fact, although the sane poor partially supported have much increased since 1864, there would now be but little gain in the number of the poor fully supported, were it not for this steady accumulation of the insane poor. On the first of July last, the whole number of the fully supported poor was 12,690, and more than half of them (6,365) were reported as insane.

It is therefore evident that, whatever merits our method of caring for the insane has had in the past thirty-two years, it has not checked the spread of insanity; while it has allowed the pauper lunatics to increase twice as fast as the self-supporting sane population.

Now what has our actual system of caring for the insane been since 1863? We have built for them palace after palace, and called them hospitals; we have built prison after prison, and called them asylums. In these overgrown structures we have herded the insane together by the 500 and sometimes by the 1,000; so that, while in 1863 we had but five hospitals, all small (the largest with less than 400 patients), and three asylums, all small (the largest with but 130 inmates), we now have seven hospitals, averaging more than 600 patients each, and some of them exceeding 800, and four large asylums averaging more than 400 inmates each. The newest of these asylums (at Medfield) is planned to hold 1,000 of the chronic insane, and will have that number within a year perhaps; at present it has nearly 600. With all this building of palaces and prisons, and several smaller asylums in connection with city almshouses (at Lowell, Salem, Lawrence, Springfield, etc.), costing since 1863 at least \$6,000,000, or more than \$1,000 for each patient housed in them, nearly all our establishments are crowded, and seem likely to be, for our insane now increase at the rate of more than 250 a year, — the reported increase last year was 339, — and we have never averaged building for them at the rate of 200 a year.

Can we check this startling increase of the insane? No, not wholly; but we can cease to promote it by our methods of administration. We can adopt a policy which will not separate the insane poor so improperly from their friends and relatives, and will not allow the latter so easily to avoid the natural duty of supporting their insane kindred. We can diminish the excessive cost of buildings, and we can reduce the cost of management for the practically incurable cases, while we allow greater sums for the recovery of the curable. This can be done by a more complete separation of the chronic from the acute cases; by maintaining many small asylums, instead of a few huge ones; and by giving to the curable the facilities for recovery, and the greater cost, which is now mostly thrown away on the mass of the chronic insane.

We can do something to add to the number of recoveries, which is now singularly small, considering the great number of those under care. Thus among 8,000 different persons treated in the public and private hospitals in Massachusetts last year, only 404 recovered,

while 589 died. That is only five per cent of recoveries among the whole 8,000. But if we look merely at the first admissions, presumably recent cases, though many are chronic when first sent to the establishment, we shall find 1,731; so that the recoveries make less than twenty-five per cent of this class alone. In point of fact, not more than twenty per cent of those first admitted to the hospital do permanently recover in Massachusetts.

We can also enlarge very much our existing method of family care for the insane, as it is now practised in Scotland, Belgium, certain regions of Germany, and, in a limited way, in England and France. The existing Board, having found this method introduced, by myself and others, a dozen years ago, has failed to extend it, through neglect and indifference, while urging on the building of great caravansary asylums, like that nearly completed and partly occupied at Medfield. We need a new Lunacy Commission for this among other things, to place Massachusetts on a par with Scotland in this sensible and beneficent mode of disposing of the harmless chronic insane poor; and sometimes of curable cases, suitable for family life, and only deteriorating in great hospital wards. But we need such a Commission to initiate and carry forward a general policy of enlightened State care for all the insane, whether curable or otherwise; whether in hospital, asylum, private family, or almshouse. Let me enlarge a little on what "State care" really signifies, avoiding that fallacious use of the phrase lately employed in New York and other States.

Properly understood, this phrase does not mean that the State shall assume the whole cost of supporting all the insane, rich and poor, as some States (Illinois, Ohio, and South Carolina, for instance) profess to do, but never really accomplish. Nor should it imply that the State treasury should bear the whole cost of supporting the insane poor, in great establishments, at a distance from their friends, and from the community in which they have lived during their working period. State care ought to mean that the central authority of the State should see that every insane person shall have the care that best fits his case, whether at his own cost, or at the cost of the town, city, or county, — aided by the State treasury, if needful, — but at a scale of expenditure proportioned to the result attainable. If recovery is probable, then much cost may be justified to procure recovery; but if recovery is practically impossible, — and in the great majority of chronic cases it is not possible, — then the patient's maintenance should be on an economic basis. For if a dollar a week of the public money is wasted on A it cannot be used for the good of B, who may be much more in need of it. In fact, as the public nowhere fully provides for the care of all the insane, economy is a sacred duty in the outlay of whatever sum is provided; otherwise, worthy cases are defrauded of what they have a good right to receive.

Now there is a State in our Union — the only one at present known to me which does so — that has made provision, theoretically,

and to a great degree practically, for its increasing multitude of the insane. It is Wisconsin; and though practical defects may be found in its system, it seems to me quite perfect in intent, and capable of having all its faults easily amended. This system is an ingenious combination of State and local responsibility and expenditure; the counties building each its asylum, neither large nor expensive for the chronic insane who have had treatment in one of the State hospitals, and the State paying a portion of the cost of support, provided the asylum is kept up to a proper standard. Under this system twenty-four county asylums have been built with convenient room for nearly 3,000 patients, but at a cost for the large farms and the commodious buildings of less than \$1,500,000; and none of them are crowded. They receive the chronic cases of the two State hospitals at Mendota and Oshkosh, and from the Milwaukee County Hospital, and provide for them at an average cost of not quite \$2 a week, leaving the hospitals free to give the acute cases the better care at greater cost, which their condition requires. In theory this is a perfect system, as before remarked; since it separates those who ought to be separated, keeps the insane poor near those who ought to visit and take an interest in them, and trains in every locality physicians and attendants to a knowledge of what insanity is, and how its chronic state should be treated. It needs to be supplemented by the methods of family care long in use at Gheel in Belgium, and in all parts of Scotland, of which mention will be made presently, and by a careful mode of training attendants for their duties, both in the State and the county establishments. But, as it stands, it shows by the good health of the patients, their very frequent employment, and the low death rate, with an occasional recovery among the chronic cases, that it answers the purpose of its establishment, while it is easily susceptible of those improvements which time and further knowledge will prompt.

It would not be difficult, as I long since pointed out to Governor Russell, while it was yet possible to avoid building at Medfield the immense, costly, and ill-contrived asylum for the chronic insane recently opened there, to introduce a modification of the Wisconsin system in Massachusetts, by utilizing, as local or district asylums, those which now exist at Salem, Lawrence, Springfield, Lowell, Holyoke, etc., for the insane poor of the cities which have built them. The present buildings might not be found available in some cases, but new ones could be constructed at comparatively small cost, generally with large farms attached, and the State could aid in the measure, either by assuming the first cost of the buildings (which is not done in Wisconsin) or by paying a certain portion of the cost of support. It would then cease to be thought needful to build, at intervals of ten years or so, vast structures in a few localities, costing great sums, and always found ill-adapted to the chronic insane and to the poor as are the hospitals at Danvers and Worcester. Instead of such, we should have moderate buildings, in size such as Dr. Earle and the

older experts used to recommend, with land for the employment of the inmates, and with easy access to them from their families, who are by this system far less released from the obligations of kinship than under our present methods.

For a considerable proportion of the chronic insane, public buildings are not needed, since they can be placed at board in families, as in Scotland, at a rate no higher than the price ordinarily paid in our hospitals. In Scotland, and at the village of Gheel, near Antwerp, in Belgium (places which I have twice visited to inspect the condition of the insane poor there), the rate paid is rather less than the asylum rate; but in Massachusetts, where the system of family care was introduced, chiefly by Mrs. Leonard, of Springfield, and myself (then Inspector of Charities), the average price paid for board and clothing is now not more than \$3 a week, I think. In Scotland, where the visible or registered insane in 1895 numbered 13,489, not less than 2,790 were under family care — more than one fifth (twenty-one per cent) of the whole number. If this ratio could be so placed in Massachusetts, some 1,400 of our insane would now be living in private families (instead of 200, as at present), and the public would be spared the cost of buildings, which have actually been paid for to the amount of \$1,000,000. It would be difficult to keep twenty per cent of our insane in families; but there would be no serious difficulty in so maintaining 700, or ten per cent of the whole number; and thus the public would be saved the outlay of \$500,000 for buildings. But this is not the chief reason for the extension of the system. It promotes the health and comfort of most of the insane so placed, furnishes them with more employment than can be given in most of our asylums, and tends to encourage their support by their friends rather than by the public. In Scotland this system has been under careful State supervision for more than thirty years, and gives complete satisfaction; and such has been the case here, so far as it has been tried by friends, and not by enemies or indifferent persons. I would now allow each hospital and asylum to place its own inmates at board, charging the State, city, or private person who now pays, for their board, and requiring them to be visited by an assistant physician of the asylum; while the State Board of Lunacy should have a general power of supervision, as with regard to all the insane in the State. In this way the best selection would be made for boarding out, and patients could be placed out or taken back with less trouble and delay than now.

By a system of small asylums in many localities, and by an extension of family care, in the manner suggested, the condition of the insane poor in Massachusetts would be much improved, the burden of their support would be less, and they would be less separated from family and friends. Recovery, or that degree of melioration which permits self-support, in whole or in part, would also be promoted; and the best classification of all our insane would be secured. It would not be found needful to remove all the insane and imbecile

paupers from the local almshouses, for it is not true that they are generally abused or neglected there, unless things have changed much for the worse since I visited more than 100 of those almshouses. Nor is it necessary that our insane poor should be maintained at so great a cost as is now done in the great hospitals; the sum of \$2.25 or \$2.50 a week is quite sufficient, in a well-arranged chronic asylum, to give them all necessary care and comfort, provided they can labor for their own support in some degree.

What then can the practising physicians of Massachusetts do to promote a better care of the insane? Very much, if they will avail themselves of their opportunities, and themselves become familiar with the sad and prevalent disease, or result of previous diseases, which we call insanity. This general name covers a variety of physical conditions, some well understood, others (epilepsy, for instance) which still need to be carefully studied; but all resulting in alienation or impairment of mind. I have been pleased to see with what interest those who follow your special school of medicine have made use of your excellent hospital at Westboro, while still students in this Boston University, making the long journey to the hospital several times during the medical lectures, and there receiving that best of all instruction in this matter—object lessons and clinical lectures. No other medical school in Boston, I am told, makes such effective use of hospital facilities for the study of insanity. But such studies should be continued after graduation, and it must be a small or a very large practice which does not afford opportunities. In general terms it may be said that one in every 250 of the inhabitants of an old community, such as ours, becomes or remains insane in course of a year. Many of these cases never reach the hospitals; many that do go there for treatment are sent so late in the progress of the disease that they can receive no remedial benefit there. It should be the duty of the local physician to recognize and treat the earlier stages of insanity, and, so far as his influence goes, to see that the patient receives that expert diagnosis and treatment, either at home or in a hospital, which the case requires.

It is the duty of physicians, under our law, to sign certificates of insanity, upon which the committing magistrate may rely for expert opinion, when passing upon the sanity of the person brought before him, and upon the further question, whether he is insane enough to require commitment to a hospital. These are distinct questions, and the physician certifying ought, therefore, to be sufficiently familiar with the hospital to which his patient may be sent, to understand whether residence there is needful or desirable in his case. This provision of our statute makes two things important, which in hundreds of the 12,000 or 15,000 certificates examined by me, from July, 1879, to November, 1888, were quite neglected by the certifying physicians. One is, that each physician signing the certificate shall have knowledge enough of insanity in its various phases to make his description of the symptoms observed by him of some value both to

the magistrate and to the medical men at the hospital ; which description also should be in such detail as to show that the case has really been observed in diagnosis. The other is, that the physician should understand exactly what it is that hospital treatment aims to effect, and what its methods and limitations are. To this end he should visit the hospital and observe its methods ; he should study its reports and learn its results. Unless this is done, the certificate of the physician loses most of its value ; and so much is this recognized that even in New Jersey, a State not celebrated for advanced ideas, it is this year proposed to require by law certificates having the character just mentioned. Hospital visits are now made, I understand, by your society, but Westboro ought not to be the only hospital inspected. There is far too little visitation of all our hospitals for inspection ; far too much for mere curiosity. But there is another reason why you should make yourselves acquainted with the diet, the nursing, the employment, the restraint, and the medication of patients in an insane hospital or chronic asylum. The majority of all patients admitted to our establishments for the insane go out from them without recovery, and nearly a third part of them go back into the community where they formerly lived, or to some other, with their insanity still active, though it may be harmless. This is a state of things few persons notice ; let me show you how it is so.

During the past year there were 2,724 discharges from the hospitals and asylums of Massachusetts (public and private), and of these only 993 were either recovered or dead. Twenty-seven are returned as "not insane" ; leaving 1,704 who left the establishments still insane. Of these probably 704 went to other hospitals or asylums, and 322 were sent out of the State. Still we have more than 600 who returned to some region in Massachusetts to swell the number of the resident insane and come within the circuit of some physician's practice. When it is considered that there were in the same year no less than 1,731 persons committed who were never in any hospital before, and about 600 more who had been hospital patients, it is reasonable to suppose that 2,700 persons in a single year were found insane in our community, besides the permanent inmates of our establishments, who were between six and seven thousand. So much for the figures of a single year.

But it is seventeen years since the statistics of seven hospitals, containing about three fourths of all our insane, have been so kept as to show in the aggregate how many inmates went forth unrecovered. In that time there were 22,477 first admissions to these hospitals ; that is, persons who had never before been committed. Of these less than 5,000 recovered, a little more than 5,000 died (5,139), and of both classes, 10,064. But in the seventeen years 12,413 were discharged unrecovered ; while of those recovered (4,925) more than 1,000 relapsed and were readmitted.

Hence it must happen that in a practice of five years every physician who hears me must have met these unrecovered hospital

cases, and some of you may have met hundreds of them. They will come before you for treatment, for advice, for commitment upon your certificate to some hospital; and hence it is very important that you should understand what hospital practice is, and how such persons may be cared for in their own family or some other.

In view of the facts just stated, it is gratifying to know that the best of our hospitals, notably those at Westboro and Danvers, and even the Insane Asylum making part of the Tewksbury State Almshouse, now train nurses for the special care of the insane; and that such nurses, both men and women, but specially women, are going forth into the general community to pursue their occupation where it is so much needed. One of the best care-takers of the insane I have ever known, Miss Alice Cooke, of Sandwich, had been an attendant among the insane women at Tewksbury; and her success was very marked in the case of three poor women whom she took from the Tewksbury Asylum and has kept in her own family for nearly ten years. You may find her experience described in No. XXVI of the *Journal of Social Science* for the year 1889.

Naturally, when a Lunacy Commission shall be constituted in Massachusetts, it will include in its membership one or more physicians. In New York only one member out of three is a medical man; in Scotland, usually two out of five. The inspectors and visitors employed by such a commission will naturally be physicians to some extent; and it will be a worthy object of ambition to seek such positions, if duly qualified. In no place which members of your indispensable profession can fill is the opportunity for public service greater than in those which deal with insanity; and if I may have suggested to any among you the means of becoming widely useful in this specialty, I shall be quite repaid for this effort to lay before you the case of my poor clients, the insane men and women of Massachusetts.

*HOW FORTY-ONE PHYSICIANS FAILED TO CURE THE
DILATED STOMACH OF AN INTEMPERATE SEA
CAPTAIN.*

BY E. H. LINNELL, M.D., NORWICH, CONN.

[*Read before the New York Homoeopathic Medical Society.*]

About one year ago I was called to take charge of a case which proved exceptionally serious. I endeavored to secure consultation, but the doctor to whom I applied was not able to come to my assistance, and the patient died not long afterwards. The malady was so unusual as to be of more than common interest to me, and I trust the following account of it may prove interesting to the readers of the *GAZETTE*. If any of them have ever treated a similar case successfully, I should be glad to receive suggestions that would be helpful

if I should ever be so unfortunate as to meet with another of like character.

I was first consulted by Captain G——, on the third of January, 1896. I found a man fifty-nine years of age, of large frame but very much emaciated. He had followed the sea since he was fifteen years old, had been all over the world in various capacities from cabin boy to master, and for the past fifteen or twenty years had been commander of various Sound steamboats. He was of an imperious nature, self-willed, self-indulgent, and impatient.

I was greeted with the pleasing intelligence that forty physicians had preceded me, all of whom had promised to cure him, and all of whom had signally failed. I adopted the prudent course, and only promised to give him careful attention, and to do the best I could for him.

The history of the case, briefly, was that of acid dyspepsia, lasting from twenty-five to thirty years, and of chronic catarrhal gastritis for the past five years. He had been a high liver, eating immoderately, and drinking large quantities of beer, often two or three gallons daily. For some weeks previous to the time of my seeing him, he had vomited large quantities of very acid liquid, containing mucus and undigested food, at intervals of two or three days. He had very little pain, but complained much of constipation and flatulence, and intensely acid eructations. I found the stomach much dilated, reaching about an inch and a half below the navel; the liver was a little atrophied; but all the other organs were normal. About five years previously he had had some hepatic affection, accompanied with jaundice; and at that time was sick for several months, under the treatment of a clairvoyant. He apparently recovered entirely from this illness, but the question of a perihepatitis, involving the peritoneal folds between the stomach and liver, and producing by subsequent contraction more or less stenosis of the pylorus, suggested itself. There was no induration in the region of the pylorus, and no evidence of previous ulceration of the stomach. I made a microscopic examination of the vomited matter and found no pus, blood, or other evidence of malignant disease, and hence felt justified in excluding stenosis of the pyloric orifice and giving a diagnosis of dilatation of the stomach consequent upon chronic catarrhal gastritis.

My first endeavor was to thoroughly empty and cleanse the stomach. This I accomplished with the stomach tube, and obtained a large quantity of powdered charcoal, seeds of figs and apples, and skins of grapes, which, according to the statements of the patient and his wife, had been eaten on Thanksgiving Day, fully five weeks previously. The charcoal had been taken two or three weeks before. He had eaten half a box of charcoal tablets in one evening to relieve pyrosis. It was evident that his stomach had simply overflowed when it became filled with fluid, at which time a splashing sound was plainly heard on changing his position in bed, but that for weeks it

had never been completely emptied. From this time he was relieved of all the symptoms which had previously been so annoying. His tongue became almost clean and his breath inoffensive.

The problem which then presented was to contract the stomach and restore its power of digestion and absorption. No solids of any description were allowed. At first all medicines and every variety of liquid swallowed settled to the most dependent part of the greater curvature, and there remained as in an empty bag of wet cloth. There was no muscular action and no absorption. Therefore the medicines administered and the nourishment were alike ineffectual. My main dependence for the latter was upon rectal alimentation, but this had been practised without avail by my predecessor. His method had been to flush the bowels with large quantities of water, several quarts at a time, followed by the injection of a pint of peptonized milk. This was repeated, I believe, twice daily, and the patient steadily lost strength. My procedure was to use two ounces of peptonized milk, two tablespoonfuls of beef peptonoids, and one teaspoonful of brandy every four hours, washing out the rectum every second day with one quart of hot water containing a teaspoonful of salt. In addition to this, five drops of Valentine's meat juice were given every two hours *per oram*. Under this treatment he gradually gained a little strength. Every few days it was necessary to discontinue the enemata, as they were not absorbed, and during the interval he lost strength. With these occasional intermissions they were continued until within a few hours of his death. The use of the stomach tube, although it accomplished the desired result, was attended with so much exhaustion that I dared not repeat it, but I appreciated the necessity of preventing any renewed accumulation in the stomach. As often as the presence of any amount of liquid was made apparent by palpation, he was turned upon his right side, with his head low and his hips raised upon a high pillow, and an attendant made pressure from the position of the greater curvature in a direction upward and toward the right side. In this manner the contents of the stomach passed sometimes into the duodenum and sometimes into the oesophagus, and were discharged through the mouth without any feeling of nausea. For some days there were particles of charcoal and more or less mucus in the ejecta, but gradually both disappeared, and the liquid seemed to consist of the gastric juice and the medicine and the small quantities of water which I allowed him to drink, colored by the beef preparation. This had been gradually increased to twenty drops every two hours. The quantity of fluid thus evacuated became gradually less in amount and less acid, showing an improvement both in muscular tone and in the condition of the mucous surface.

The epigastrium was painted twice daily with collodion, and later Farradism was used once daily. The latter was followed by copious black stools. At first these were formed and appeared to contain charcoal. Later they were of the appearance and consistence of

tar, and apparently contained inspissated bile. They were preceded by more or less pain in the right hypochondrium and were followed by relief. It seemed to me that the muscular contraction caused by electricity dislodged and expelled material that had been gathering for some length of time. There was no induration, however, to be perceived previously, and the abdominal walls were very much retracted. During his illness he had at times slight pain in the right hypochondriac region. This he attributed to the accumulation of gas, and the relief following its expulsion seemed to indicate that his opinion was correct. He could not lie long with comfort upon his right side. After the tarlike movements referred to, there was bile in the fluid regurgitated on one or two occasions, demonstrating, at least, a partial opening between the stomach and bowel. The Faradism was discontinued after a few days as improvement was more satisfactory under the employment of collodion. Cod-liver oil inunctions were used daily during the latter part of his illness, and liquid peptonoids were substituted for Valentine's meat juice. Three teaspoonfuls were taken every two hours and a portion of it was absorbed.

Under the treatment outlined there was a gradual improvement in his general condition, but no real gain in strength. The stomach contracted nearly two inches, so that the lower boundary extended to half an inch above the umbilicus. The abdominal walls became firmer and less retracted, and the fluid accumulated much less in the stomach, requiring less frequent evacuation. Altogether the outlook was much more encouraging until, on January 30, 1896, he developed an abscess in the upper portion of the right lung, with foul breath, darkly coated tongue, and gradual exhaustion. Oxygen inhalations and stimulants were employed, but his system was already too much enfeebled to rally from this complication, and he died on the morning of February 3, just one month from the date of my first attendance. The abscess was probably pyæmic, although there was no fever, chills, or sweating.

The remedies employed were nux, mercurius cor. carbo veg., china, arsenicum, and strychnia phos., as indicated. The latter seemed of more benefit than the others.

Our failures are often as instructive as our successes. If we can ascertain the cause, we may be enabled to avoid it in future. In the case just recorded the following questions have presented themselves to my mind. Was the diagnosis correct? Was the treatment judicious? Could anything more have been done for the recovery or the comfort of the patient?

ALL THE SAME.—“Oh, doctor, I have sent for you, certainly; still, I must confess, I have not the slightest faith in modern medical science.”

“Oh, that does n't matter in the least. You see a mule has no faith in the veterinary surgeon, yet he cures him all the same.” — *Tagliche Rundschau.*

A CASE OF HYPERTROPHY OF THE FEMALE BREAST.

BY C. WESSELHOEFT, M.D.

With a report from the surgeon's point of view by Horace Packard, M.D.

The case reported below, belonging to a rare form of disease, deserves a few prefatory remarks in order to enable the reader to follow out the history of such cases in detail.

It may be said in a general way that the disease usually begins gradually, in several months or years, sometimes more rapidly, reaching an enormous size of both breasts, sometimes of one. In many instances it runs a dangerous course, threatening the life of the patient during pregnancy or through the danger of sloughing ulceration in its later stages, or, at best, ending in serious deformity. Most cases are known to arise in connection with, if not in consequence of, menstrual deficiency or pregnancy. If more common, the diagnosis of the disease would not offer any serious difficulty; being rare and unsuspected, it might be confounded with cyst-adenomas, cyst-sarcomas, and lipomas.

To add a few more features of interest to this brief sketch, it is to be remarked that among the cases of mammary hypertrophy so far known, the greater number occurred in females at the age of puberty, or at the ages of fourteen to eighteen. Fewer cases begin much later in life, between the ages of twenty-six to forty-three. And a number, though probably not the majority, arise in connection with pregnancy.

The disease does not necessarily run a fatal course, its greatest danger arising from pregnancy, possibly where surgical operations are attempted during this condition. On the other hand, it has been observed that retrogression of the hypertrophy may take place after safe delivery. The pathological changes occurring in the diseased breasts consist in an overgrowth of fibrous tissue with imbedded glandular structures and ducts. In other cases there were found overgrowth of glandular parenchyma and fibro-fatty structures; again the overgrowth of fatty tissue may alone predominate. For further information the reader is referred to *A Monograph on Diseases of the Breast, their Pathology and Treatment, etc.* By W. Roger Williams, F.R.C.S. New York: William Wood & Co., 1895.

CASE.

August 7, 1895. Mrs. Z—, aged twenty-three, black hair, fair complexion, of less than medium size, a well-proportioned figure, had been married about six months, and now presented herself on account of a painful enlargement of both breasts. These were hot and red, the color unevenly distributed. They were tender and tense, having all the appearance of erysipelatous inflammation or of the formation of an abscess. But the simultaneous affection of both breasts, and the non-occurrence of abscess of the breasts, especially in non-preg-

nant women, made this improbable. Rhus and cool compresses were prescribed, and the case seemed to improve, so that no report was received until October 8. At this time the heat and enlargement were again increasing, and were accompanied by lancinating pains. By October 20 the breasts had increased to double their original size. On November 12 the menses due at that time did not appear, raising the question of the formidable complication of pregnancy. On the 20th, palpation and nausea made the diagnosis of pregnancy certain. In the mean time the enlargement continued to increase, the patient being confined to her bed in the recumbent position, unable to bring her arms to her sides owing to the enormous size of the breasts, which were often very painful owing to their dragging weight. About this time Drs. Packard, Winn, Emerson, Spaulding, Batchelder, Briggs, and others saw the case, and were unanimously of the opinion that surgical interference should be avoided considering the favorable condition of the patient and the normal progress of pregnancy. This opinion was subsequently confirmed by Dr. John Homans after an independent examination of the case.

On April 2 the breasts had reached their greatest size, as shown by subsequent measurements; on this date the breasts measured thirty-one inches in circumference, midway between the nipple and the base, and thirty inches from clavicle to base over the nipples; the left being an inch larger in each direction than the right. The estimated weight of each breast at that time was from sixteen to twenty pounds. At the time of amputation this weight had been reduced to five and eight pounds respectively. Their weight, tending to stretch the integument, dragged them down to her thighs when sitting in a chair. Later on they became thinned and somewhat softer at the base, also more pendulous. The nipples were not retracted, but flattened out, and merged into the enlarged areolæ.

For ten weeks the woman lay mostly in bed on her back. She could sit up but a short time, which was employed in giving her a warm sponge bath, which added greatly to her comfort, until on July 20, when she was delivered, under the attendance of Dr. Earl, of a healthy boy weighing seven and one half pounds.

She recovered well from the effects of childbearing, which included forceps delivery. Now the breasts did not show any increase in size, but became rather more elongated and flattened, assuming the appearance of pendulous bags. The time had now arrived for their amputation, for which the patient had been long and anxiously waiting. On October 10, 1896, the left breast was amputated by Dr. Packard. The patient recovered very well, permitting the amputation of the right breast on October 24, from which she also recovered without serious drawback, leaving the hospital in about three weeks.

It should be added here that the patient came to the Massachusetts Homeopathic Hospital for a few weeks for observation in January; then returned to her home in the suburbs to await her confinement, and returned to the hospital in October for the operation.

The condition of the patient and her deformity throughout its course deserve a few observations. Notwithstanding her pregnancy and confinement during the time in which the weight of her breasts kept her in a recumbent position, her strength and courage were good and her mind cheerful.

The appearance of the breasts was that of enormous livid sacks, traversed by enlarged veins, while the skin was rough and mottled in bluish and red discoloration. It was tense in some portions, and somewhat softer in others; also sore to the touch, especially in the tense and red portions.

Pain was often present, proceeding from three sources. The one was due to the weight of the breasts hanging, as it were, from the clavicular portion of the skin which was stretched and tender. The other pains were seated in the substance of the breast, and were lancinating and burning; these were remittent in periods of several days, but never entirely absent. The third kind of pain arose from the inflamed and tense portions of the skin, and was characterized by tenderness and soreness due to the hypertrophic congestion of the glandular and fibrous tissue.

Circulation. — The temperature throughout the whole disease did not exceed 99.2, and the pulse averaged between eighty and ninety beats. When it is considered that the heart had to support the circulation in those breasts and in the rapidly developing foetus at the same time, and carry it to term, this may well be regarded as an exceptional physiological feat, because, so far as known in other cases, the children are born feeble and do not live.

Digestive organs. — The patient's appetite was always good and she relished her food to such an extent that she sometimes ate too much, and once had an attack of diarrhoea (June 1 to 18), which yielded to diet and medicine, but left the patient quite weak for a while.

General condition and appearance. — Notwithstanding good appetite, the patient's arms, legs, and back showed considerable emaciation in the loss of fatty tissue, which probably went to support the hypertrophy and the foetus. Her muscular strength also remained good, and her sleep was sufficient and refreshing, so that soon after her confinement she could walk about and ride out.

Medicines. — It would not be fair to consider the favorable ending of this case as due to expectant treatment, because medicines were often given. Among them bryonia 3x often relieved the piercing burning pains, as well as the hardness and redness; these symptoms lasted much longer if left to themselves than when medicine was given; this was continued for two days at a time, and then omitted until needed again.

Sometimes the breasts took on a smooth, shiny redness, with throbbing pains, and an elastic feeling closely resembling the formation of an abscess. In such cases atropia sulph. gave relief; this was usually manifested by the appearance of a livid and shrunken appearance, with the subsidence of the throbbing and redness.

Rhus tox. also was followed by good results, especially in the beginning of the disease, when its appearance resembled an attack of acute erysipelas of the breast, when there was diffuse redness, hardness, and turgor of the integuments of both breasts; this subsided to such a degree after rhus, that from August 7 to October 8 there was reason to expect a cure.

Throughout the disease the frequent renewal of cool compresses assisted materially in conducting the case through its most trying period. These compresses, however, cannot be worn constantly in such or any other case, because after some days they cause an erythematous irritation of the sodden skin.

Lastly, in looking over the fourteen months of duration of the case, I think it fair to attribute its favorable termination, in part, to the symptomatic use of a few remedies, in part also to the avoidance of mistakes by the conservative course pursued, chiefly in not risking a very serious operation during pregnancy, while the general condition of the patient was good.

SUPPLEMENTARY REMARKS BY DR. PACKARD.

General Considerations.

This case suggests the interesting subject of hypertrophy in general. It is well known that there is a normal hypertrophy, consisting of the enlargement of an organ beyond its usual limits due to increased function. An example of this may be seen in instances where one organ has been destroyed by disease, or removed for some reason, as a kidney, or a testicle, and the other one takes up the function of both.

In true hypertrophy the cause of the change is increased function or increased blood supply, and it must be acknowledged that it is somewhat difficult to think of one without the existence of the other.

The matter of the stimulus imparted to the sexual organs, and indeed to almost all the tissues of the body, including the female mammary glands, at puberty, is a subject touching closely the one at hand.

This is normal growth due to an increased blood supply sent thither by the nervous stimulus of the developing sexual organs. Nature, as a rule, sets definite limits upon the enlargement which takes place from this cause, although markedly varying in different individuals. Again at pregnancy an additional stimulus is imparted to the female mammary gland with augmentation of its glandular structure through the functional activity imparted to it by the growing foetus and enlarging womb. Nature places a limit upon this increase in size, although again varying widely within normal limits in different individuals. These limitations which nature places upon growth and development open up a wide field for speculation.

This limitation of growth exists in all animal and vegetable creation, and is such a common and expected phenomenon that it occasions

no comment, except when now and then a human being, an animal, or a plant greatly outstrips in growth, weight, and dimensions the average of the species to which it belongs. It is impossible to give any reason why now and then an individual of the human family becomes gigantic in stature. It is equally inexplicable why, in rare instances, the female mammary gland, under the stimulus of puberty or pregnancy, at times becomes enormously enlarged, as in this case described by Dr. Wesselhoeft. It is as easy, however, to theorize that there may be some special nerve ganglia which exert an inhibitory influence, as to accept the doctrine that the pneumogastric is an inhibitor or regulator of the heart's action. With this theory it is not difficult to believe that in these cases of enormous overgrowth the inhibitory ganglia are defective in controlling power.

In the case under consideration it is impossible to accurately estimate the weight of the mammary glands, at their period of greatest development. It appears, however, that this is not an extreme case of the kind, for we find recorded a similar case where the right breast after removal weighed twenty-two pounds, and the left twenty-three and three-quarters pounds. Still another where one weighed seventeen pounds and the other forty-three pounds.

In the case under consideration it does not seem probable that at any time each breast exceeded fifteen or twenty pounds in weight. At the time of the operation they were much less than that, having undergone considerable atrophy since parturition.

Histological Study.

Microscopical section of the tumor shows simply a great exaggeration of the normal structures of the breast, much more marked in the connective tissue than otherwise; in fact the connective tissue proliferation is out of all proportion to the increase in the gland tissue.

This cannot be considered an example of true hypertrophy. It is an inordinate hyperplasia of the normal structures.

Technique of Operation.

Such enormous increase in tissue elements carries with it the positive assurance of corresponding increase in the size of blood vessels, hence an important consideration is the control of hemorrhage during operation. In this case the gland was transfixed at its base with a long needle, beneath which an elastic ligature was wound sufficiently tight to cut off the blood supply. This rendered the operation practically bloodless, and gave opportunity to leisurely pick up the vessels as they were severed and apply ligatures. The incisions were made so that the resulting cicatrix formed a line extending from the axilla toward the lower end of the sternum.

The wound at each operation was closed without drainage, and the usual aseptic gauze dressing applied, with a wide figure of eight roller bandage encircling the body and shoulder. Healing without suppuration followed each operation.

I have been able to find but four other cases of this kind recorded in the United States ; one of these was here in Boston, one in Illinois, one in Texas, and one in Arkansas. There are available records in all medical literature of the whole world but twenty-one cases.

*A SUIT FOR MALPRACTICE RESULTING FROM TREATING
A CASE OF FRACTURE OF THE FEMUR, WITH
A VERDICT OF JUDGMENT FOR DEFEND-
ANTS. COMMENTS.*

BY N. R. PERKINS, M.D., BOSTON.

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

March 17, 1892, was called to Rachael P., aged four years, who was said to have fallen and injured her hip. She was rachitic and poorly nourished, was wearing iron braces on her legs for curvature at the time of the accident, which no doubt was a prominent factor in the cause of the accident. Her mother was of a tuberculous diathesis, had had glandulous abscesses on the neck, had had enlarged axillary glands removed, and finally died from acute tuberculosis but a short time after the birth of this patient, which birth I am told was premature. I called Dr. N. W. Emerson to assist me. We administered ether and found a transverse fracture of the femur in the middle third, which was readily reduced, and was dressed with a plaster cast reaching from the foot to and including the pelvis, extension being kept up while the dressing was being applied.

The plaster dressing was selected for the reason that we thought we should get better results by putting the leg into a perfectly immovable dressing, the patient being a child and subject to a child's whims. Also as the father was away from home all day, a large part of the care devolved on the grandmother, therefore we thought we would put on a dressing that could not by any means be misplaced.

April 5 the cast was removed and a new one applied. At this time it was noticed that an unusual amount of plastic material had been thrown out around the seat of the fracture. There was no shortening, the axis was perfect, anterior surface of fragments on the same plane, and union seemed firm. The last dressing was removed June 1. There was still a large amount of provisional callous on the anterior aspect of the bone. There was no appreciable shortening, and the form of the leg was all that could be asked for. The little patient was soon running about with hardly an appreciable limp, and members of the family said her general health was better than it had been for a long time.

December 1, bills for services rendered were sent to the father, and now the trouble began. Soon letters were received by Dr. Emerson and myself, from an attorney, stating that the before-mentioned bills had been given him, and also a claim for injury to the patient caused,

or resulting from improperly setting a fractured limb, with the polite request to call on the before-mentioned attorney as soon as convenient. It is needless to say that I declined his invitation with regrets. In about two weeks I received another letter from the same lawyer, which letter was not quite so polite in its phraseology. I gave this production to my legal adviser, and told him to "sail in" for the glory of the medical profession. The two lawyers now held a consultation, with the result that my attorney accepted service of the writ in case of ——— *v. Perkins* for malpractice, etc. Dr. Emerson was also treated with like consideration, and the courts began their weary round, bound to give justice where justice belonged.

At this point I learned through my attorney that two surgeons had examined the patient. One would not allow his name to be used, yet he advised a suit; the other is on the surgical staff of one of the great hospitals of this city. The claim set up was that imperfect care and skill had been used, and as a result shortening of the leg had taken place; which would cause lameness, tilting, and deformity of the pelvis, and thereby in after years interfere with the physiological process of reproduction, curvature of spine, etc.; in short a dire calamity had overtaken this young lady, of which Dr. Emerson and the writer were the sole cause.

The lawyer for the plaintiff in the case was evidently a little uncertain of the ground on which he stood, as several intimations were brought to me that the case could be settled for one hundred dollars. The said attorney has a brother who is a physician, and he evidently drew some inspiration from him. He was willing to be modest in his settlement, knowing how little money physicians usually have; yet the bait was not alluring enough to attract even a nibble. We felt that the honor of the profession demanded that the case be decided on its merits; and we were ready to stand or fall on the merits of the case.

The plaintiff hesitated about entering the case in court; at one time he was busy and neglected it, at another he forgot it, but at last it was regularly entered on the court docket. Then he passed the case two or three times, but at last, in October, 1895, it was marked for trial. The band was playing now, surely, and we must take our places in the procession whether we would or no. After a consultation with Dr. Emerson we concluded to have some experts see the case, and if, in their opinion, we were in the ditch, we would try to get out with as much cuticle on our persons as possible; but if, on the contrary, we were on the hilltop, we certainly were in a good position for a fight. As a result of our interview, Drs. Maurice H. Richardson and William P. Bolles were asked to see the case. These men were selected on account of their ability as surgeons and their eminence in the profession. We also felt that in this selection no one could say we had chosen our personal friends (as these men were entire strangers to us), and therefore had a biased opinion. We knew these men would not favor us if we were in the wrong; and

from their characters we knew that they would stand by us if we were in the right. After the case was explained to them they both kindly granted the request, and in company with Dr. Emerson and the writer visited the little girl in November. The case was carefully examined for deformity of every kind, shortening, axis, planes — everything and anything bearing on the case. Accurate measurements were made by each of us, and not over one eighth of an inch shortening could be detected; and as to deformity, there was none. Drs. Richardson and Bolles said the case was simply perfect. The stepmother made the remark, while Dr. Bolles was measuring the leg, that there had been one half inch shortening. Dr. Bolles quietly remarked that if there was ever one half inch shortening, there was one half inch now. These surgeons told us to fight the case and then collect our bills, and denounced the whole proceedings against us as outrageous. Soon after seeing the patient the attorney for the plaintiff called upon Dr. Richardson; but the veil that shields that interview from the public has never been drawn aside.

November 30, my attorney wrote me saying, "The attorney for the plaintiff says the case will soon be dropped, and he wants the bills for professional services waived." I wrote him in reply that I should push the bill to the poor debtors' court if need be. I also sent a personal message to the plaintiff's attorney, but do not know whether it was delivered or not. There was a new leader for the band now; they were playing for the other fellows, and it was not the Dead March in Saul either.

January 2, 1896, another letter was received from my attorney, saying, "Judgment has been entered for the defendants." I now gave the attorney my bill for services, which was paid with interest.

My comments on this case are few. The results are manifest. Here was a bandy-legged, strumous child with a fractured femur treated scientifically with perfect results; and yet Dr. Emerson and myself had to bear the odium of being sued on a malpractice case, and of having that case in court! Some one blundered or else some one gave the plaintiff unwise advice; whether it was the physicians, the lawyers, friends, or neighbors, I do not know. I simply know this, had that case come to trial there would have been sport for some one.

At the meeting of the American Surgical Association held in 1890, a committee was appointed to report as to what in their judgment, under the methods now employed, should be considered as satisfactory results in cases of fracture of the femur. This committee had such names on its list as Cheever, Agnew, Parks, Nancrede, and others of equal prominence and ability. The committee reported at the meeting held in Washington in September, 1891. A circular had been issued to the members as follows: "What should be considered as a satisfactory result (other than perfect union) in the treatment of a simple fracture of the femur?" Thirty-four members responded; and I noticed the names of Homans, Gay, Senn, Ashurst,

Cabot, Richardson, Bradford, and others. The consensus of opinion of these surgeons was:—

1. **Bony union.**—That the amount of callous should not be taken as a criterion of the success of treatment. It may be so slight as not to admit of detection, or so abundant as to form a well-marked mass, and yet the functions be completely restored. The practical question is as to its firmness.

2. **Relation of the long axis of the fragments.**—That when the long axis of the lower fragment is continuous with the line of, or with a line nearly parallel with, the axis of the upper fragment, or, in other words, when there is no perceptible angular deformity at the seat of fracture.

3. **Correspondence of the anterior surfaces of the fragments.**—The result of treatment to be satisfactory requires that the anterior surfaces of the fragments shall be on the same plane, or, in other words, that the normal outward inclination of the foot shall be preserved.

4. **Length of limb.**—It has been recently discovered that there is a natural discrepancy in the lengths of the lower limbs. It has been established by careful measurements that 90 per cent of healthy, uninjured persons have lower limbs of unequal lengths, and that one limb, as the left, is not invariably longer than the other, or the right. It appears that in 35.8 per cent the right limb is longer, while in 54.3 per cent the left is longer. With these new facts to aid us we are in a position to create a much more just standard, for it will have a scientific basis.

In the first place, it must be accepted as a legitimate conclusion that if the amount of shortening does not exceed the average natural difference in the lengths of the limbs, namely, about one half inch, the result will be in accordance with the laws of nature in the conformation of the lower extremities. In other words, such a result ought to be considered perfect. Second, if the shortening does not exceed the extreme limit of difference in the lengths of natural limbs, namely, about one inch, the result should be regarded as satisfactory. Thirdly, an unsatisfactory result as regards shortening exists only when the degree of shortening exceeds the greatest difference of natural limbs, namely, one inch.

5. **Lameness.**—That lameness, limping, or a halt after recovering from a fracture of the femur is a symptom of very variable significance. Some patients will have a limp in their gait with but one fourth of an inch shortening, while others will not limp with one half or even one inch shortening. It is an important fact—bearing upon the question of how far shortening of the limb after fracture of the thigh with lameness is to be taken as proof of disability—that people who have normally one leg longer than the other do not limp even when the difference has been found to be fully one inch. Undoubtedly this failure of persons to recognize the natural discrepancy in the lengths of their lower extremities is due to the habit,

early acquired, of adjusting the pelvis to neutralize the defect with a slight compensating curvature of the spine. If in an adult a fracture is followed by a change in the lengths of the legs, there may be a temporary limp, due to the failure of the patient to at once adjust the pelvis and spine to this new condition, but in a vast proportion of cases the limp gradually disappears, or if it becomes permanent the result is due to the careless habits of the person. This fact was strikingly illustrated at one of the military hospitals during the late war. This hospital became the rendezvous of soldiers who had recovered from crippling injuries of the lower limbs. It was noticed by the surgeons that there was a striking difference in the degree of lameness or limping among the men having the same degree of disability, and that some men with shortening of one leg to the extent of one fourth of an inch had a much greater limp than others with from three fourths of an inch to one inch of shortening. An attempt was made to overcome this defect by forming a company and placing the men under the drill of an officer of the regular army, with instructions to prevent limping in their exercise. The result was surprising. The limping gait quickly disappeared even in those suffering from the greatest degree of shortening and deformity. This experiment proved that lameness or limping is not a reliable test of impairment of functions, and should have only a relative value in an estimation of results. These measurements, it should be stated, are of the entire length of the leg and not of the thigh only.

6. Restoration of function. — The function of the lower limbs is that of locomotion, with power to sustain whatever superincumbent weight is necessarily imposed by nature or art. Essential to this function is strength of the femur at the seat of fracture, free and unimpeded action of the muscles, and proper motion of the knee joint. The determination of the degree of restoration of function cannot be made until a suitable time has elapsed after the treatment has been suspended, for the recovery of the free action of the muscles and of the knee joint requires persistent use of the limb for a variable period, depending much upon the age of the patient and the severity of the injuries inflicted when the fracture occurred.

7. Conditional results. — There is a class of cases in which our estimate of results must be based upon a careful study of the special circumstances connected with the treatment of each case. Results widely different from those already given may and must be regarded as satisfactory in those cases when we give proper consideration to the conditions under which the treatment is necessarily pursued. The treatment may have been conducted under circumstances in which it was impossible to secure proper apparatus, or the injury may have involved other parts so as to prevent the patient from taking the necessary position, or the patient may have suffered from delirium or other disturbing malady. These cases must be regarded as exceptional, and each one is to be decided according to its special features.

Conclusion.—A satisfactory result has been obtained in the treatment of fracture of the shaft of the femur when:—

1. A firm bony union exists.
2. The long axis of the lower fragment is either directly continuous with that of the upper fragment, or the axes are on nearly parallel lines, thus preventing angular deformity.
3. The anterior surface of the lower fragment maintains nearly its normal relation to the plane of the upper fragment, thus preventing undue deviation of the foot from its normal position.
4. The length of the limb is either exactly equal to that of its fellow, or the degree of shortening falls within the limits found to exist in 90 per cent of healthy limbs, namely, from one eighth of an inch to one inch.
5. Lameness, if present, is not due to more than one inch shortening.
6. The conditions attending the treatment prevent other results than those obtained.

The above article was written by Stephen Smith, M.D., of New York, and printed in the *Medical News* of September 26, 1891. I trust that no member of this society will give an adverse opinion on a case of fracture of the shaft of the femur unless it falls outside the pale of these conclusions formulated by these eminent men.

I wish here to say a word in regard to the course pursued by the surgeons who saw the case for us, Drs. Richardson and Bolles. They seemed glad to go. They gave us of their valuable time, they gave us their valuable opinions, which were indeed valuable to us, and we could not prevail on them to accept even an honorarium. All honor to such broad-minded, noble-hearted, brainy men!

A MISTAKEN ASSERTION.

BY M. W. VANDENBURG, A.M., M.D., FORT EDWARD, N. Y.

A man who has utterly lost his bearings in a fog, or in a forest, wanders now this way, now that, crosses and recrosses his old footsteps and finally brings up at the starting place, having made no real progress notwithstanding all his expense of energy and time.

So too with the man whose mental investigations are conducted without the guidance of a natural law. He contradicts to-day what he affirmed yesterday, and wanders in a maze of blunders without recognizing the absurdity of his course.

H. C. Wood, the author of "Wood's Therapeutics," is a more than ordinarily brilliant man, and an esteemed authority among his allopathic *confrères*. In a certain place in his well-known work on Therapeutics he frankly acknowledges that his school has only

“the lantern of empiricism to guide in its application of remedies for the cure of the sick,” and he commends this guide. (p. 102.)

In another place he declares that “therapeutics developed in this manner can never rest on a secure foundation. What is believed to-day is to-morrow to be cast aside; at least this has been the law of advancement, and seemingly must continue to be so.”

“What,” he cries, “has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that quinine will arrest an intermittent, that salts will purge, and that opium will quiet pain and lull to sleep.” (p. 7.)

Despite this frank confession, our author is not without dogmatism and positiveness of statement. In one of these declarations he gives the law of *similia*, as he supposes, a mortal thrust.

“The term *indication*,” says Wood, “being in constant use, ought to be distinctly understood; by it is meant the pointings of nature, or in other words, the evident needs of the system. Thus hard *faeces* collected in the colon are an indication for a purgative of such a character as will produce watery secretions to soften them. Relaxation in a part indicates a remedy that will awaken into new life the natural contractility of the part, that is, an astringent.

“Again suppression of a secretion from over-excitement, or from irritation, is an indication for some drug which will allay irritation; while the same suppression when dependent on torpor, or loss of cell activity, will call for an excitant, an irritant.

“The childish absurdity of treating symptoms by any such law as ‘*similia similibus curantur*,’ ‘*dissimilia dissimilibus curantur*’ is at once apparent. The same symptoms may be the results of absolutely antagonistic conditions, and require absolutely opposite treatment. Without occupying space with details, one example will suffice. Either depression or irritation of the stomach may cause vomiting. Therefore, in the one case a stomach stimulant such as *ipecacuanha*, which when given freely to the healthy will produce vomiting, may relieve the nausea, because the depressed stomach needs a stimulant to bring it to the normal level.

“In another case a stomach which rejects food because it is irritated needs a sedative like *bismuth*, which in health will not produce vomiting.

“In the first case the law of similars seems to hold good; in the second the law of dissimilars appears to be dominant. A law of nature has no exceptions. If an alleged law has exceptions, it is not a law. It is plain therefore that neither of the alleged therapeutic laws of similars or of dissimilars is in truth a law. They are the results of coincidences, the expression of half-truths.

“The conscientious physician refuses to practise upon homœopathic, allopathic, or any other restricted basis, but gleans therapeutic knowledge from all sources, guiding himself, as far as may be, by the light of reason and science, but not hesitating to go beyond into the

region of the unknown and uncertain, when distinctly led by the lantern of empiricism." (p. 102.)

All this sounds very brave and very philosophical, and withal quite in accordance with known facts. But is it so? Let us see.

In the first case, ipecacuanha, it is allowed, relieves vomiting in certain cases; what are these cases?

Wood says they are "cases where the stomach is depressed," whatever that may mean. How do we know they are of this class of cases? Simply on his judgment; he quotes no symptoms, he describes not a single instance where ipecacuanha has relieved; he declares that they are "cases where the depressed stomach needs a stimulant, an irritant like ipecacuanha."

If this be the case, then the cure is not homœopathic; it is anti-pathic. But let us see what Wood himself has to say of the action of ipecacuanha.

Of course he has classed it among the emetics. On p. 685 he says: "Whenever it is desired to unload the stomach, or to act by emesis upon disease, without inducing much prostration, this drug commends itself by its safety and efficiency.

"In narcotic poisoning it is less certain than the mineral emetics, but as *it produces no irritation of the stomach* it can be given more freely."

Hence we conclude that if ipecacuanha cures nausea in cases of depression of the stomach, it does not do so because it is an irritant to the stomach, for Wood expressly denies this.

Hence, also, we can agree with him when he says "that the law of similars seems to hold good here," though our agreement is on different grounds from those he assigns.

We now come to the consideration of Wood's second proposition, "that bismuth allays vomiting in the case of an irritated stomach, although it does not produce vomiting in the healthy," and hence it illustrates the law of dissimilars.

Allowing that bismuth acts thus, in the case of an irritated stomach, it remains to inquire more particularly into the nature of bismuth before granting the conclusion on the grounds assigned.

"The actions of the subnitrate and subcarbonate of bismuth are so exactly alike," says Wood (p. 468), "that they can practically be considered as one. . . . The soluble preparations of bismuth are, it is true, active irritant poisons, but the insoluble subnitrate and subcarbonate when pure have practically no irritant influence.

"It was formerly denied that they were dissolved at all in the alimentary canal, *but it is now certain that they are very slowly dissolved and absorbed*, and as slowly eliminated." (p. 468.)

The proofs of absorption are thus set forth.

“When the subnitrate of bismuth is administered the metal can always be detected in the urine after a few hours.” This refers to man. It is also stated, “that when a few grains of the salt mentioned have been given to rabbits, in from twenty to thirty minutes it can be found in the urine, kidneys, spleen, blood, and muscles; even eight days after the administration it can be detected in all the tissues.”

Certainly these statements should set at rest all doubts as to the oft repeated “insolubility” of the subnitrate and subcarbonate of bismuth.

The physiological effects of bismuth preparations are fairly, though not exhaustively, set forth by Wood.

The soluble preparations, as has been already noted, are conceded to be active irritant poisons. (p. 468.)

It does not appear that they have been tested to any considerable extent, if at all, on man. “But in animals poisoned by the ammonio-citrate or the ammonio-tartrate of bismuth, vomiting, purging, convulsions, and death are the usual results.” (p. 470.)

The action of the subnitrate and subcarbonate are thus described. (p. 469.)

“The discovery that the most insoluble preparations of bismuth are actively antiseptic, led to their use in surgery, and to the further discovery, that when applied in quantities over large wounded surfaces, they are capable of so much absorption as to produce a poisoning characterized by a peculiar acute stomatitis, beginning with a black discoloration along the borders of the gums and spreading over the whole mouth; this is followed by *intestinal catarrh with pain and diarrhœa*, and in severe cases, by desquamative nephritis, as evidenced by albuminous urine and epithelial tube casts.”

Another experimenter quoted says, “Repeated large doses of bismuth, whether given by the mouth or hypodermically, produce gradual failure of strength, a peculiar stomatitis, evidences of gastro-intestinal irritation and death by exhaustion.” The same author also notes, “that the stomatitis differs from that of pyalism (mercury), by its tendency to rapid gangrenous change.”

In view of these statements, what, as homœopaths, would we naturally expect to be the curative range of bismuth subnitrate?

Any tyro in homœopathy would thus state the lines along which this drug will act with curative results.

Bismuth will be of use in *acute irritations* of the stomach and bowels, especially in those cases attended by a gradual failure of strength, and tendency to death by exhaustion.

It will be of use in stomatitis with dark or black discoloration of the mouth and gums, and a rapid tendency to gangrene.

From its marked action on the kidneys it will be of use in such cases of Bright's disease as are especially associated with intestinal irritation; perhaps also in cases not so associated.

From its general tendency to act upon mucous surfaces, it may be found of use in diseases of other mucous tracts than those mentioned; the respiratory, for example, but far more likely on the bladder and urethra. In all cases the inflammations will be actively irritant in character.

Wood recommends bismuth subnitrate and subcarbonate as follows: "They are useful to allay vomiting dependent upon gastric irritation; in pyrosis it is sometimes successful; in gastric and enteric catarrhs it is a standard remedy; in simple diarrhoea of irritation and chronic diarrhoea of cramps, it is often very efficient; in chronic bowel complaints of children, especially as seen in the summer season, when given with pepsin, it is almost invaluable. It is of value as a topical application to mucous inflammations and to ulcers; also in the beginning of gonorrhoea; also in leucorrhoea, and in acute coryza."

Yet with all these facts before him, all actually expressed on two consecutive pages, Wood quotes the use of bismuth as a remedy in vomiting from gastric irritation, as an illustration of the law of cure by dissimilars, and as the strongest argument he has to present against the homœopathic law.

It may be that in some distant future, when some daring investigator in the ranks of regular medicine, "guided by the lantern of empiricism," shall stumble upon the fact that the preparations of bismuth are exceedingly beneficial in the first stages of acute Bright's disease, he will be heralded as a benefactor to humanity by the devotees of the lantern.

Incidentally, though not accidentally, another fact in the application of the law of similars is beautifully illustrated by the recommendations of Wood. The medicine, though recommended in large doses, is in reality but slowly absorbed.

Therefore only a minute dose is taken up by the system. The cure is therefore accomplished on strictly homœopathic principles.

Doubtless the soluble preparations of bismuth will be found of equal value in treating many of these irritative gastro-intestinal troubles, but our allopathic *confrères* will not soon learn to use them in this manner. Time will eventually teach them even this lesson, but it will be a long time.

MIKE: "Docthor, an' what do yees name thot?" Doctor: "Why, psoriasis, Mike." Mike: "Sore-eye-asis, is it? An' on the back av me neck, ye fool!" — *Doctors' Factotum.*

SANITARY PROBLEMS IN TYPHOID INFECTION.

BY CHARLES H. THOMAS, M.D.

[Read before the Boston Homoeopathic Medical Society.]

In the latter part of June last, typhoid fever became prevalent in Cambridge under very peculiar and perplexing circumstances, presenting a sanitary problem difficult to solve. It appeared that many or most of the families where the disease existed were supplied with milk from the same dairy located in Somerville. Another outbreak occurred about the middle of July, and it is claimed was traced to the same source of infection. The dairyman conducted a very extensive business, receiving a large proportion of his milk from farmers in New Hampshire. An examination was made of these farms and surroundings and a clean bill of health given. The services of the State Board of Health were then solicited, and the premises of the Somerville milkman inspected, resulting, it is claimed, in the discovery of a case of supposed walking typhoid, the patient a young man who had supervision of and washed the milk cans. He was relieved from duty and a substitute employed. When the July outbreak occurred suspicion pointed to the Somerville dairy again, and inspection, it is said, resulted in the discovery of another mild case of the fever, the patient this time being the substitute employed.

The majority of the fever cases were of an apparently mild type, as the percentage of deaths was very low.

From an analysis of those cases furnished with milk from other dairies, the fact seemed to be fairly demonstrated that some of the milk came indirectly from the Somerville distributing station. As the fever showed no evidence of abating, the water supplied by the city from Fresh Pond came under suspicion, the local board of health inspected the storage basin, but found no cause for condemnation. Then the new system in process of construction at Hobbs and Stony brooks was visited, and it was discovered that there had been several cases of typhoid fever among the Italian workmen employed there, and it is alleged that these men not only bathed, but washed their clothing in the water on its way to the Fresh Pond reservoir; also that the excreta may have been emptied or washed into the brooks.

TYPHOID FEVER.

No one knows for a certainty, or will ever know, probably, the cause of the recent — we were going to say the present — typhoid fever epidemic in this city. The latest suggestion — or the repetition of an old suggestion — that it may have been due to the water which we drink, seems much less reasonable than that it was due to milk.

It has been said that there have been cases of typhoid fever among the Italian laborers employed on the Hobbs Brook basin, from which a part of our water supply is obtained, and that the waters of the brook have been contaminated with the excretions of

the affected men. The first part of this assertion is no doubt true. How much truth there is in the other story — that the typhoid fever victims have contaminated the water — we do not know. We doubt if any one does. Supposing, however, that it were so, would not the epidemic have been more far-reaching and the cases numbered by the thousands rather than by hundreds? If our drinking water had been contaminated in the way it is claimed, would there not have been a greater proportion of our almost 90,000 inhabitants affected? We think so, and consequently are very loath to believe that the disease has been communicated to our residents through the water.

In reference to the typhoid cases discovered at Hobbs Brook, it should be said that they are not of recent origin, but date back several weeks; also that every precaution possible has been taken by the water board to stamp out the disease and keep it confined to the smallest possible limits. We do not believe there is the least cause for alarm from this source.

It will be observed, in view of the statements before made, that there are necessarily two factors, instead of one, to be considered in determining the source of infection. The adjoining city of Somerville, which derives its water supply from the Mystic system, was not invaded by an epidemic of this nature at that time, although the water supplied is noted to be of a very inferior quality, in support of which I will quote the report of the State Board of Health for 1895, page 21: "In its natural condition the Mystic watershed would furnish water of good quality, as it contains few swamps, but there are two large towns and one city, and many tanneries, and other factories upon the watershed, from which polluting matters find their way either directly or indirectly into the streams. Both the State Board of Health and the Boston Water Board have on several occasions expressed the opinion that Mystic Lake is not a suitable source from which to take a public water supply. . . ."

In the same report the State Board of Health makes favorable mention of the water supplied to the city of Cambridge, excepting during a very dry season when it is necessarily low and at that time containing considerable vegetable coloring matter and nitrogen. This would seem to preclude the possibility of disease-producing properties in the Cambridge water independent of that furnished from Hobbs and Stony brooks.

CITY OF CAMBRIDGE, Office of the Cambridge Water Board,

City Hall, November 23, 1896.

To the Citizens of Cambridge, — In view of exaggerated reports which have appeared, the Water Board deems it wise to make the following official statement for the information and guidance of the public.

In September last there appeared on the watershed of Hobbs Brook a number of cases of typhoid fever, of which several were among the workmen engaged in constructing the new storage reservoir, which is at least twelve miles from Fresh Pond. The whole number of cases found, then and since, on or near the entire watershed, is twenty-two, of which only ten occurred among the nearly two thousand (2,000) laborers and officials

employed by the Water Board. As soon as the cases appeared, the Water Board as a safeguard immediately added to the able medical staff previously on duty at the basin, and the recommendations of this advisory board have been promptly executed.

We are informed by the advisory board that the sanitary condition of the water supplied to the citizens of Cambridge is now and, so far as it can learn, has been excellent, and that there is and has been, thus far, no reason to attribute any cases of typhoid fever to the public water supply.

All the cases on the watershed, as discovered, have been promptly cared for, and it is hoped that no recurrence of the trouble will take place. The addition of new reservoirs to a public water supply necessarily entails the temporary presence on the watershed of a large and shifting population with attendant dangers; but your Board is fully alive to these facts, and will continue to use every effort to maintain the sanitary excellence of the city water.

In view of these statements, it seems almost positive that the epidemic was due to the milk supply.

CAMBRIDGE WATER BOARD.

Another epidemic occurred in a town on the South Shore during the months of August and September. It appears that, over two years ago, a member of a milkman's family was sick with typhoid fever, but no other cases were reported at that time or since, until this summer. This dairyman supplied milk to a boarding house containing upwards of fifty persons. A lady eating and lodging in this house became infected with the disease, and in a few days other cases developed; in consequence thereof there was a general exodus from the house and town. Out of the fifty boarders, over thirty per cent were subsequently stricken down with the fever, the period of incubations varying from one to four weeks. An examination of the premises of the milkman resulted in finding nothing to account for the infection, while an inspection of the boarding house and surroundings showed a very filthy condition and utter ignorance of the simplest rules of sanitation, decayed animal and vegetable matter being scattered about, and a sink drain hole full of disease-producing material, in close proximity to the water supply. The soil being of a porous, sandy nature offered the best possible probability of contamination to the ground air and ground water, especially after a heavy rainfall, and it was observed that this was the data from which a majority of the cases originated. Singularly, no other cases were reported in the town amongst the permanent residents until nearly two months after its first appearance. Then a member of a family, the owner of a dog, became infected, and it was afterward learned that this animal had been digging up the ground where the excreta from the other patients had been buried. Since then the disease has appeared in widely separated families.

The questions naturally suggesting themselves in this epidemic are:—

“Did the dog spread the disease?”

“Did it at first start from the milkman's farm after the lapse of two years? or was it originally brought to the boarding house from other places where the disease prevailed?”

EDITORIAL.

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

A NOTEWORTHY PROVING.

The proving of *Anhelonium Lewinii* ("mescal button"), lately and exhaustively made by Dr. Weir Mitchell and reported at length in a recent issue of the *British Medical Journal*, is one of the most noteworthy and admirable studies of drug effects ever offered to the medical world by a scientific observer. We quote from it at length, sure that our readers will find the reading of it as fascinating as we have done, and that the possible very great worth to homœopathic therapeutics of the drug under consideration must induce provers' clubs and individual students of *materia medica* to make many and illuminating studies of it in the near future.

"The history of the use of mescal by the Indians of New Mexico," says Dr. Mitchell, "is very well known in the United States, and especially through the valuable papers of Dr. Prentiss, of Washington, D. C.

"These so interested me that I asked him to favor me with some of the extract. Profiting by his kindness, I made a trial of the drug on May 24, 1896, by taking it, as I shall now relate.

"At 12 noon of a busy morning I took fully $1\frac{1}{2}$ drachms of an extract of which each drachm represented one mescal button. I had in a half hour a sense of great gastric discomfort, and later of distention. At 1 P.M. I took a little over a drachm. Between 2 and 3 P.M. I noted my face was flushed; the pupils were dilated midway, the pulse 80 and strong. I had a slight sense of exhilaration, a tendency to talk, and now and then I misplaced a word. The knee jerk and station were normal. Between 2 and 4 o'clock I had outside of my house two consultations, and saw several patients. I observed that with a pleasing sense of languor there was an unusual amount of physical endurance. I went rather quietly, taking two stairs at a time, and without pause, to the fourth story of an hotel and did not feel oppressed or short of breath. This is akin to the experience, as I learn, of the mescal-eating Indians and to that of many white men.

"Meanwhile my stomach was more uncomfortable, and I saw the first evidence of any change in my color records. On closing my eyes (while in my carriage), I held longer than usual any bright object just seen. As to this, however, I am not as sure as I am concerning the later phenomena. About 4.10 P.M. I drove home,

and after taking half an ounce of extract in three doses I lay on a lounge and read, becoming steadily more conscious, at first of a left frontal pain (not severe) and soon after of a dull occipital ache felt on both sides and at or about the occipital bosses. Yawning at times, sleepy, deliciously at languid ease, I was clearly in 'the land where it is always afternoon.' At 4.30 P.M., rising to make notes, I became aware that a transparent, violet haze was about my pen point, a tint so delicate as at times to seem doubtfully existent.

"At this stage of the mescal intoxication I had a certain sense of the things about me as having a more positive existence than usual. It is not easy to define what I mean, and at the time I searched my vocabulary for phrase or word which should fitly state my feeling. It was vain.

"At this time, also, I had a decisive impression that I was more competent in mind than in my everyday moods. I seemed to be sure of victoriously dealing with problems. This state of mind may be easily matched in the condition of some men when pretty far gone in alcohol intoxication. My own mood was gently flattering — a mere consciousness of power, with meanwhile absolute control of every faculty. I wrote a long letter of advice dealing with a rather doubtful diagnosis, and on reading it over was able to see that it was neither better nor worse than my average letter. Yet the sense of increased ability was so notable that, liking to test it, and with common-sense disbelief in its flattery, I took up a certain paper on psychology, which a week before I had laid down in despair. I grieve to say that it was less to be comprehended than ever. My ignorance would have remained bliss had I not made the experiment. I next tried to do a complicated sum, but soon discovered that my ordinary inefficiency as to figures was not really increased.

"A mood is like a climate, and cannot be reasoned with. I continued to have for some two hours this elated sense of superiority. I was for this while in that condition in which some people permanently abide.

"The further test of writing a few lines of verse was tried. I found there was much effort needed. I lay down again about 5.20, observing that the outer space field seemed to be smoky. Just at this time, my eyes being closed, I began to see tiny points of light, like stars or fireflies, which came and went in a moment. My palms were now tingling, my face a little flushed. About 5.40 the star points became many, and then I began to observe something like fragments of stained-glass windows. The glass was not very brilliant, but the setting, which was irregular in form, seemed to be made of incessantly flowing sparkles of pale silver, now going here, now there, to and fro, like, as I thought, the inexplicable rush and stay and reflux of the circulation seen through a lens. These window patterns were like fragments coming into view and fading.

"Hoping for still better things in the way of color, I went upstairs, lay down in a darkened room, and waited. In a few minutes the

silver stars were seen again, and later I found that these always preceded any other more remarkable visions.

"The display which for an enchanted two hours followed was such as I find it hopeless to describe in language which shall convey to others the beauty and splendor of what I saw. I shall limit myself to a statement of a certain number of the more definite visions thus projected on the screen of consciousness.

"During these two hours I was generally wide awake. I was comfortable, save as to certain gastric conditions, which were not so severe as to distract attention. Time passed with little sense for me of its passage. I was critically attentive, watchful, interested, and curious, making all the time mental notes for future use.

"Especially at the close of my experience I must, I think, have been for a while in the peculiar interval between the waking state and that of sleep—the 'prædormitum'—the time when we are apt to dream half-controlled stories; but as to this I am not very sure. As a rule, I was on guard with every power of observation and reflection in full activity.

"My first vivid show of mesal color effects came quickly. I saw the stars, and then, of a sudden, here and there delicate floating films of color—usually delightful neutral purples and pinks. These came and went, now here, now there. Then an abrupt rush of countless points of white light swept across the field of view, as if the unseen millions of the Milky Way were to flow a sparkling river before the eye. In a minute this was over and the field was dark. Then I began to see zigzag lines of very bright colors, like those seen in some megrims. I tried to fix the place and relation of these tints, but the changes were such as to baffle me. One was an arch of angled lines of red and green, but of what else I could not determine. It was in rapid, what I may call minute, motion.

"The tints of intense green and red shifted and altered, and soon were seen no more. Here, again, was the wonderful loveliness of swelling clouds of more vivid colors gone before I could name them, and, sometimes rising from the lower field, and very swiftly altering in color tones from pale purples and rose to grays, with now and then a bar of level green or orange intense as lightning and as momentary.

"When I opened my eyes all was gone at once. Closing them I began after a long interval to see for the first time definite objects associated with colors. The stars sparkled and passed away. A white spear of gray stone grew up to huge height, and became a tall, richly finished Gothic tower of very elaborate and definite design, with many rather worn statues standing in the doorways or on stone brackets. As I gazed every projecting angle, cornice, and even the face of the stones at their joinings were by degrees covered or hung with clusters of what seemed to be huge precious stones, but uncut, some being more like masses of transparent fruit. These were green, purple, red, and orange; never clear yellow and never blue.

All seemed to possess an interior light, and to give the faintest idea of the perfectly satisfying intensity and purity of these gorgeous color-fruits is quite beyond my power. All the colors I have ever beheld are dull as compared to these.

“As I looked, and it lasted long, the tower became of a fine mouse hue, and everywhere the vast pendent masses of emerald green, ruby reds, and orange began to drip a slow rain of colors. All this while nothing was at rest a moment. The balls of color moved tremendously. The tints became dull, and then, at once, past belief vivid; the architectural lines were all active with shifting tints. The figures moving shook the long hanging lines of living light, and then in an instant all was dark.

“After an endless display of less beautiful marvels I saw that which deeply impressed me. An edge of a huge cliff seemed to project over a gulf of unseen depth. My viewless enchanter set on the brink a huge bird claw of stone. Above, from the stem or leg, hung a fragment of some stuff. This began to unroll and float out to a distance which seemed to me to represent Time as well as immensity of Space. Here were miles of rippled purples, half transparent, and of ineffable beauty. Now and then soft golden clouds floated from these folds, or a great shimmer went over the whole of the rolling purples, and things, like green birds, fell from it, fluttering down into the gulf below. Next I saw clusters of stones hanging in masses from the claw toes, as it seemed to me miles of them, down far below into the underworld of the black gulf.

“This was the most distinct of my visions. Incautiously I opened my eyes and it was gone. A little later I saw interlaced and numberless hoops in the air, all spinning swiftly and all loaded with threaded jewels or with masses of color in long ropes of clustered balls. I began to wonder why I saw no opals, and some minutes after each of these circles, which looked like a boy's hoop, became huge opals; if I should say fluid opals, it would best describe what was, however, like nothing earthly.

“I set myself later to seeing if I could conjure figures, for so far I had seen nothing human in form, nor any which seemed alive. I had no luck at this, but a long while after I saw what seemed a shop with apothecaries' bottles, but of such splendor, green, -red, purple, as is not outside of the pharmacies of fairyland.

“On the left wall was pinned by the tail a brown worm of perhaps a hundred feet long. It was slowly rotating, like a catherine wheel, nor did it seem loathly. As it turned, long green and red tentacles fell this way and that. On a bench near by two little dwarfs, made, it seemed, of leather, were blowing through long glass pipes of green tint, which seemed to me to be alive, so intensely, vitally green were they. But it were vain to find in words what will describe these colors. Either they seemed strangely solid, or to possess vitality. They still linger visibly in my memory, and left the feeling that I had seen among them colors unknown to my experience.

" Their variety and strange juxtapositions were indeed fascinating for one to whom color is more than it is to most men ; nor is it possible to describe the hundredth of what I saw. I was at last conscious of the fact that at moments I was almost asleep, and then wide awake. In one of these magic moments I saw my last vision and the strangest. I heard what appeared to be approaching rhythmic sounds, and then saw a beach, which I knew to be that of Newport. On this, with a great noise, which lasted but a moment, rolled in out of darkness wave on wave. These as they came were liquid splendors huge and threatening, of wonderfully pure green, or red or deep purple, once only deep orange, and with no trace of foam. These water hills of color broke on the beach with myriads of lights of the same tint as the wave. This lasted some time, and while it did so I got back to more distinct consciousness, and wished the beautiful terror of these huge mounds of color would continue.

" A knock at my door caused me to open my eyes, and I lost whatever of wonder might have come after.

" After dinner I ceased to be able to see any further display of interest. Now and then a purple or pink fragment appeared, but that was all. For a day after I noted the fact that my visions could be easily recalled by a memorial effort, but with less and less sharpness.

" These shows are expensive. For two days I had headache, and for one day a smart attack of gastric distress. This came after the first dose, and was most uncomfortable. The experience, however, was worth one such headache and indigestion, but was not worth a second.

" Dr. Prentiss and others describe mescal as causing insomnia. My first experience with the tincture was made early in the morning. I became deeply flushed by noon, but had no visions. I felt drowsy and slept very well the following night. The extract used, as stated, did make me sleepless up to 4 A.M., but neither restless nor uneasy.

" Some interesting reflections are suggested by my experience with this vision-breeding drug, mescal. The effect on me was more or less like what I experienced in some ophthalmic megrims, and even my most brilliant visions can be matched by those I reported in 1887, and by some to be found in Dr. de Schweinitz's more recent paper.

" It will have been seen that mescal supplied me with one-sided (left) frontal headache — later with occipital pain on both sides, with colored zigzags or fortification lines — the rain of silver and disorder of the stomach. I ask myself now if the megrims with visions are apt to be found in association with occipital pain in the region of the convolutions, which we believed store up our ocularly acquired memories. It is worth an inquiry.

" The mode of action of mescal is somewhat curious, and may vary with the dose and the man. At first, even at the height of drug action, the visions require one to wait with closed eyes for a minute or more. To open the eyes is to dismiss the vision, no matter how

dark be the room. Suggestion availed me but little, and no act of will was competent to hold my dream unaltered.

"I found in these seeming laws some resemblance to those which — in my case at least — appear to govern a quite ordinary and normal phenomenon. From childhood, I, like some others, can at night, before sleep arrives, summon visions. These are not always just what I desire. Once present I cannot alter them; they shift, change, and disappear under influences not within my capacity to control or to analyze. To open my eyes, even in the most intense darkness, dismisses these visions. Is it true of opium visions? The same law certainly applies to some hysterical phantasms; but the explanation does not as yet seem attainable. My normal power to summon visions was entirely lost under mescal action. I tried to see faces, gardens, etc., but none came at command so long as I was under the influence of the drug.

"For the psychologist this agent should have value. To be able with a whole mind to experiment mentally upon such phenomena as I have described is an unusual privilege. Here is unlocked a storehouse of glorified memorial treasures of one kind. There may be a drug which shall so release a mob of verbal memories, or of musical records, or, in fact, of tastes and odors. I naturally speak of things seen under mescal influence as glorified memories — certainly nothing seen in these visions was altogether outside of my known experiences — but everything was excessive; forms were gigantic; colors marvelously intermingled. In fact, nothing was simply the vision of a thing remembered and recognized except the familiar Newport Beach.

"I see no obvious therapeutic uses for mescal in massive doses. It is yet to be tested by continuous employment in moderate amounts, and may be of value.

"I sought so to limit the influence of mescal as to remain in full possession of all my faculties. The larger doses secure, as Dr. Prentiss has shown, more remarkable results, but may lessen the power to observe and to comment. I should dread a little lest excessive amounts might leave too permanent effects. In fact, I constantly carried for days a quite vivid image of one of these jewel clusters, seeing it mentally whenever my mind was turned upon the subject of my visions.

"I could match this also by a painful experience of some years ago, but I have said enough to show the great interest of this drug for physicians and psychologists. I predict a perilous reign of the mescal habit when this agent becomes attainable. The temptation to call again the enchanting magic of my experience will, I am sure, be too much for some men to resist after they have once set foot in this land of fairy colors, where there seems to be so much to charm and so little to excite horror or disgust.

"Were I to take mescal again, I should dictate to a stenographer all that I saw and in due order. No one can hope to remember for

later record so wild a sequende of color and of forms. But since to talk does not disturb these visions, a perfect account might easily be given. No one has told us what visions come to the red man. I should like to know if those of the navy would be like those of the artist, and, above all, what those born blind could relate; and, too, such as are born color blind. In fact, a valuable range of experiment is here to be laid open:

"I append to my own statement that of Dr. Eshner, one of the clinical staff of the Infirmary for Nervous Disease. It will be seen that, although the symptoms were not unlike my own, there were some interesting differences. There was nausea, whereas I had none; there was no distinct headache, whilst mine was notable. In general, the experience was in Dr. Eshner's case more unpleasant than in mine or in those Dr. Prentiss has reported; neither were the visions so remarkable nor the colors as vivid as were those I saw. It is as well to add, as concerns my own statement, that when twice in my life I have had to take hypodermic injections of morphine for several successive nights, the drug ceased to cause sleep after the third night. Later it gave rise to visions of very remarkable character, which I have elsewhere described. These were seen, whether or not the eyes were closed, if only the room in which I lay was entirely dark.

"Dr. Eshner writes me as follows: 'From doses varying from ten to fifty drops I noticed no effect other, perhaps, than slightly diminished frequency of the pulse. Thus, an hour after taking twenty drops the pulse had fallen from 80 to 70. Fifteen minutes after a dose of fifty drops the pulse had fallen from 82 to 69, although in fifteen minutes more it was again 74. The same effect was noticed after larger doses.'

"On May 30, at 3.50 P.M., with a pulse of 78, I took a fluid drachm. At 4.25 P.M. my pulse was 73, and I took another fluid drachm. At 4.45 my pulse was 65, and I took a third fluid drachm. At 5 P.M., with a pulse of 61, I took 40 minims, all of the preparation I had left. At 5.15 my pulse was 59; at 5.30, 64; and at 6.30, 65.

"As the constitutional facts appeared, I found I could not keep at serious work; I felt some distraction, and lacked my usual mental concentration. I soon began to feel badly, lapsing into a condition of general *malaise*, with not a little prostration, and had to give up any attempt at work, however small. I found some comfort in lying down, and when my eyes closed I became conscious of a series of visual impressions, in most of which color sensations were present. The pictures were characteristically kaleidoscopic, particularly as regards uniformity of arrangement. They changed frequently at times, like lantern pictures on a screen. The designs were various; some were Oriental, with stars and crescents and points of light interspersed; others were mosaic in arrangement; some were screen-like; some fernlike; some showed chased figures. Neither the images nor the light was very vivid, although as a rule quite distinct.

The intensity at times appeared related to the vigor with which the eyes were closed.

"At about 6.30 P.M. I arose and attempted to eat a little, but failed. Nausea was quite pronounced, and there was total loss of appetite. At no time did vomiting occur.

"I then lay down for half or three quarters of an hour, and the visions were repeated. I had intended going out in the evening, and, in the hope of gaining relief, I equipped myself for a bicycle ride, and started off, despite my languor and general depression. I made my way to the Park without the slightest difficulty, and at Girard Bridge met and spoke to an acquaintance, stopped under the bridge to view the Memorial Day illumination, and went on. I rode in all about eight miles, going down a fairly steep declivity with ease, and descending a longer and perhaps steeper declivity with almost equal ease. I perspired *en route*, not unduly, but perceptibly. I felt that my pupils must be dilated from the brilliancy of the light, with prismatic radiations and the large amount that entered my eyes. I think ocular accommodation may also have been affected, although the visual languor may have been only a part of the general languor. Vision seemed not alert. I was in a state of placid indifference, free from enthusiasm, free from aspiration, without spontaneity. I imagine there was a little dryness of the secretions of the mouth and throat, because my voice appeared a little deeper and fuller than usual. I was scarcely conscious of ordinary movement and felt as though I could scarcely make any extraordinary movement, although I was conscious of the necessity of making the effort, and of the increased exertion necessary in mounting the hill of which I have spoken. In general, however, I seemed to go on by virtue of my own momentum. In a figurative way, I felt as if I were of the same density as the medium in which I floated, so that I would yield to slight external physical impulses. The feeling is one that I can best describe as muscular insensibility or motor anæsthesia. I was a little indifferent as to how I rode, yet not careless nor without a sense of responsibility, but I made little effort to avoid the rougher places, and appreciated very little jolting. I sustained my equilibrium perfectly, and was not compelled to dismount other than intentionally. I rode slowly down Broad Street by the side of a four-in-hand, and listened with enjoyment to the strains of the trumpeter. I met a little messenger boy on a bicycle who made a ludicrous impression on me, and whom at his request I helped to a match without dismounting.

"I reached home about half-past nine, and called at the house of Dr. S. Weir Mitchell, and in his absence left a note for him. I was more fortunate in finding Dr. J. K. Mitchell at home, who noticed the deepening in my voice, dilatation of the pupils, some injection of the eyes, a little flushing of the face, increased knee jerks and active muscle jerks, a heart beat of 72, and, as he thought, some evident effort in speech. My own feeling was one of partial release of inhibition, of

relaxation of restraint and of repression. The state was not a pleasurable, but rather a helpless one. I could write freely and with ease about what I had passed through and was passing through, and experienced a certain freedom and fluency of expression.

"I sat up and read from about ten until half-past twelve, the visions returning whenever I closed my eyes. Now I was again able to see all sorts of new designs, fresco work, porcelain decorations, tapestry figures, intricate laces, parquetry diagrams, various kinds of scroll work, etc. I endeavored to picture an American flag, but only partially succeeded after I had retired, and then my flag was furled. I saw coats of arms and shields and the like. All colors were represented. I looked especially for blue, as Dr. Mitchell had told me that he had seen all colors but blue, and I was successful. At one time I saw various shadows of green, and at another especially purples, violets, lilacs, etc. In none of the images were people or animals or other objects than designs represented.

"As I read I was easily pleased. At this time I experienced a sense of nausea, with a suggestion of burning and weight in the umbilical region; but this was gone by the following morning.

"Before going to bed I partook of a sandwich and some milk. I found the sense of taste benumbed. I was not able to fall asleep for some time. My sense of hearing seemed to be more receptive but less acute. The condition might be described as an impairment of the auditory accommodation comparable to the corresponding ocular state. My breathing failed specially to attract my attention, but seemed shallow. I was conscious of pain on being pinched.

"The night was a restless one, with some snatches of sleep of varying length, but I arose with ease at the usual hour, feeling not much the worse for my late experiences, and not at all sleepy. There remained a sense of fulness in the head, but no other reminder. I partook of my usual breakfast with ordinary relish. The preparation had a disagreeable nauseous taste, with suggestion of pungency."

EDITORIAL NOTES AND COMMENTS.

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A RINGING APPEAL for the success of the next meeting of the American Institute has lately been sent forth by its indefatigable secretary, Dr. Eugene H. Porter. Thus it runs:—

"Before the American Institute of Homœopathy adjourned at Detroit last year it was agreed to make the coming session at Buffalo, 1897, the greatest and most successful one in the history of the organization. This determination has not lessened and the efforts of the officers and chairmen and friends of the Institute have been loyally and enthusiastically seconded by the profession everywhere.

"Centrally located, reached by all the great trunk lines of the East

and West, connected by boat with all the lake ports, with splendid and ample accommodations for all who may come, Buffalo justly expects a host of homœopathic doctors next June.

"The American Institute of Homœopathy will meet at Buffalo June 24, 1897, and continue in session for the usual time. On the twenty-third, the *Materia Medica* Conference will convene and hold three sessions, two on Wednesday and one Thursday morning. The new society of ophthalmologists will also be in session on Wednesday, and there is no doubt of a large attendance at the opening of the Institute.

"The program of the Institute has already been arranged in outline, and may contain some novel features. But this much may now be said: that the sectional chairmen have nearly all arranged a definite and clear-cut program; will furnish a *few* fine papers on selected topics instead of a hit-or-miss lot; will have carefully arranged discussions, and in many cases abstracts of papers will be furnished. This reform in itself would almost revolutionize matters, and all that can be accomplished in this direction will be done.

"The attractions of Buffalo, the beauty and power of Niagara must not be overlooked. The local committees are and have been hard at work, and those who know predict great things as the result of their labors. Let every member of the Institute bring or send one new member and we will add three hundred new names to the roll at Buffalo.

"Institute, June 24, 1897, Buffalo, N. Y.

EUGENE H. PORTER, M.D.,
General Secretary."

The Institute is the color-guard of American homœopathy. No American homœopathist can afford to miss the opportunity, so quickening to his sense of loyalty to the cause, and of comradeship with his fellow-workers, offered by the annual Institute meeting, to, so to speak, salute his colors and pledge himself anew to their service.

THE MEDICAL OPINIONS OF GEORGE WASHINGTON are interestingly set forth in a paragraph or two of Paul Leicester Ford's exceedingly entertaining volume, "The True George Washington." Thus the quotation runs:—

"In the 'Rules of Civility' that Washington as a boy had taken so much to heart, he had been taught that, in 'visiting the sick, do not presently play the physician, if you be not knowing therein.' But plantation life trained every man, to a certain extent, in physicking; and Washington's yearly invoice, sent to London, always ordered such drugs as were needed—*ipecacuanha*, *jalap*, *Venice treacle*, *rhubarb*, *diacordium*, etc. In 1755 Washington

received great benefit from one quack medicine, 'Dr. James's Powders.' . . . More unenlightened still was a treatment prescribed for Patsy Custis, when 'Joshua Evans, who came here last night, put a metal ring on Patsy, for fits.' . . . When the smallpox was raging in the Continental Army, even Washington's earnest request could not get the Virginia Assembly to repeal a law which forbade inoculation; and he had to urge his wife for over four years before he could bring her to the point of submitting to the operation. . . . Custis notes that 'his aversion to the use of medicine was extreme; and even when in great suffering it was only by the entreaties of his lady . . . that he could be prevailed upon to take the slightest preparation of medicine.' In line with this was his refusal to take anything for a cold, saying, 'Let it go as it came.'"

Had the "entreaties of his lady" availed less with the Father of his Country at the time the barbarous blood-lettings bore his life out on their flood, his country might have considerably longer enjoyed the benefit of his counsels.

SOCIETIES.

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BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its regular monthly meeting at the College Building, East Concord Street, Thursday evening, February 4, 1897, at 7.45 o'clock; President G. B. Rice, M.D., in the chair.

The records of the last meeting were read and approved.

The following physicians were proposed for membership: Drs. E. Lindon Mellus and F. A. Hogdon.

As no report of censors had been received, action upon names proposed at the January meeting was deferred.

The Committee on Medical Library reported through its chairman, Henry E. Spalding, M.D., that nothing had been accomplished; since this committee was to coöperate with committees appointed by the College and the Massachusetts Homœopathic Medical Society. The committee was discharged and their report accepted.

The Committee on Physical Training in Public Schools, through F. C. Richardson, M.D., chairman, and J. Heber Smith, M.D., a member of the committee, reported progress. The committee had met eight or ten times, and had drawn up resolutions to be presented to the School Board. Their report was accepted and committee discharged.

Dr. S. H. Calderwood, appointed at the January meeting as a committee to draft and present to the society a memorial upon the

death of Emily A. Bruce, M.D., offered such memorial. This was accepted, and the secretary requested to send a copy to the family.

Dr. W. T. Talbot also offered remarks *in memoriam*.

Upon recommendation of the Executive Committee the following amendments to the By-Laws were proposed:—

“That the ‘Rules Governing Sections of the Society’ be embodied in the By-Laws, and numbered viii, and that By-Law now numbered viii become By-Law lx.

“That the following be added to By-Law vii relating to corresponding members: ‘Upon returning to this State they must elect to again become active members or be placed upon the list of retired members.’”

Dr. J. Heber Smith moved that a special meeting of the Section of Sanitary Science and Public Health of the Boston Homœopathic Medical Society be held at this place two weeks from to-night. The subject for consideration to be “Milk and its Improved Handling through Legislative Action.”

Scientific Session.

Section of Mental and Nervous Diseases.

Edward H. Wiswall, M.D., chairman; Mary E. Mosher, M.D., secretary; N. R. Perkins, M.D., treasurer.

PROGRAM.

1. Reflex Action. E. Lindon Mellus, M.D.
2. The Scope and Need of a Lunacy Commission in Massachusetts. Frank B. Sanborn, Esq.
3. A Few Thoughts on the Medical Expert Testimony in the Bram Trial. N. R. Perkins, M.D.

DISCUSSION.

Drs. N. Emmons Paine, H. M. Paine, of New York, and others spoke strongly in favor of a Lunacy Commission, but advised at least one homœopathic representative thereon.

Dr. John L. Coffin moved that the society extend a vote of thanks to Mr. Sanborn for his able and instructive paper. Unanimously carried. On motion of Dr. W. T. Talbot a committee of three, consisting of Drs. N. Emmons Paine, E. H. Wiswall, and George S. Adams, was appointed on Medical Expert Testimony to act in conjunction with a similar committee from the Massachusetts Homœopathic Medical Society.

The committee to nominate sectional officers for the ensuing year reported for chairman, Dr. George S. Adams; secretary, Dr. A. D. Hines; treasurer, Dr. F. L. Emerson. The report was accepted and the nominations ratified.

Adjourned.

J. EMMONS BRIGGS, M.D.,
General Secretary.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the society was held at the office of Dr. E. A. Clarke, 10½ High Street, on Wednesday, February 10.

The meeting was called to order by the President, Dr. W. H. Bennett, at 10.30 A.M.

The minutes of last meeting were read.

Dr. Hervey L. Shepherd, of Springfield, was admitted to membership, and the name of Dr. Thomas E. Kirby, of Upton, proposed for membership.

Dr. Atwood, chairman of the bureau of Materia Medica and Practice, presented an attractive program. The first paper was given by Dr. C. S. Pratt, on "Veratrum viride." He spoke first of the characteristics of the drug, then of its use in cerebro-spinal meningitis with opisthotonus; in congestive headaches with fever, nausea and vomiting; in congestive dysmenorrhœa when not caused by organic obstruction; in catarrhal fevers with high arterial tension; in typhoid when it commences violently, with cerebral congestion, purple face, bloodshot eye, rapid incompressible pulse, high temperature; in the first stage of pneumonia, also in inflammatory rheumatism and erysipelas, measles and scarlatina. He also dwelt upon the local use of the drug in inflammatory conditions of the skin.

In the discussion of the paper Dr. Packer spoke of the caution that should be exercised in prescribing the drug, and said that he never continued the remedy over forty-eight hours on account of its depressing action; also its effects on the kidneys by causing diminished secretion.

Dr. Rand spoke of its value in cellulitis.

The next paper was given by Dr. Luscombe, on "Quarantine." He traced its origin back to the time of Moses, where sacred history records that the contagious principles of certain diseases were recognized, and lepers were segregated and infected clothing burned. He followed the principle of quarantine through the different ages to the present time, when restrictive and hygienic measures are employed to stop the propagation and extension of contagion, and referred to the laws of different States and the authority of the boards of health of different cities.

Dr. A. J. Atwood next reported a case of asthma relieved by *enythoxylon coca*. The patient was a small woman aged forty-five, nervous temperament, considerably emaciated, countenance distressed, cough severe, dyspnoea great, difficult, tough, stringy expectoration, unable to lie down for nights. She was given *enythoxylon coca* ten drops in one half glass of water, a teaspoonful every two hours. The relief was prompt and the patient had gained steadily from the use of this drug. Dr. Atwood's attention was called to the remedy by an article in the *Homœopathic Recorder*, by Dr.

Shack, of India, who stated that in over twenty cases of spasmodic asthma it had not failed to relieve, and was of benefit in several cases of bronchitic asthma.

Dr. E. A. Murdock gave an interesting paper on the use of anti-toxin in diphtheria, with a report of three cases in which he had used the serum with the happiest results. He advocated the use of anti-toxin early in the disease to secure the best results. In one case the rash appeared after its use, but disappeared quickly, not causing much annoyance.

This paper was generally discussed, the experiences of several physicians given, with the unanimous opinion that it was best to use anti-toxin in every case of diphtheria.

The next paper was given by Dr. Packer, on "Two of the Unproved Remedies," the geranium mac. and hedeoma. The use of the first named for diarrhœa, dysentery, cholera infantum, other mucus fluxes, the power of the drug being in the tannic acid it contains. He advised the use in material doses, ten to fifteen drops of tincture. Of the use of hedeoma the dosage should also be material and given in hot water to secure the best results. If there is no fever the remedy will be of no use.

The last paper was given by Dr. James Krauss, of Boston, on the "Diagnosis of Urinary Diseases." It was a very able and interesting paper.

Dr. Krauss dwelt on the help given by urinalysis and of its lack of placing exactly the lesion, then of palpation and percussion, then of exploratory incision which affords not only palpation but inspection and thus the most perfect examination of the bladder; the dangers of such an operation, which preclude its use in all but extreme cases; then of cystoscopy as marking a new era in the diagnosis of obscure urinary disease, and the ease and safety with which it can be practised on the frailest and most suffering patient, and that for gentleness and clearness it stands above all other methods of diagnosing diseases of the urinary apparatus. Following his paper Dr. Krauss gave a practical demonstration of cystoscopy, which was exceedingly interesting and instructive, and fully emphasized all he had said in its favor.

The meeting adjourned at four o'clock.

AMANDA C. BRAY, *Secretary.*

AMERICAN INSTITUTE OF HOMŒOPATHY.

Local Committee of Arrangements.

Buffalo Meeting, 1897.

The local Committee of Arrangements for the next meeting of the American Institute of Homœopathy, which meets in Buffalo, N. Y., June 23 to 30, 1897, have made much progress with their preparations.

Buffalo, being situated at a point near the middle West and readily accessible by numerous lines of railway east and west, presents favorable opportunity for a large attendance of the profession.

The local committee have chosen Unity Hall for the meetings of the Institute. This hall, with its numerous connecting rooms and large auditorium, furnishes most admirable facilities for the work of the Institute, including accommodations for its numerous sectional meetings and committee rooms. It is located on Delaware Avenue, the chief resident street of the city, and within two or three squares of the leading hotels.

Ample hotel accommodations will be at hand. The Iroquois Hotel, which will be the official headquarters, \$4 per day; the Tift House, \$2.50 to \$4 per day; the Genesee, \$2.50 per day and upwards; the Fillmore, \$2.50 per day; the Niagara, \$3 and upward per day; the Ontario, \$2.50 and \$3 per day; the Trabee, \$2.50 per day and upwards.

The climate of Buffalo in June is very fine, and every opportunity can be given for enjoyment of the members during leisure hours. With something over 200 miles of asphalt pavement, those who ride wheels can luxuriate to their hearts' content. The committee urge those who have wheels to bring them with them; they will be cared for by competent persons at Unity Hall, where also those who wish to hire wheels may do so at moderate rates; the whole under the arrangement and control of the committee.

Buffalo's elaborate system of public parks, which with their connecting boulevards nearly encircle the city, will prove a source of great interest to visitors. The botanical gardens at South Park are already attracting wide attention throughout the country.

In the Free Library building, facing Lafayette Park, will be found a large free library conducted by the city, also a large collection of the Society of Natural Sciences, also that of the Historical Society and the Academy of Fine Arts.

Among the famous attractions of Buffalo are its mighty grain elevators, which handle the immense commerce of the great lakes *en route* to the seaport towns.

The office buildings will prove an attraction to many; the one called the Ellicott Square, covering a whole city block, is acknowledged to be the largest building in the world.

The electric street railways compose a safe, perfect system of travel and furnish the first example of the long-distance electric transmission, the power being generated at Niagara Falls, twenty-two miles away.

An endless variety of excursions will be provided by steam and electric railroad to many interesting points, including Niagara Falls, which is close at hand; also by boat on Lake Erie and on Niagara River.

The trip to Niagara Falls will prove of surpassing interest to all visitors, and can be made by steam train in forty minutes or by electric railroad.

The new and fascinating ride through the gorge of Niagara River, from Niagara Falls to Lewiston by electric railroad, will prove a chief feature. It is called the "Gorge route" and is a fascinating though perfectly safe excursion, the cars running low down in the gorge within a few feet of the water's edge.

The great power house at Niagara Falls, where, by the aid of the current of Niagara River, thousands and thousands of horse-power of electric energy are generated for commercial purposes.

The power house will prove a great attraction to visitors.

Every effort will be made by the local committee for the comfort and entertainment of the members and guests of the Institute and their families; but no entertainments or excursions will be planned which will interfere with the more serious work of the Institute.

JOSEPH T. COOK,

Secretary Local Committee,

636 Delaware Avenue, Buffalo, N. Y.

Per C. L. M.

By order of Dr. A. R. Wright, Chairman of Local Committee, 414 Elmwood Avenue, Buffalo, N. Y.

MISCELLANY.

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BROMIUM IN THE RESPIRATORY ORGANS. — It is indicated in either diphtheritic or idiopathic croup. It is rarely called for in the early stages; but when the febrile symptoms have subsided, the patient is weak, perspiring, has a hard, tight cough, which is spasmodic, with suffocative attacks and sometimes rattling of mucus in larynx; the element of spasm is to be considered a characteristic of the drug. Bromine follows well after iodine. Spasmodic croup symptoms, starting up as if choked, greater when drinking; every inspiration provokes cough. Asthma in suffocative attacks; it seems as if the breathing were hindered by spasmodic constriction. In pneumonia, for suffocative attacks; cannot expectorate. Asthma greater at sea. — *Exchange.*

BRYONIA IN IRITIS. — Favorable results frequently follow its use in iritis caused by a cold, especially in rheumatic subjects, in which there is *sharp, shooting pain through the eye into the head, aggravated by motion* and relieved by pressure; or if the pain is a steady aching in the posterior portion of the eye, extending through to the occiput, worse at night and on motion. — *Exchange.*

PERSONAL AND NEWS ITEMS.

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A PHYSICIAN with a large practice would like to correspond with a recent graduate of a homœopathic college with a view to engaging him as assistant. Must furnish good references.

Address "M. B. H.," care of Otis Clapp & Son, 10 Park Square, Boston.

A GOOD location for a homœopathic physician in a country town in Vermont. No other homœopathic physician within ten miles. For further information address "C. Y. X.," care of Otis Clapp & Son, 10 Park Square, Boston.

THE
NEW-ENGLAND MEDICAL GAZETTE.

No. 4.

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VOL. XXXII.

COMMUNICATIONS.

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*GYMNASTICS.**

BY CONRAD WESSELHOEFT, M.D., BOSTON.

Judging from various indications of the manner in which doctors prescribe gymnastics it would seem as if there were a medical or therapeutic contrivance forming a part of the outfit of apothecary shops, where there are kept, along with "chest protectors," all sorts of dumb-bells, Indian clubs, and weights to be hauled over pulleys, all arranged to be kept in bedrooms in the proximity of some neat little shelf arrayed with bottles containing nerve tonics of all kinds.

The patient prescribed for, after getting out of bed, is to take a potion of some "nerve food" and then to swing his club or to take a pull at his bedroom gymnasium. Having lessened his appetite for breakfast and wasted a little of his strength, the home-made athlete thinks himself prepared for a hard day's work in the counting-room or office.

We cannot do without indoor workers whose brains are used more than their muscles, but that is not the way to strengthen them.

Next to and better than parlor, or bedroom, gymnastics are the exercises in larger halls under some directing care. Most larger towns and all cities are supplied with such institutions, either in private hands or unions and associations for mutual benefit and culture. The latter are mostly accessible at moderate expense and deserve great praise. If they have faults, these are unavoidable and consist in lack of pure air and perhaps methodical instruction. Pure air is not to be had in cities, especially if the gymnasium is situated in a basement; still some of these objections could be more than counterbalanced by better methods of instruction, concerning which the following are intended to serve as suggestions: —

*The very timely editorial on "The Usefulness of Play," in the February number of this journal, and also one by Dr. Mary Rees Mulliner in an earlier number, remind me that gymnastics are at last coming to the front, and encourage me to offer to the readers of the *Gazette* an article on the same subject written several years ago during a summer vacation.

While there are no objections to a pull at the weights or elastic cords after rising in the morning, especially if done with open windows and intervals of rest, this is not enough and is often neglected because after all it is treadmill work. The element of cheerful sociability is very important in gymnastics. At gymnasia as now existing, we too often see each individual tugging away at some apparatus all by himself. Bending his arms to make his biceps bulge, the gymnast discovers that it has not the measure prescribed. Marching up to some pulleys, his features set with air of stubborn determination, he works away, and repeats the operation as often as necessary to enlarge that muscular ornament, a bulging biceps, or some other muscle or set of muscles not up to the anthropometrical standard.

A much better way to accomplish the attainment of strength not only, but endurance, is gymnastics in classes where the same end is gained under cheerful companionship, where treadmill work is replaced by what might be termed play-work.

The object of gymnastics is not so much to increase the size of muscles as it is to gain health and endurance during adolescence. The aversion to gymnastic exercise, so common among the young, arises from the absence of the exhilarating social element in the perfunctory work set before them.

The result of properly conducted gymnastics is not merely the attainment of muscular strength and endurance, for this, if acquired, is also associated with mental endurance. Though the physical and mental are usually considered as separate, belonging to separate organs, they are one physiologically speaking, and are actually inseparable. As the will power is strengthened to a remarkable degree by persistent methodical play-work, it is readily to be understood that the brain and nerve centres generally participate in the general improvement, equalization of development, which in its turn is enhanced by the greater ease and rapidity of metamorphosis of plastic and respiratory material during exercise with deeper and more frequent respiration.

It is an important question as to how much gymnastic, or physical exercise generally, is required for perfect health. Few adults have time for methodical gymnastics in their regular work, which often constitutes more exercise than is needed for health; hence these two forms of exercise can rarely be combined, as they would constitute a great excess of work. Each form of exercise, that of the laborer or that of the gymnast, is often overdone; the former because he must earn his bread, the latter from ambition, or led on to excess by the more than exhilarating excitement of his play-work. Young laboring men, as observed in the numerous gangs at work in our streets, are not seen to grow stronger; their muscles do not improve in fulness or elasticity, giving greater roundness and softness to the form of the man, nor does his countenance assume a more cheerful or attractive expression. On the contrary, after less than ten years of bodily toil, his muscles are wasted into slowly acting

strands, his figure becomes angular, his gait is not elastic, but stooping, with unsymmetrical shoulders; while his countenance wears a haggard look of desperate determination, often degraded still further into a stolid leer.

The hard laborer looks old at forty, but still, with all his overworked and strained frame, his endurance is very great, provided his work does not require rapid motion. Wet, cold, hunger even, are borne with a remarkable degree of indifference.

A similar effect of excessive exercise is observed in the gymnast, whether professional or otherwise. As a rule, in our boat racing and football playing youth, the exercise of a lifetime is crowded into a few years, if not months. The training for a boat race or football match is too severe, because too much work is done in too short a time. This, though generally recognized, is not easily avoided, but teachers of gymnastics would do well to point out to their pupils that the too sudden plunging into severe exercise is quite as detrimental as too sudden omission, which generally takes place when the last athletic contest is over.

Now the superb physical development also disappears. The fine proportion and vigorous grace of motion are less perceptible, and if the temporary athlete does not carry off some physical defect he rapidly returns to the state of a man of ordinary strength and endurance which will not last him through life as it would if his exercises had been moderate and extended throughout his period of adolescence into maturity.

Indeed there is no time at which methodical exercise should cease. If it were possible to persuade even aged persons to take some form of muscular exercise, life would be prolonged and old age much less distressing.

While it is impossible to formulate or carry out an ideal rule determining the amount and kind of exercise necessary for perfect health, it is possible, especially for persons of sedentary occupations, to devote an hour or even half an hour each day to some form of exhilarating exercise involving motion of arms and chest, surrounded by plenty of the best air obtainable.

Persons not dependent on great muscular work for their living are much better off than those who toil hard. For one who can select his exercise to suit his physical needs has an immense advantage over those who exert their tired muscles through their will power, or over those who weary in stifling factories, bent over looms or anvils, inhaling the poisonous gases, or perspiring in the intense heat of furnaces. Persons so fortunately situated as to be able to set apart even a small fraction of the day for physical culture should not lose the opportunity. Even if not accustomed to it in youth, there is not a period even of advanced life when some form of exercise will not improve physical health; and this is especially the case if the exercise is pleasing and exhilarating and deprived of all monotonous qualities.

To illustrate the subject, it is only necessary for one to try the

effects of a "rowing machine" and then to compare it with the effects of rowing a boat on a lake; or, let us imagine a person seated on a chair indoors and turning a wheel by a treadle worked with his feet, *e. g.*, a sewing machine, and then try the exhilarating pleasure of rushing through the air on a bicycle; or, perhaps the difference between roller skating and the swift gliding stroke in skating on ice will turn the attention from mere exercise as a matter of duty to that associated with exquisite enjoyment.

When, forty years ago, skating became fashionable for ladies, the pleasure was so great that in many instances it was overdone, and this was turned into an argument against skating as an exercise. Excessive exercise in work or play is only another name for fast living. Youth has an enormous reserve fund of energy to waste, but there is a limit to all things. Whether you exercise for pleasure, or whether you do practical work for the sake of the exercise it affords, never use up your last remnant of energy. A wholesome degree of tiredness is agreeable, and brings good rest and appetite. But fatigue, especially if frequently repeated, is always hurtful, because with it the recuperative power is gradually if not speedily lost, as in the instance of laboring men and women. But this deleterious result of prolonged and frequently repeated fatigue, is not only peculiar to those who work with their bodies alone, but also, and in a greater measure, to those who have to toil with body and mind, and whose work entails irregularity of times of eating, or even enforced fasting during fatigue and mental strain. Doctors in general practice, commercial travelers, have sad experiences to relate in this respect.

Gymnastic exercise, to do good, should be methodical in all respects. To rush into the gymnasium at odd hours scrimped from other work, or to exact this of overburdened school children who must lose either their regular meal or the gymnasium, is not methodical gymnastics. Methodical exercise is only of benefit when body and mind are well rested, and after regular and not hasty meals, during physiological equilibrium of the organism. Horseback or bicycle riding, boat rowing, ball playing, fencing, and dancing are all most delightful and invigorating exercises, because they are at the same time pleasures, but their unmethodical, desultory practice renders them unwholesome, if not dangerous.

To save time and expense many persons ride on horseback once a week, with the result that they do not get used to it and are fatigued every time, aside from the ever returning bruised feeling. The exercise taken in this way is too violent, which would not be the case were it taken at a moderate rate every day. To ride, row, dance, or ride a wheel for an hour or two every day, or at least every other day, would overcome fatigue and lameness, and give endurance and much pleasure, especially in company. Imagine one as dancing a waltz all by himself; would not he soon tire of it as a sport or exercise? Riding, rowing, or playing out of doors, even alone, is better than solitary room gymnastics.

Gymnasia, now confined to club halls or private institutions, while good in their way, are not sufficiently accessible, because they are not free to all and often expensive. What we need in every city and town are free public places for physical exercise, of which good beginnings are made in our public parks for the support of which a few much abused "capitalists" pay voluntarily, or, as taxpayers, for the untaxed vast majority, who by their suffrages determine who shall govern and who shall pay. If this is not exactly as it should be, it is, nevertheless, desirable to encourage a democratic spirit which should bring all classes, rich and poor, lettered and illiterate, together in public places, maintained at "public" cost.

How delightful were the times soon after the practical regeneration of '48, when in a public gymnasium in Germany a group of men and boys, all alike in their gray linen jackets, vaulted, ran, and wrestled in perfect disregard of social standing, but who after the exercise and change to ordinary state resolved themselves into university professors, laborers, tradesmen, and schoolboys, all not reduced but elevated to social equality under the fraternizing influence of the spirit of Jahn, the father of modern gymnastics (*Turnen*) in Germany.

While method includes, as a part of its function, a pleasant unification of different social elements on neutral ground, its chief object is the equal and harmonious development of bodily parts by exercises which are advantageously varied to meet the possible defects of development, or to suit the tastes and inclination of the individual. The exercise which affords the most pleasure is often the most beneficial.

On the other hand, one-sidedness and monotony are objectionable as preventing the object sought, namely, proportionate development.

Another element included in methodical gymnastics or exercise of any kind, whether for work or play, is that of periodical rest, with which exertion should alternate at short periods. None should persist in tugging away at some apparatus till his strength is exhausted, but every few minutes of exertion should be relieved by a few seconds of repose. This is best done in classes of six or eight persons going through a given exercise in turn. In exercises where all work together, the instructor should determine the periods of rest.

Next to this, or rather preceding it, the order in which exercises are taken is an essential feature of the proper method which dictates the gradation of exertion from very simple exercises to the more complicated and laborious. This is not an invention or theory, but is seen in the natural order of work and instinct of man. The laborer with pickaxe or shovel, though urged to hurry, puts in a well-timed moment of rest after every stroke, which moment he will prolong as much as the vigilance of his "boss" will permit. The trained piano player of the highest order, when beginning his daily practice, will begin by the simplest finger exercises, like a beginner, and interrupt them by periods of rest. He would be a bad composer

who did not know of another value of rests and pauses besides their artistic effect.

Following this principle of periodical pauses back to its natural source, it is discovered in its perfection in sleep, after a day's wasting toil or idleness. This represents rest and work at long pauses; the shortest are those of the heart between its systolic and diastolic efforts. No organ of the body acts with equal rapidity all the time; nearly everywhere, from breathing to walking, a periodicity of repose and exertion is easily seen.

Exercise uninterrupted by pauses of repose is as injurious as absolute inactivity. It is the alternation of both which develops the organism, and it is in the period of repose that the waste is repaired, and even a little more than repaired if the periods of rest and exertion are well timed. A greater exertion, let us say the lifting of a hundred pounds, will induce a greater waste than the lifting of fifty pounds. The pause of rest will be determined by the exertion made, and is not determined by any theory but by the conscious feeling that the resting pause has been long enough to attempt another period of exertion. Likewise will the amount of repair taking place during even a brief resting pause be proportioned to the tissue elements consumed during the period of exertion.

It is the slight excess of reparation over loss of plastic material which, under methodical gymnastics during adolescence, leads to vigorous and proportionate development and endurance, and which during adult or even advanced age will prolong these periods of life.

QUARANTINE.

BY J. EVERETT LUSCOMBE, M.D., FITCHBURG, MASS.

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

In response to the request of the chairman of the Committee on *Materia Medica and Practice* for me to prepare a paper on "Quarantine," I herewith present a few facts and observations in relation to the subject.

It is said that the ancients during periods of epidemic pestilence sacrificed to their gods, or consulted the oracles on the best means of appeasing the offended deities; and in Christian times fasting and prayer have been undertaken as a means of preservation from the visitations of Providence.

It is evident from the sacred record that the contagious principle of certain diseases was recognized quite early in the world's history, and some species of quarantine practised, as the sanitary laws of Moses provided for the segregation of lepers and the burning of infected clothing.

In the time of Hippocrates, B.C. 460 to 490, more appreciative views were entertained of the origin of epidemics, for he combated pestilence at Athens and other towns of Greece by directing the citizens to keep great fires burning in the streets and feed them with herbs and drugs of sweet odor. Advance in preservative methods was made gradually, and then only as contagion became more clearly recognized.

However, history declares that the first laws termed "Quarantine" were enacted (in 1484, A.D.) at Venice, then the metropolis of the world; the term used indicating the limit of time that isolation is enjoined as well as comprehending restrictive measures. It is derived from the French *quarantaine*, Italian *quarantina*, Latin *quadraginta*, forty; forty days being the original length of time that a ship arriving in port and suspected of being infected with a malignant, contagious disease was obliged to forego all intercourse with the shore. As a more accurate knowledge has been obtained of the nature, contagious character, and duration of the diseases on which maritime quarantine has been imposed, namely, cholera, yellow fever, and the plague, the time of detention has been greatly lessened, so that now it ordinarily lasts from six to fifteen days, though it may be extended to a much longer period. During this time the passengers are confined in a sort of barrack and the contents of the ship, goods, letters, etc., are fumigated, punctured, sometimes immersed in water or acid, and all possible means are adopted to destroy infection.

Quarantine in the ports of the United States is governed by circumstances. A ship after being inspected may be detained or permitted to pass into port. While originally the term was applied only to maritime inhibition of intercourse, within the present century it has become applicable to all inland restrictive regulations, not only in the intercourse of men but also in that of the lower animals.

The word "Quarantine" no longer expresses the duration of retention and observation, but now comprises series of restrictive and sanitary measures, destined to prevent the introduction and spread of an epidemic in a locality. Restrictive measures, however applied, have for their object the stopping of the propagation of the morbid cause. Hygienic means would protect a locality or a section of country from the action of the cause, either by preventing its penetration or resisting its development. Now these two classes of facts, that are so interdependent, have been the cause of division as to the best methods to pursue in antagonizing the aggressions of disease. The countries of Europe have held international conventions for the improvement of quarantine law from time to time; but while there has been advancement made in some particulars, yet they have adjourned without achieving the main object for which they convened, namely, unanimity of action.

The teachings of the pure school of hygiene are to-day chiefly accepted in England, where hygienic measures are alone relied upon,

consequently the assertion made in the *Homœopathic Recorder* of October, 1896, that "Quarantine has been totally abolished in Great Britain," is a natural sequence of the doctrine of hygiene, which is further indicated in the same journal of December, 1896, at the close of an article on "Vaccination," where we read, "It looks as though compulsory vaccination would soon be a dead-letter law in England, and in its place would be substituted sanitation and isolation to check its (smallpox's) spread when once it appears."

Great Britain, on the principle of hygiene alone some time since, suffered severely with the cattle plague, while the French surgeons, early recognizing the contagious character of the epidemic, promptly took measures to strike at the root of the pestilence and found it not necessary to kill more than one hundred cattle, while in England, owing to the diversity of opinions, events followed their natural course and a mortality of 300,000 was the result.

Happily for the United States of America the consensus of scientific opinion at the present time is that restrictive and hygienic measures both must be employed in stopping the propagation and spread of contagious diseases. Quarantine powers in this country have always been regarded as belonging to the States, and although several efforts have been made to secure the enactment of a general quarantine law, these have failed apparently from the disinclination of the States to cede their powers to the general government. Several bills have been passed at various times with the object of coöperating with State and local authorities, but as they had limiting clauses, and could not be practically enforced on account of conflicting opinion, there is now no law other than the one passed at the end of the last century, requiring revenue, marine, and custom officials to aid in the enforcement of local laws.

While yellow fever, cholera, and smallpox are the diseases with which the maritime quarantine regulations of some of our States have to do, the particular diseases which most frequently command our attention in this State for inland quarantine, as you all well know, are measles, scarlet fever, diphtheria, and smallpox.

Our State Legislature has had placed upon its statute book laws which are generally accepted by both physician and the people as conserving the best interest of the public health, and which are generally complied with by all the local boards of health of the different towns and cities of the Commonwealth. In Fitchburg they are faithfully enforced by the Board of Health, and I think that the physicians as a whole coöperate. When informed of a case of measles the agents of the board visit the house of the person infected, leave an extract of the public statutes relative to contagious disease, and place a placard on the house, which card is to be removed only by an agent, and then only after the attending physician notifies the board that the patient has fully recovered and that the Board of Health is satisfied the house has been properly disinfected. This course is also pursued in reference to scarlet fever and diphtheria, with

the exception that a circular of special instruction, applicable to each disease in relation to the contagious element, the extent of isolation, and how disinfection should be carried out, is added. Results are very satisfactory.

I notice that the towns of Gloucester and Brookline, in cases of scarlet fever and diphtheria, impose a quarantine of four weeks from the time of the commencement of the last case in a house before a teacher or scholar can return to any public or private school, who lives in said house, without a permit of the physician of the Board of Health.

The great question which is frequently asked may serve as a good subject for our discussion at this meeting: "Are the results from quarantine commensurate with the hardship experienced?" I answer in the affirmative, and would substantiate my claim by referring to the last great yellow-fever epidemic in New Orleans; the smallpox in Chicago, 1893; diphtheria in Cambridge, 1895; but the length of my paper forbids me to enlarge upon them. I think, however, that the degree of hardship must be measured by the susceptibility of the individual; for instance, in a certain city the principal of a normal school, with a salary of \$3,000, was quarantined after the following manner, with a case of measles in his household. He was not to come in contact with the person afflicted, but could go to his office in the school building and meet the teachers, though he could have no communication with the scholars for a period of two weeks; this he considered a hardship; while a little French-Canadian grocer, whose living apartments were immediately in the rear of his ten by fifteen grocery, was obliged to close up for two weeks on account of measles in the family. When accosted by the agent of the Board of Health as to how the hardship imposed affected him he replied that it was no hardship, as he always wanted to obey the laws.

AN "INCUBATOR" CASE WITH COMMENTS.

BY ELMER H. COPELAND, M.D., NORTHAMPTON, MASS.

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

You are all familiar with the use of the "incubator" as a means of rearing premature children. If not from actual personal experience, you are at least familiar with the descriptions and statistics which are given in every text-book upon obstetrical practice. It is not, then, with the hope of giving you any new knowledge that I present this paper, but simply to refresh your memories and to add my personal experience; as it seems to me that the following case has several points of unusual occurrence.

Mrs. — had engaged me to attend her in her confinement, which was expected to occur April 4, 1896.

Up to the middle of January of that year she had no unusual symptoms, the gestation was apparently normal. About this time she began to complain of pressure in the epigastrium and consulted me regarding it, saying that she seemed much larger than she had at the corresponding times during her two previous periods of gestation. I reassured her as well as I could, saying that "a pregnant woman was never twice alike," etc. At this same time, or soon after, she began to suffer from a cough. It proving obstinate and not yielding to ordinary home remedies, she again consulted me at the office. After prescribing according to the "totality of the symptoms," I sent her home. In about a week her husband came in and remarked that Mrs. —'s cough was no better, and asked me to go to see her. This I did. I found her coughing severely at short intervals. She complained of feeling very large and certainly looked like a woman at full term. After making a careful examination I decided that there was an excess of water or else she was going to give birth to twins; I was not inclined to this latter diagnosis, because I could distinctly make out one foetal heart, but not two. Again prescribing, I left her. This was the last of January. I did not see her again until the evening of February 9, '96, at 7 o'clock, when I was hastily summoned by her husband. He informed me that labor was coming on. Upon reaching her bedside Mrs. — told me that the waters had come away and were enough to float her off. An examination disclosed a partially dilated os from which the waters were gradually draining away. No pains. We made her comfortable in bed. I prescribed gels 2 x in water, a dose every half hour, and left with instructions to call me as soon as pains came on.

The next morning, February 10, I found her comfortable, having passed a quiet night, sleeping most of the time. The waters continued to flow. No pains. She remained in the same condition through the day and until twelve o'clock midnight, when I was again called. Labor had begun. The presentation was cephalic and the pains good and strong. For an hour or so we did nothing, then gave chloroform until the child was born, at just six o'clock in the morning, February 11. The child and placenta both came together with a bound, were fairly shot out of the vagina. The child was livid, asphyxiated. I did not dare to cut the cord and let it bleed as a method of resuscitation, because we had a very small seven-months baby to deal with, and I wanted it to have all the blood it could get. So I called for hot and cold water and immersed him first in one, then in the other, and tried artificial respiration. The pulse was very feeble, and he did not breathe at all. More hot-water applications and more artificial respiration; gradually he began to breathe slightly; and then came that joyful sound, the cry of the newborn. We let the cord remain uncut as long as it pulsated; then cutting it, the baby was wrapped in warm cotton. He weighed four pounds, and the temperature of the outside world that morning was fifteen degrees below zero with a strong wind. We placed him in a warm

room before an open fire. As we could not raise the temperature of the room above eighty, the baby cried continually; but he was alive, and the mother upstairs was doing well. The question now was how to rear that seven-months baby. If it had been warm weather, the problem had not been so difficult. It was evident that we could not keep him warm in that room, for the furnace was doing its best, and the open fire was all that could be asked. Heat we must have, and it must be uniform. An incubator was the thing; but we had none and could not send and get one in season. Then make one! This we did or had done at the tin shop. By six in the afternoon — twelve hours from the time the child was born — we had him in it. He had kept up his crying all the time. We had the water compartment filled with hot water; and the temperature inside the chamber of the incubator raised to 105° . In this he was placed, and it was not a minute before his moaning and crying ceased, and he was quietly sleeping. The problem was solved; and the child lived, grew, and thrived as well as any full-term baby. Of course there were many minor questions to settle about feeding, etc., but these gave very little trouble. In about two weeks the child was nursing, the mother's milk having been kept up in the mean time by a borrowed baby. These are only incidentals.

The incubator was made after a modification of my own of Crede's. It was really two copper wash boilers, one three inches smaller than the other all around; this was set inside the larger, leaving a space three inches deep below and three inches wide all around between the two boilers, for water. The measurements of the outside boiler were: Length, thirty-one inches; width, twenty-one inches; depth, nineteen inches. The space between the two was covered over with copper, a bunghole being left by which to introduce the hot water, and a faucet being inserted at the bottom to draw off the water as it cooled. We kept the temperature inside the small boiler, where the child lay, at about 100° the first day; from then on, for two months, it was kept between 96° and 100° . As the temperature lowered, the water was drawn off and more, boiling hot, added until the required temperature was reached.

A child never did better; not a cold nor a snuffle all the time. He was kept in this incubator all of the time for two months; then, as the weather became warmer, he was taken out during part of the day, but was kept in it during the cool nights, Mrs. — saying she should always advise an incubator for any delicate child, whether premature or not. Certainly the results in this case seem to justify such a conclusion.

In recapitulation, then, I would say that the special points of interest in this case were: First, the hydramnion, which caused the unnatural largeness, giving rise to the upward pressure, causing the persistent cough, which nothing would relieve. Second, the large size of the uterus distended with child and excess of water, aided by the coughing, brought on premature rupture of the mem-

branes; the draining away of the water caused premature delivery of the child at seven months, the labor being normal except for the expulsion of the placenta at the birth of the child. Third, the extreme coldness of the weather aided by the strong wind, which penetrated every part of the house, making it impossible to keep an even temperature, had it been possible to get it high enough.

The constant crying of the child all through the day, and the sudden cessation as soon as he was placed in the incubator, all make a picture of unusual interest.

It is given to us physicians but a few times during our busy lives to stand up and honestly say, "I have saved a life," but when that time comes, the satisfaction it brings is enough to compensate for all the many discomforts of our profession. In this case I believe I can honestly say, "I saved that boy's life." The satisfaction it gives me has led me to report it to you in the hope that it will refresh your memories at some future time, and perhaps lead you to go and do likewise, and thereby bring great joy to some family and satisfaction to yourself.

CANCER OF THE RECTUM.

BY J. V. WARREN, M.D.

[Read before the Massachusetts Homœopathic Medical Society.]

It is not the purpose of this paper to discuss the pathology of cancer or to attempt the classification of the various forms of malignant growths, but rather to consider the treatment of cancer of the rectum, and to cite a case which recently came under my observation.

Much might be said upon the importance of the early recognition of the trouble and a correct diagnosis; but this is not always easily accomplished, for a patient may have cancer of the rectum in an advanced stage, and yet suffer no serious pain or inconvenience from it. Many times a patient comes to the surgeon in this condition, after having been treated, for a greater or less time, for constipation, hemorrhoids, or catarrh of the bowels, without a careful examination ever having been made.

I hold that it is the duty of every physician, before attempting the treatment of any rectal or pelvic trouble, to first make a thorough examination, in order that he may know what the conditions are that he has to deal with, and not guess at the trouble.

Should a growth be found it may be difficult to determine whether it is malignant or nonmalignant, as we have no infallible guide, not excepting the microscope, the "Tactus Eruditus" being the best means we have for diagnosis. But if there is any doubt in the mind of the surgeon as to the nature of the trouble, the patient should be given the benefit of the doubt.

Cancer of the rectum is one of the most discouraging and unsatis-

factory troubles that fall to the lot of the surgeon, and the condition of the patient suffering with this trouble is most deplorable. He comes to us eagerly hoping for much, expecting something. What can be done? To my mind, early extirpation is the only hope of cure, colotomy and all other methods being merely palliative, only temporarily relieving his sufferings and prolonging life.

Holding as I do that cancer is primarily a local disease, I believe most thoroughly in its early and complete removal when possible; but if the case has progressed so far that the surrounding tissues have become infiltrated, and the glandular system involved, palliative treatment only is indicated, and temporary relief all that can be hoped for.

Cancer of the rectum requiring extirpation involves a delicate, difficult, and dangerous operation. Statistics show a heavy mortality, but as this is the only hope of cure the patient should be given the benefit of it if he wish it.

Undoubtedly the best means of relief in a large majority of cases where extirpation is impractical lie in a colotomy, this operation often giving comparative comfort to the patient for many weeks or months.

Relief may sometimes be obtained by simply dividing the strictured portion of the gut with a scalpel, thus increasing the diameter of the lumen of the canal. I do not believe in forcible dilatation while the growth remains.

The case which I wish to report to-day has been of interest to me, and while it belongs to the common class of cases, it has some points of especial interest.

Mrs. E., age thirty-four. Family history good. First consulted a physician several years ago for prolapsus. A stem pessary was used, and for a while this relieved the trouble. Later it returned worse than ever. She then consulted another physician, who completely cured her of the prolapsus by local applications, but of what I was unable to ascertain.

About the first of last winter she began to experience severe pains in the rectum, which were greatly aggravated by defecation and by sitting. These pains gradually increased in severity, and she then consulted the physician who had cured her of her prolapsus. Upon examination she was told that she had hemorrhoids, that the bunch which could be plainly felt in the rectum was an unusually large pile, but that she could be cured by suppositories and internal medication. This she faithfully tried for several months, but continued to get worse all the time. She could finally neither sit nor lie in any except the prone position without causing intense agony. The bowels were badly constipated, and only moved occasionally with the aid of soap enemas. She noticed a growing difficulty in inserting the tubes of the syringe, and finally failed altogether. I would say that the only relief she got from the intense pain was in douching the rectum with very hot water. This would stop the severe pain for several hours.

During one of her paroxysms of pain she called in her regular

physician, who upon examination told her that she was not suffering from piles, but of what he was not just sure, and advised her to enter Memorial Hospital, Worcester. This she did and remained there four days, during which time an examination under ether was made and an operation advised. But she became dissatisfied for some reason or other there, and entered Warren Hospital, Sunday, May 9, 1896. The next day an examination under ether revealed a large tumor about four inches from the anus, completely surrounding the rectum. The lumen of the gut was nearly obliterated, but after some effort the forefinger could be pushed through, and an examination of the tissues above the growth made. No enlargement could be felt above the constriction.

The patient's general health being in very fair condition, the examination seemed to warrant a radical operation for the removal of the tumor, and she and her friends were so advised.

The advice was accepted, and May 16 was the date set for the operation. After the usual preliminary preparation the patient was anesthetized and placed on her back, with knees and thighs well flexed and held in position by assistants.

OPERATION.

The parts being made as aseptic as possible, a circular incision was made completely around the anus, and the dissection carried up to and beyond the growth, which was found to be firmly attached to the posterior wall of the uterus. After breaking up these adhesions, the growth, together with the rectum, was brought down and seven inches of the lower bowel removed. The hemorrhage, which was rather profuse, was kept well in hand by constant irrigation of the parts.

The point at which the bowel was severed, about one and one fourth inches above the upper border of the growth, presented a perfectly healthy and normal appearance. The cut end of the bowel was now carefully stitched to the orifice of the wound. A small tampon of iodoform gauze in the bowel and the application of a T bandage completed the operation, and the patient was put to bed.

She rallied fairly well from the operation, which occupied about an hour. The heart's action was rather weak, and for the first few hours respiration was somewhat labored. Some nausea, but no vomiting. Called for milk 11.40 P.M. and took a teaspoonful. Was able to take milk every hour till 4 A.M. in increasing amount.

May 17. Comfortable day. Catheterized and drew off two ounces natural urine. Takes milk every hour. Gas passes freely from rectum and causes no pain. Restless toward night with some distress in stomach from gas. Suffering no pain in bowels. Had wakeful night, but from nervousness rather than pain; temperature $100\frac{1}{2}^{\circ}$.

May 19. Milk began to disagree and champagne was substituted, of which she took three teaspoonfuls every two hours. Severe pain in lower abdomen, but she slept at intervals through day and night; temperature $100\frac{1}{4}^{\circ}$.

May 22. Restless, and temperature 101° . Some delirium. Slight discharge from rectum, which, however, increased in amount and was very offensive. Gave copious douche at 4 P.M. Patient now takes two teaspoonfuls of Fairchild's Panopeptone every two hours.

May 23. Temperature 99° . Discharge greatly lessened, but the douche was repeated and orders left for another at night. Patient gets some rest. Seems stronger, and is evidently on the gain. From this time till July 10 progress of the case was uneventful. The wound continued to discharge rather freely. Bowels moved the eighth day, with daily fecal movements thereafter. Sutures removed entirely sixteenth day.

Examination, June 20, showed that slight retraction of the gut had taken place; this increased a little but not to any great extent.

July 8. Patient very comfortable except for slight vesical disturbance. Has taken considerably more nourishment each day, consisting of beefsteak, toast, eggs, etc. Sits up every day fifteen to thirty minutes. Sleeps fairly well. Looks nicely, and altogether seems to be in a very encouraging condition.

July 10. Patient not as well. Experiences severe sharp spasmodic pains in the rectum, which are aggravated by the passage of fecal matter. Temperature 101° . Has not slept for thirty-six hours except in momentary naps. Very restless and pain seems to be increasing.

July 12. Patient some better, but complaining of pain in the rectum and bowels; now noticed for first time that the nozzle to the syringe used in the douching did not enter the canal easily and caused considerable pain. Careful examination convinced me that the lumen of the gut was again being constricted, and the use of the graduated rectal dilators was begun. Beginning with the smallest, which was three eighths of an inch in diameter, it was passed daily for several days, and then a larger one substituted. This was continued for some weeks, and the canal in this way was kept open to about the diameter of a three-quarters inch dilator. But the bowels remained badly constipated; and the patient suffered constant pain in the lower part of the abdomen. A small hard swelling was now discovered in the left iliac region, pressure of which caused great pain.

August 10. An examination under ether convinced me that the trouble had developed higher up. From this time on the patient seemed to gradually fail from day to day. She experienced considerable pain, and the bowels were much distended. I now considered that the most that could be done was to relieve the patient as much as possible. We could not hope for a cure. Therefore as a palliative measure a colotomy was performed. At this time the presence of a growth of considerable size was determined in the sigmoid flexure. As far as the operation was concerned, the colotomy was a perfect success, the bowels moving freely and without pain. The wound healed nicely. But the growth in the sigmoid flexure still remains, and will in time cause the death of the patient.

HIP JOINT AMPUTATION. REPORT OF A CASE.

BY HORACE PACKARD, M. D., BOSTON.

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

Amputation at the hip joint is fortunately an operation relatively rarely called for. A high rate of mortality has followed this formidable operation; and indeed this is not surprising, when we consider that it involves approximately removal of one fifth of the weight of the whole body. It involves also the severing of some of the largest blood vessels in the circulatory system, large nerve trunks and voluminous muscular structures. Such an attack upon vital structures so closely related to the great nervous and circulatory centres cannot be otherwise than productive of profound shock.

Other than from shock, the great mortality following hip joint amputation has been caused, in pre-antiseptic days, from suppuration and septic infection. Fortunately that is now a peril almost excluded with our present methods and perfection of technique. This has resulted in a marked lessening of the death rate, yet it has continued to be large and will probably always have a striking mortality.

The question of control of hemorrhage in this operation has always been an important one. The amount of shock and degree of collapse following any operation are dependent in a measure on the volume of blood lost. At the site of a hip joint amputation the size and relations of the blood vessels are such that the problem of effectual control of hemorrhage at that point has been a difficult one to grapple with.

Aortic compression, manual compression as the blood vessels pass over the brim of the pelvis, direct seizure of the flap bearing the blood vessels, by an assistant, and the elastic ligature of Esmarch have all proven unreliable and unsatisfactory. The loss of control for a single moment only, as is liable to occur when such an important matter is trusted to other than a hard and fast adjusted mechanical appliance, gives chance for the escape of such a volume of blood that it may result in fatal shock and collapse.

What appears to be an extremely important improvement in this operation has been reported during the past year by Dr. John A. Wyeth of New York. It consists in the use of transfixion pins, one of which is made to enter the inner side of the thigh about an inch below the level of the perineum, internally to the saphenous opening, and passing squarely through the adductors, comes out about an inch below the tuber ischii. The other is introduced about one inch below the anterior-superior spine of the ilium and slightly to the inner side, and is made to traverse superficially the muscles and fascia to the outer side of hip, emerging on a level with and about three inches from the point of entrance. A piece of strong rubber tubing is now wound very tightly five or six times around the thigh above the fixation needles and tied. A greatly lessened mortality has resulted from this simple procedure.

Report of Case. Mr. A—; age 30. Suffered when fourteen years of age, after extreme exposure through running barefooted through the snow, sudden contraction running through the right leg, followed by pain in the region of the knee. An abscess formed and spontaneously discharged. He was confined to his bed three or four months. Repair finally followed. He began to walk about on crutches, and finally perfect functional usefulness of the limb returned. No further trouble occurred until fifteen years later, fifteen months prior to my first relation to the case.

At this time, and while apparently in perfect health, a second attack of pain in the same locality following a frolicsome and exhausting carouse, extending far into the night before the Fourth of July. About the same development of symptoms followed as when previously affected, except that in the intervening months the inflammation had invaded the tissues more and more widely with no evidence of repair.

Examination of the limb showed enormous fusiform swelling of all the soft tissues above, about, and below the knee. The soft parts were indurated and penetrated by five sinuses, making their exit at various points in the circumference of the limb in the vicinity of the femoral epiphysis.

The diagnosis was made of chronic recurring osteomyelitis, dating from the acute attack of sixteen years before, lighted up by the exhaustion incident to the Fourth of July revel. The destructive inflammation had evidently reached and involved the knee joint, and a considerable portion of the osseous and soft tissue above and below. Amputation was advised and accepted. The leg was first cut off at about the middle of the thigh. On finding that the medulla had been destroyed all the way up to the head of the femur, hip joint amputation was made by a slight modification of the Wyeth method. A needle was inserted anteriorly just below Poupart's ligament, passing beneath the femoral vessels, and an elastic ligature woven about its protruding ends and tied. Another needle was similarly placed, passing through posteriorly and beneath the gluteal vessels. A rubber ligature was also woven about this.

Thus arranged, all vessels from which hemorrhage could occur during the operation were under control and without constricting the whole circumference of the limb. The disarticulation was then proceeded with in a leisurely manner by the oval method, with no anxious thought for the blood vessels. After separation was effected the arteries were sought for and found securely compressed between the needles and ligatures. It was most easy to grasp them with pressure forceps and ligate. The handling of the flaps was greatly facilitated through the elastic ligature not encircling the entire circumference. Disarticulation of the head of the femur was also made much easier, since the tissues were not made to hug the bone so closely as when the whole circumference is constricted.

No appreciable shock followed the operation and excellent healing rapidly ensued.

*THE SURGICAL TREATMENT OF CERTAIN FORMS OF
UTERINE DISPLACEMENT BY VENTRAL FIXATION.*

BY F. W. ELLIOTT, M.D., BOSTON.

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

A call at the office of a fashionable gynecologist a decade of years ago, if current reports may be credited, would have revealed various jars containing the results of his enterprise and skill in the extirpation of the uterine appendages. The gynecological eye at that time was focused upon the ovary. Any morbid pelvic condition, especially if affecting the nervous system, or if somewhat obscure, was readily, if not eagerly, referred to these organs, and fortunate, indeed, in those days was that female patient who escaped with ovaries intact from the well-meaning if overzealous and enthusiastic specialist.

The discovery of the vaginal route and its possibilities in the treatment of morbid pelvic conditions marks a real era of progress in gynecology; but the comparative ease and safety with which a vaginal hysterectomy may be effected involves also a real and serious danger. The uterus, before unnaturally separated, has now rejoined the ovaries, and they lie quietly together in the pathological jar, and these trophies of surgical skill are exhibited to the wondering gaze of patients present and prospective.

Against this tendency, which is manifest both here and abroad, — this justly named "operative craze," — it is the duty of the profession to strongly and earnestly protest. Every other source of relief, both medicinal and hygienic, should be exhausted before condemning the patient to such mutilation and sacrifice. Too frequently the nervous condition, for the relief of which the hysterectomy was performed, is not relieved but aggravated by the surgical operation. It cannot be too often or too strenuously urged that to remove healthy organs, as the supposed source of reflex or puzzling and obscure nervous symptoms, is not, never has been, and never can be justifiable, and that in very many cases judicious and skilful treatment, other than surgical, will result either in a cure or in a condition infinitely to be preferred to that of a woman thus unsexed.

It is held by many that if the ovaries are diseased to an extent justifying their removal, the uterus also should be sacrificed in the operation. There appears to be a growing tendency, however, among the more experienced and conservative gynecological surgeons to remove only diseased organs, and to save that which is or can be made healthy, whether the tissues are uterine or ovarian.

It may be true that the uterus is practically only a tube which serves as the means of egress for the ovum, or for its development in the event of conception, and that if the ovaries be removed the occupation of the uterus is gone; but this is only a half truth. The

uterus is intimately related to the adjacent structures, the rectum and the bladder. It has also an important function in closing the vaginal vault and in maintaining the continuity of the floor of the peritoneal cavity. Remove this essential structure and the integrity of the peritoneal floor is weakened, if not destroyed. The intestines are crowded down in an unnatural position, and it is yet too early to say what conditions of prolapse or actual hernia may not occur. A recent able paper has discussed the serious results of kinks in the intestine following hysterectomy, due either to the removal of the uterus or to the broad, raw surfaces left, causing peritoneal adhesions and consequent stricture and occlusion of the bowels. Immediate operations were performed to relieve the grave and urgent symptoms, but unfortunately not with uniform success. Add to this danger the not remote possibility of a deplorable mental condition in a nervous or hysterical subject who knows that not only the ovaries but also the womb has been removed, and the indictment against any indiscriminate extirpation is certainly a sufficiently serious one.

Of the numerous and various surgical measures to correct uterine displacements many need to be mentioned only to be condemned.

The operation of vagino-fixation, first introduced by Mackindrot, consisting of a transverse incision in the vagina and stitching the wall of the uterus directly to this line of incision, carries the fundus of the uterus so low and holds it so firmly that it not unfrequently results in serious complications and disasters in pregnancy. Even in Germany, where first introduced, it is now very generally discredited. Dührssen's modification, a transverse incision to which the peritoneum of the utero-vesical space is sutured, and to this the peritoneum of the anterior surface of the uterus, has this advantage, that the uterus is held in position, not rigidly, but simply by a yielding band of peritoneal tissue, thus avoiding danger to the pregnant uterus.

Wertheim's method, a yet more recent advance, brings into the transverse vaginal incision the round ligaments, allowing about one inch of the ligament next to the uterus to remain free, and thus gives to the organ its natural supports — a kind of Alexander operation as applied to the vagina and avoiding the necessity of abdominal section.

In America Kelly's operation has deserved recognition. For it he prefers the name "Suspensio Uteri" rather than ventral fixation. Its technique is very simple. It consists essentially in stitching the posterior wall of the uterus to the abdominal wall by means of silk sutures, including only in each case peritoneal tissue. It allows considerable freedom of movement to the uterus, and has not resulted in unfavorable complications in pregnancy.

Ventral fixation closely and immovably attaches the uterus to the abdominal wall. The stout ligatures of some non-absorbable material, preferably silkworm gut, are deeply inserted in the fundus of the uterus, and include the fasciæ of the recti muscles.

These propositions are offered : —

1. Ventral fixation should be rarely used in the case of women liable to future pregnancy.
2. Ventral fixation is indicated, when the uterus is not diseased and the ovaries have been removed by abdominal section.
3. Ventral fixation is often a satisfactory treatment for uterine prolapse of the third degree.

As illustrative cases the following are cited : —

Case 1. Mrs. M—, forty-four years, one child five years ago, stout, muscles soft and flabby, suffered with uterine prolapsus of second degree since birth of child. Alexander's operation by a well-known surgeon four years ago. Only one round ligament was found, and this was so attenuated and weak that it did not hold. Complete prolapsus gradually supervened. Became hysterical and despondent; suffered from backache and rectal and vesical irritation; was a nervous wreck. Vaginal hysterectomy in August, 1896, by a prominent specialist. Present nervous and mental condition not at all improved; is thought to be in a worse state of invalidism than before the removal of the uterus.

Case 2. Mrs. B—, age forty-five, four children, no children for five years, living with second husband, for two years has not seen a well day or for a moment been free from suffering. Since birth of last child complete prolapsus uteri, parts so sensitive and sore that pessary cannot be worn, urinary incontinence, the constant dribbling causes a filthy and ulcerated condition which is insufferable. Examination discloses a cervix enormously enlarged and leathery from friction of the thighs, a double laceration, a fungous endometritis with ichorous and fetid discharge, a general irritated and ulcerated condition of the genital tract, laceration of the perineum down to, but not through, the sphincter ani.

Operation at the Methodist Hospital, June 27, 1896. Curettement, amputation of cervix, repair of perineum, abdominal section, ablation of left ovary and tube (the ovary was enlarged and suppurating), ventral fixation with retaining suture of silkworm gut. Convalescence uneventful; was discharged from the hospital in three weeks. At this writing she reports that she is well and happy.

Case 3. Mrs. F—, age thirty-nine, married to second husband three years ago, no children by second marriage, one child by first husband, now nine years old; complains of constant backache and dragging pains, has such pains during menses that it makes her sick for the entire month, has lost flesh and strength, is completely discouraged and does not want to live. On examination the uterus was found sharply retroflexed and bound down by dense and unyielding adhesions, the ovaries enlarged, prolapsed, and very sensitive to touch or pressure. Operation at the Methodist Hospital, July 2, 1896. With much difficulty adhesions were broken up, both ovaries and tubes removed, several small subserous fibroid tumors of the uterus enucleated, ventral fixation as in Case 2.

Recovery uninterrupted, discharged from the hospital in four

weeks, and when last heard from was largely relieved of her former sufferings.

Alexander's operation is sometimes difficult, if not impossible, of performance. The uterine ligaments, already thinned and weakened by stretching, are unable to retain the uterus in position.

The double scars in the abdominal walls are fairly objected to by patients, and occasionally give rise to troublesome herniæ. In one well-known instance a woman upon whom an Alexander operation had been done preferred to keep and exhibit the two enormous herniæ that resulted as an illustration of the failure of surgery.

Ventral fixation in its own limited sphere has many and marked advantages over other methods. It is rapid and easy of performance; it is practically free from dangerous complications; it replaces and permanently retains the uterus in position. It well deserves the reputation it has won and now holds as a legitimate operation for the conservative surgical treatment of certain forms of uterine displacement.

THE VALUE OF ELECTRICITY TO THE GENERAL PRACTITIONER.

BY LUCY APPLETON, M.D., BOSTON.

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

The text-books on my subject state that: —

“In commencing the study of Electro-Therapeutics the first questions to arise are: —

“1. What results are to be expected from the treatment?

“2. When should the constant current be used, and when the interrupted?

“3. What is the proper strength of current, proper duration of treatment, etc.?

“4. What pole, and what direction of current?”

Those at all conversant with the subject understand that it is difficult, if not impossible, to fully answer these questions. Nor is it possible for any one to conceive of all the good results obtained or yet to be derived from the application of the electric current in diseased conditions. My intention, however, is not to theorize, or prophesy miraculous cures, but to tell why I consider electricity invaluable in the practice of medicine, and believe that its use should be confined to well-educated physicians competent to judge of its good or ill effects.

Assistants are often needed and I highly favor their presence, but not their giving the treatment, except under the personal supervision of the physician, who must observe each case closely or he will find that the current is quite as often contraindicated as are remedies.

A woman fell from a chair unconscious while taking a treatment

from a so-called "electrician" in this city. When restored to consciousness he coolly informed her that it was all right, "and showed that her nerves were coming to," they being in his opinion nearly paralyzed. This woman innocently asked me what I thought about it, and whether it might not have been too much electricity, remarking that the current was "awful strong."

Such stories make me feel that the use of this agent should be confined to intelligent physicians. Of course it is not expected or desired that every one should become a specialist, but that all should have sufficient knowledge to judge of its efficacy in certain kinds of cases. Such knowledge will not interfere with the larger work of experts.

I now desire to cite a few cases occurring in my own practice, the method of treatment and the results obtained, hoping my small achievements may encourage others to greater.

Case 1. Mrs. L., short in stature, weighing over two hundred pounds, on stepping from curbstone turned her foot and ankle in such a way that she was almost thrown down. The pain became at once so intense she could scarcely reach her home, a short distance away. She immediately bandaged it in cold water and arnica, but next day the pain and swelling were so great she could not step at all; the swelling subsided somewhat, but the pain continued to be excruciating, whenever she attempted to walk, for over three weeks. Treatment, rest, massage, bandaging with cold water, arnica, and hamamelis.

At the end of that time she was brought to my office. Advising the use of electricity, I placed her foot in a basin of warm salt and water, with which I connected the negative pole of a constant current battery, desiring to obtain its well-known stimulating effects. The positive pole was applied to the base of the brain by means of a small hot punk electrode, and a current of from ten to twenty milliampères was employed for a space of twenty minutes. The patient experienced relief and rest from pain as a result of the application.

This treatment was continued three times a week for two weeks, when patient stated she had come for general effects, as her foot was entirely well. This case opened my eyes to the possible advantage of the current over massage. I am now of the opinion it is much to be preferred in many cases.

Case 2. Mrs. L., over fifty years of age. Had been in poor health for some years, had acute congestion of liver several times, and had been gradually losing strength. Appetite poor, sleep fairly good, patient very despondent. Acrid discharge from uterus, at times very disagreeable in character, and an erosion of cervix so unhealthy in appearance that I had the advice of a surgeon, who pronounced it of a catarrhal nature only, thus relieving the minds of the patient and myself. Less than twelve treatments by hydro-electric douche resulted in complete recovery of erosion and discharge, and a return to a state

of health that warranted her doing her work a portion of the summer — something she had been entirely unable to do for some time previous — although urinalysis showed the kidneys to be deficient in action.

Case 3. Mrs. S., aged thirty-eight, in good general condition, other than quite frequent attacks of facial neuralgia, extending over right temple, eye, and cheek; almost always in the same places, sometimes shifting to left side; had troubled her for a number of years; applications of heat and menthol remedies did not relieve; had had many physicians; at times resorted to morphine, the pain was so severe.

Treatment, constant current, negative pole by means of small hot punk electrode to epigastrium. Positive pole, sponge electrode over seat of pain, and down entire spinal column, two milliamperes to head or face; ten milliamperes to spinal column; duration of treatment fifteen minutes, at first every other day, then twice a week. Began treatment December, 1895, ended February, 1896; no return of neuralgia since then. Previously often recurrent weekly, never absent a month.

Case 4. Mrs. M., aged fifty-six, occupation nurse, had always had best of health until a year previous, when she became anæmic, lost in weight and strength, and although she took considerable nourishment, slept fairly well, and was under the care of good physicians, did not gain, but steadily lost. Urinalysis did not show renal disease; the heart was weak, but not otherwise affected, in fact there seemed to be no other symptoms. Patient wished to try effects of electricity; gave twenty minutes' treatment with induced current three times a week for six weeks, with marked improvement, gain in flesh, could walk farther and better and sit up more; her color, which had been somewhat yellow, improved — when suddenly she became very ill; almost incessant vomiting and diarrhoea, lasting for nearly a week, reduced her to a much worse condition than ever. The physician who had charge of case during this attack diagnosed carcinoma of stomach, and patient is slowly passing away, undoubtedly from that disease.

This case is given in order to show stimulating and trophic effects of current, notwithstanding presence of malignant disease.

Case 5. Mrs. H., anæmic due to hemorrhage from uterine fibroids. The case had been pronounced inoperable at Massachusetts General Hospital, where patient had been advised to try electricity.

Hemorrhage had occurred at intervals for the last eight years, sometimes violent, requiring packing of vagina; at other times flow slight, or long continued but not excessive. Patient had been attended by other physicians and by myself during these attacks, and had made even a partial recovery, slowly. At this time she was in very bad condition; nervous, hysterical, sleepless unless using wine or other stimulants; so weak that she could scarcely drag herself about, and having a slight brownish discharge from the uterus.

Treatment, electrical douche, followed by bipolar electrode sec-

ondary faradic current in vagina for ten minutes after each treatment. Patient improved rapidly. No medicine except once or twice for dyspepsia. At end of three months patient called herself well; had no discharge, felt strong, slept without artificial aid as well as she ever did. Has continued well since January, 1896.

THE SCHOTT OR NAUHEIM HEART TREATMENT.*

BY HERBERT NANKIVELL, M.D., BOURNEMOUTH ENGLAND.

The treatment for damaged heart pursued at Bad-Nauheim, and shortly known as the "Schott" treatment, has passed into considerable favor at the present time. It divides itself into two distinct portions or methods, namely, baths and exercises. These may be used either separately or combined; the one method does not interfere with but rather supplements the other.

There are two copious springs at Nauheim, which chiefly supply the bathing water; they each contain in 1,000 grammes from 21 to 29 grammes of chloride of sodium; 1.7 to 2.3 of chloride of calcium; 2.3 to 2.6 of bicarbonate of lime, besides smaller quantities of potassium, magn., iron, arsen. and silicic acid. They also contain free and semi-free carbonic acid to the amount of 1,400 cubic centimetres in the same quantity.

The baths used in heart cases are:—

1. The *Thermal Brine Bath*, administered for from eight or twenty minutes at a temperature of $32\frac{1}{2}$ C. and under, in courses of triplets. Each course may be strengthened by an addition of mother lye, so that in the fourth course three litres of the lye are often added. The time of bathing may be increased gradually, and the temperature slowly lowered in the same careful way.

2. The *Sprudel Bath* is supplied direct from the spring, and differs from the former by the amount of carbonic acid, and, therefore, of saline material, in solution.

3. The *Sprudel Strom-Bad*, as its name implies, is supplied with a free current of the water passing through the bath, and is the most stimulating of all.

Nos. 2 and 3 are often cooled artificially by ice to two or three degrees C. below the normal temperature.

It is maintained that these baths act on and through the skin, that the nervous terminals are stimulated, that the circulation is controlled and strengthened, that morbid deposits are in some sort and degree reabsorbed, and that a more or less general renovation of assimilative process is set on foot, and that especially nerve power and muscle growth are increased.

The *dynamic* action of such waters as these appears to me far too

* The substance of this paper was read before the Western Therapeutical Society at Bournemouth. It is here reprinted from the *Monthly Homaopathic Review*.

complicated for us to attempt to unravel it by any *à priori* theories. We may presume them to have an action somewhat similar to other saline, chalybeate, and gaseous waters; we can go no further, and must be content to be guided by clinical effects — curative effects in cases of disease. We can only say that it is probable that the stability and permanence of the relief brought about are due chiefly to the chemical character of the water employed.

The *mechanical* action of a bath of water at 32° C. can be better understood; there must at first be a slight chilling of the surface — a compression of the cutaneous circulation, and of the limb circulation — a tendency of the blood towards the cavities of the body — an increase of the accustomed difficulties in the heart's circulation work.

As a matter of fact this is often felt on the entry into the bath; there may be palpitation, pressure, feelings of fulness, of distress even.

But soon these pass; in a few seconds or minutes the pulse becomes regular, fuller, stronger, and slower; if the length of the bath is properly timed, the patient leaves it refreshed, the cardiac dulness area decreased; he rests for an hour, and then resumes the ordinary life of the place.

But if he remains in too long the heart refuses to meet the call on its energies thus demanded of it, the pulse loses gradually in steadiness and regularity, the recently gained contractive power of the ventricle is diminished, and the patient is worse and not better for his bath.

I turn to the exercises with which the names of the brothers Schott are intimately connected. You well know that wild, injudicious, sudden, or else too long sustained and fatiguing exercise will cause injury to a heart, or still further injure an already weakened organ. But modifications of the Swedish movements — systematized, methodical — not too long continued, followed by intervals of rest, gentle, gone through without worry or haste, bringing consecutively into action the great groups of voluntary muscles, have an entirely opposite effect.

True, an increase of cardiac pressure must ensue from the least of these movements; but the organ itself rises to the occasion and throws forward the load, be it not too weighty, not only without harm to its structure, but entirely with benefit thereto. The ventricle contracts more vigorously and regains a portion of its lost powers; the same curative process takes place after both baths and exercises; and the *modus operandi* in each case is a parallel one.

It will not be out of place here to note that the Oertel terrain-kur, that of methodically increased hill ascension, operates in a way on all fours with these already described means of cure. The weak heart is stimulated daily to fresh effort; fatigue of the muscle is carefully avoided, and its nutrition accelerated day by day by the increased work it is just well able to perform.

It is open to us now to inquire into the *ratio medendi* of these methods. It appears to me that the vital irritability of muscular fibre underlies them all, just as the vital irritability of cells and capillaries underlies our more usual therapeutic methods.

The circulatory apparatus is, so to speak, a closed tube, supplied at two points of its course with a double muscular pump, guarded by valves. Whether from inefficiency of a valve, or from weakness of the pumping muscle, or from defective innervation of the muscle, the pump may become ineffective. Hence increase of the fixed quantity of blood within the hollow muscle, dilatation thereof, thinning and increased weakness of the walls. But, just as the hollow muscle of the lower bowel lying passively around slowly collecting scybala may be thrown into activity by the injection of a quantity of bland material which suddenly stretches it; just as the exhausted uterine muscle, which allows itself to be slowly distended by the gradually increasing post-partum clot, is thrown once more into energetic contraction by the introduction of the obstetrician's hand, — so here, too, is the cardiac muscle thrown into stronger contraction by the more rapid arrival of blood into its interior, and rises to the effort of required propulsive power. If the bath be too long continued, the exercises too forcible, the hill walk too rapid or long continued, exhaustion supervenes and the damage is increased instead of being alleviated. But when due care and judgment are used to prevent mischief, a certain little permanent good gets done every day; the gain of one week becomes by increased muscular nutrition partially consolidated in the next; and often, after four or six weeks of treatment, a very noticeable alteration takes place in the physical signs, in the health of the patient, and in the activities of which he has once more become capable.

I now proceed to give exceedingly short sketches of a few cases which have passed through my hands in connection with this treatment during the current year.

1. A. B., a lady *æt.* 50, has suffered for seven months from a menopausal tachycardia of much severity, associated with an exophthalmos, which has lately been confined to the left eye only. On examination, cardiac dulness extended $2\frac{3}{8}$ inches to the left of the nipple in a horizontal line, $2\frac{1}{4}$ inches below it in a vertical line, and the apex beat was 1 inch outside and $2\frac{3}{8}$ inches distant therefrom.

Exercises alone were used; strychnine and cactina were exhibited; and in a fortnight the horizontal measurement was reduced to $1\frac{1}{4}$ inches, the vertical to $1\frac{3}{4}$, and the apex beat was $1\frac{1}{2}$ inches from the nipple. The pulse was reduced from an average of over 100 to an average of over 80 beats per minute.

2. C. D., *æt.* 60. The history was of three months' illness and debility. The condition was one of simple dilatation of the left ventricle, the horizontal measurement of dulness taken as above being $1\frac{1}{2}$ and the vertical $2\frac{3}{4}$ inches from the left nipple; the apex beat was left of nipple line, and $2\frac{1}{2}$ inches therefrom. After one

week's exercises only the reduction was as follows: horizontally to 1 inch, vertically to $2\frac{3}{8}$, and the apex distance to $2\frac{1}{4}$ inches.

3. E. F., æt. 28. Ill four years from excessive bicycling and smoking; often giddy, extremely irregular pulse. Hypertrophy and dilatation of both ventricles; apical and basic systolic bruits. Measurements in April: horizontal dulness $\frac{3}{4}$ inch, vertical 3 inches, apex beat 1 inch external to, and $2\frac{1}{4}$ inches distant from nipple.

Treatment at first was medicinal; strychnine and cactina were exhibited, and the improvement in the cardiac action and the pulse was most satisfactory, and the bruits were lessening in intensity. At the end of May he proceeded to Nauheim and passed under Dr. Schott's care. At the end of June I examined him there, and found the heart much reduced in size and the bruits entirely absent. I have examined him since, in September, the end of October, and in November; his condition remains entirely satisfactory, and he is capable of prolonged fatigue, such as shooting for several hours at a time. There is no return of the bruits, and the measurements on October 22 were as follows: horizontal dulness coincident with nipple line, vertical $2\frac{3}{8}$ inches, and apex beat $1\frac{1}{2}$ inches directly below nipple.

For the history of the three next cases I am specially indebted to Dr. B. W. Nankivell, who carefully charted the heart areas and watched the cases while under treatment.

4. G. H., æt. 41, a compositor, had rheumatism in acute form fifteen years ago, and again last September. He has been addicted to free living.

On examination, November 8, horizontal line of dulness from left nipple measured $1\frac{7}{8}$ inches, vertical line $4\frac{1}{4}$ inches, apex beat $3\frac{3}{8}$ from nipple, and $\frac{1}{2}$ inch from nipple perpendicular. The true apex beat occupied the seventh interspace, but there was a diffused distensible impulse occupying the sixth interspace for a distance of $2\frac{1}{2}$ inches. There was a marked systolic aortic bruit; and a systolic and diastolic mitral — the systolic being chiefly audible at the apex, the diastolic chiefly at a point $2\frac{3}{4}$ inches from the apex and 2 inches inside the nipple.

After twelve baths the horizontal dulness beyond the nipple was $\frac{7}{8}$ inch, the vertical dulness $2\frac{7}{8}$ inches, the apex distance $2\frac{5}{8}$ inches, and the apex was $\frac{1}{2}$ inch *inside* nipple line. There was no impulse whatever in the seventh interspace, and the lengths of pulsative area in the sixth interspace was reduced to $1\frac{3}{4}$ inches. As to the bruits, the systolic apical disappeared entirely after the ninth bath; the diastolic was much reduced in intensity, as also was the systolic aortic bruit.

This certainly was a remarkable change after a single fortnight's treatment. The left ventricle was evidently very much elongated and thinned before the baths were commenced, and the habits of the patient were such as to suggest the extreme probability of a considerable degeneration in the muscular tissue.

5. I. K., æt. 16, three attacks of subacute rheumatism. Horizontal dulness, 1 inch outside nipple; vertical, 2 inches below; apex beat, $1\frac{5}{8}$ distant from nipple and 1 inch outside nipple line. No bruits.

After a week's medical treatment he had not improved noticeably; after the fourth bath the measurements were: dulness commences now *inside* nipple, $\frac{1}{4}$ inch; vertical, 2 inches; apex beat, $1\frac{1}{2}$ below, and in nipple line.

6. J. L., æt. 60, sedentary life, has suffered from vertigo, once to fainting, for twelve months; occurs chiefly on rising from bed or chair.

Heart. Horizontal dulness outside nipple, $1\frac{5}{8}$ inches; vertical dulness, $2\frac{5}{8}$ inches; apex beat not appreciable. No bruits. Pulse 60, small, regular.

Before the fifth bath. The line of dulness was $\frac{1}{4}$ inch *inside* nipple; the vertical dulness $1\frac{1}{4}$ inches, taken from a point one inch inside nipple. Apex beat was not yet discoverable. The pulse was 68 and increased in volume. The vertigo was much lessened.

In addition to these cases, I have had lately to treat a very severe case of organic heart disease in a man æt. 48, who had undergone elsewhere the Nauheim treatment. He had stenosis and insufficiency of the aortic valves, and insufficiency of the mitral with enormous hypertrophy. The progress of this case has been one of steady deterioration, commencing with a most severe and prolonged attack of cardiac asthma a few days after the termination of the course. But I have no doubt that even here the treatment had been of benefit for a time. With aortic regurgitation, the interference with the nutrition of the cardiac muscle is often so great that no prolonged improvement *can* be expected.

I think that in all curable cases of heart disease we may be able to claim for the Nauheim methods a very considerable power, either alone or in conjunction with suitable therapeutical treatment, of alleviation and even of true and permanent remedial action; and we may expect that this curative action will be prompt and well marked, and excelling in a very distinct degree what we could expect from other and more accustomed methods. I believe we may also claim that the *modus medendi* is one in strict parallelism with the special method of therapeutics known as the homœopathic.

ROENTGEN RAYS AND ACROMEGALY. — Fr. Schultze, at the meeting of the Naturalists and Physicians of the Lower Rhine, February 10, 1896, reported the examination of the hand in a case of acromegaly by the aid of the Roentgen rays. There was thickening of the terminal phalanges without osteophytes, and of the distal epiphyses of the first and second phalanges, as well as swelling of the diaphyses of the first phalanges. The first phalanx of the index and that of the little finger was bent laterally. The metacarpal bones were not distinct in the radiograph. — *Neurolog. Centralbl.*, 19, 1896. *North American Journal of Homœopathy*.

EDITORIAL.

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A TRIUMPH OVER BARBARISM.

The GAZETTE, in common with most medical journals, has little time for the study, and less for the discussion, of any political measure. But the GAZETTE, like all medical magazines, all medical men, all thinking folk interested in any form of scientific research, cannot let pass without vigorous rejoicing the defeat of that stupid, barbarously retrogressive clause in the new tariff bill which undid at one brutal, blundering blow all the good done by the free admission to our country of "scientific books and periodicals devoted to original scientific research," and also "philosophical and scientific apparatus, utensils, instruments, and preparations designed for the use of colleges and laboratories." Under the new bill all such books, pamphlets, and charts were to be taxed twenty-five per cent *ad valorem*; while on all scientific instruments, colleges and laboratories would have had to pay a forty-five per cent *ad valorem* duty.

A more bungling, purposeless, widely injurious piece of dunder-headed legislation it would be impossible to imagine. It would have served no purpose conceivable by even the most grasping monopolist, or his wildest and woolliest congressional representative. It "protected" nothing and nobody. Wherever and whenever scientific apparatus invented and manufactured in this country is more practically useful than that invented and manufactured abroad, American scientists will buy that apparatus without waiting to be driven to it by coercive and grasping legislation. Whenever and wherever more helpful and authoritative scientific books are written and published in America than those of European origin, the books will be bought and read. Science knows no fads or fashions that call for legislative rebuke and control. Science, working with the sole aim of promoting the best good of all the people, demands solely and only the best aids to her work. To hamper her ready hold upon certain of those aids, to demand that she be driven by the lash of pecuniary necessity, to make use of the second best, because that second best happens to be of American origin rather than European,

were a tyranny whose hurt had fallen heavily upon science, but yet more heavily upon the public good which science exists to serve.

The new legislation would have worked direct and lasting and exasperatingly purposeless mischief in every medical school in the country. It would have laid undeserved, and for not a few clever, impecunious students, insurmountable obstacles in the way of higher medical education; it would have resulted in sending forth into the community practitioners less fitted to cope with the issues of life and death than under more enlightened and humanitarian legislation they might have been. It would have been a disgrace to our country and a menace to the interests of its people. Its defeat is well worth celebrating, as indicating that science is not the spectacled and sleepy beldame she is often represented as being, in all practical affairs. The physicians of the United States and the faculties of its various scientific institutions form neither a small nor an unimportant class; and from this outcome of their protest, legislators may take hint to reckon, in planning future legislation, with them, and with the interests they represent. There promises to come fruitful result, too, from the protest of a few influential physicians against another triumphantly imbecile provision of the new tariff bill, namely, that which provides for the raising of the duty on imported mineral waters from the present merely nominal one to the impossible height of sixty-six per cent *ad valorem*. Though the mischief wrought by this *Solomin av a regilation* is trifling indeed compared with that inevitably resulting on the prohibitory taxation of scientific books and instruments!

EDITORIAL NOTES AND COMMENTS.

A PAIR OF DOCTOR POETS, whose graceful verse has brightened many of those social occasions at which homœopathists most do congregate, have lately made their bow to a larger public, in a very pretty little volume called "Random Rhymes."* The name is a quaintly whimsical little play upon words, the rhymers being the well-known homœopathic physicians and writers on matters medical, Dr. N. W. Rand, of Monson, and his brother, Dr. J. P. Rand, of Worcester, Mass. Homœopathy has reason to congratulate itself and its new poets on the evidence afforded by "Random Rhymes" of the all-

* "Random Rhymes." By N. W. and J. P. Rand. Boston: Otis Clapp & Son.

around talents, the wide general culture that may coexist with capacity to meet the strenuous demands of the life of the everyday physician. Dr. Holmes used to defend the usefulness and plead the charm of what he called "medicated novels." Not a few rhymers of to-day, at whose head stands that phenomenon of versatility, Dr. Weir Mitchell, are demonstrating that "medicated verse" has claims to a foothold on Parnassus. Such a claim "Random Rhymes" well helps to support. Its verse is always graceful, always dignified. Occasionally it has a Holmeslike deftness and felicity of touch, as in the lines which protest that : —

The fastidious Muse
Is sure to refuse
The suit of a medical man !

She likes men of culture and leisure and means ;
The *litterateurs* and their clan ;
But her shoulders she shrugs
At the odor of drugs
That clings to the medical man !

She dotes upon diamonds, banners, and swords,
A gleam in the front of the van ;
But chill are the glances
She casts at the lances
And probes of the medical man.

"But she smiled on a Holland and Holmes," do you say ?
Well, now let me tell you the fact is
She smiled upon neither,
Nor listened to either,
Till he'd said a good-by to his practice !

And not infrequently the "random rhyme," thus modestly self-named, rises to the height of very genuine and very loftily poetic verse, as in the lines worthy the singing of any worthiest singer of our hour : —

But we are only children
Gathered about the knees
Of Nature, — wondrous teacher ! —
Conning our A B C's.

Ah ! woe to him that rests serene
In a little knowledge gained ;
Who heeds not the fathomless height and depth,
Who heeds not the measureless length and breadth
Of the vast and unattained !
And woe if we
Content should be
With the trifles we comprehend ;
Since life, with all that man can see

Of its stupendous mystery —
 Of things that are, and things to be —
 Is ours to defend.
 Ours the two great portals,
 Swinging to chime and knell;
 Ours the primal welcome;
 Ours the last farewell!

CONVINCING REASONS why every homœopathist not already a member of the American Institute should become so at the Institute's forthcoming session in June, are offered by the membership committee in a recently issued circular. Thus persuasively they address the non-member, telling him that he should join at once, because : —

"First. To the American Institute more than any other one cause are due the progress and the liberal recognition of homœopathy in the United States.

"Second. It is the organ of homœopathy and deserves and requires the support of every homœopathic physician in our land.

"Third. It savors of selfishness for any homœopathic practitioner to be enjoying the fruits of liberal homœopathic legislation and not aid in maintaining the creator of such benefits.

"Fourth. The young physician should join now, that he may the sooner become an honored senior, and be enjoying the benefits of the Institute in his early days.

"The middle-aged physician should join because he needs the annual rest from his arduous work, and the Institute needs his vigorous aid.

"The old physician should join because he can well afford the money and time, and should give freely of his ripened wisdom and counsel to the Institute."

To which we would add that he should join because he is bound, by the fact of his enlistment under the banner of homœopathy, to do his utmost along every line to uphold the honor of that banner; and augmenting the numbers and swelling the influence of our national society is a very practical line of usefulness. Every individual name and presence is by so much a help. "One grain fills not a sack, but it helps its fellows."

HOMŒOPATHY IN MALARIAL DISEASES had an eloquent and, we are sure, a convincing exponent in Dr. J. W. Hayward, who lately delivered a highly practical and interesting address on "Homœopathic Treatment for the Malarial Fevers of West Africa," before the African

Trade Section of the Incorporated Chamber of Commerce of Liverpool. We take much pleasure in citing a few striking paragraphs from this most excellent "missionary document":—

"It may appear egotistical and pretentious in one who has not had personal experience on the Coast to attempt to speak on the nature and treatment of African fevers, but a little consideration will convince that it is not so unreasonable as it perhaps appears. Malaria and malarial fevers are of the same nature and require much the same treatment wherever they occur, whether in Africa, India, or America. In each region they own the same cause, put on the same general characters of intermittent, remittent, or continued, run the same general course, and require much the same remedial measures. Homœopathic physicians are peculiarly well equipped in this respect, for to them, given the cause of a disease and an accurate description of its symptoms and their course, progress, and termination, they are as ready to encounter, prescribe for, and treat the first case they meet with as the hundredth, because it is the appearance and symptoms present in the patient at the time that point them to the proper medicines to be used. Homœopathic physicians have not to go through a long series of careful observations and elaborate experiments before they can undertake the treatment of particular diseases, even though these be quite new to them. Homœopathy is a science, and can prognosticate and provide beforehand. Before he had seen one single case of Asiatic cholera, Hahnemann, in 1831, pointed out the medicines that would be found to be the curative ones should cholera ever visit Europe; and these are the very medicines that have been found to produce such signal success in every epidemic that has since occurred! To prognosticate is one of the powers and advantages of a true science, as well as one of the evidences that it is a science and not merely an art.

"It has long been well known that the poison that gives rise to malarial fevers has its source in the marshes and swamps, and the foul mud forming the banks of stagnant pools and slow rivers in hot climates. More recently it has also become well known that this poison is composed of living germs, generated, or rather nourished and multiplied by the decomposing vegetable and animal matters contained in these marshes and swamps and in the filth of these river banks. These germs, contaminating the air, water, and food of their neighborhood, enter the body and give rise to the fever; the fever being the bodily commotion evidencing the struggle between the body and the germs. If the germs prevail, they devitalize, disorganize, and break up the structure of the blood. This knowledge, and the discovery of germicide drugs, that is, drugs that will kill germs in the chemist's test tubes, gave rise to the hope that these germicide drugs would also kill germs within the living body, and thus prove to be the best means of cure for malarial fevers and other germ diseases. Experience, however, soon dispelled this fond hope, by proving that

in order to kill the germs the germicide drugs must be exhibited in such quantities that they kill the patient also! It is indeed now definitely settled that there is no drug that will kill the germs without killing the patient, neither carbolic acid, corrosive sublimate, iodine, calomel, nor quinine, nor any other drug. Quinine is the principal, if not the only, drug now exhibited internally with any such intention, and it only in malarial fevers; for surely it is under the influence of this erroneous notion that it is exhibited in such enormous doses in these fevers that it frequently does more harm than good; in some cases greatly helping to bring about a fatal termination, and in cases that do not terminate fatally, damaging the stomach, the liver, and the spleen, the hearing, the sight, and the blood, and greatly prolonging the convalescence. Quinine is productive of little or no benefit in the continued, or even in the remittent, form; its only place is in the intermittent form; in this it is useful; but doses of one or two grains every two or three hours will do all that quinine can do; larger doses tend to do harm. As to the dose of medicines it should always be borne in mind that it is not the quantity but the appropriateness of the medicine that makes the doses effective, though one or two grain doses of quinine can in some cases cure intermittent fever, ounce doses of jalap or senna cannot; and though half grain doses of camphor can cure the shiverings of fever, drachm doses of rhubarb cannot. One tenth of a grain doses of ipecacuanha can in some cases cure the black vomit of malarial fever, but ten grain doses cannot calm the raging fever, whereas one drop doses of gelsemium tincture can; one three hundredth of a grain doses of phosphorus can in some cases cure the black water of African fever, though ten grain doses of calomel cannot, and so on. If the medicine itself is not the proper one, no largeness of dose will make it curative; this is an admitted truth.

"It is of course well known to the members of the African Section of the Liverpool Chamber of Commerce that the majority of European residents sooner or later become attacked by African fever in one form or another; and that even those who merely visit the Coast run risk of being attacked, especially if they are over forty years of age, or are in a low or depressed state, or there be a gentle land breeze blowing. You are also well aware that, when in the malignant form, that is as "black water fever," under the present method of treatment the majority of those attacked die. This melancholy state of matters is almost daily brought home to you by the loss, if not of relatives or friends, at least of officials, such as captains, managers, clerks, and others. It is not to be wondered at, therefore, that you should be dissatisfied with the present mode of treatment, and be prompted to inquire if it is not possible for some improvement to be inaugurated in this respect, nor is it to be wondered at that I should respond to your inquiry; human nature compels in both instances.

"Of course the question arises, Can the method of medical practice, called homœopathic, effect any better results? I am here, sir,

to answer this question, and I unhesitatingly say, Yes, it can ; and I speak after an experience of thirty-five years in homœopathic practice, preceded by seven, indeed fifteen, years' experience in ordinary or allopathic practice ; and I further base the assertion on the published results of the two methods of treatment in the most severe diseases and the worst forms of malignant malarial fever, that is, on careful and reliable statistics. Unfortunately there are not, as yet, any practitioners on the Coast sufficiently familiar with the resources of homœopathy to be able to demonstrate this on the spot,—they are too much wanted elsewhere, — but it has been demonstrated over and over again in the similar malignant malarial fevers of the tropical and sub-tropical regions of America and India, where malarial fevers are much the same as they are in the tropical and sub-tropical regions of Africa, and where there are homœopathic as well as allopathic practitioners. In America and in India there are homœopathic practitioners daily treating malignant yellow and jungle fevers with marked success. The American and Indian malignant fevers with black vomit are very similar to the African fever with black urine ; they are indeed of the same nature, and they differ mainly in the fact that in America the disease shows itself more through the digestive organs, in Africa more through the urinary organs, and in India more in the nervous system. Perhaps the yellow-fever form is the most deadly of the three. But the difference in the results of treatment under the ordinary and the homœopathic methods of practice is very striking indeed, and greatly in favor of homœopathic treatment ; this is clearly shown by the statistics. Of course the virulence and deadliness differ in different epidemics, in different localities, in different seasons of the year, and in Europeans and natives, so that the normal percentage of deaths varies greatly, but this variation need not invalidate the evidence afforded by statistics, as it can always be allowed for by comparing together cases in the same epidemic, the same locality, the same season of the year, and the same race, etc. But whether the cases are intermittent, remittent, or continued, or mild, severe, malignant, or in Europeans or natives, the evidence is always the same, namely, that the mortality under homœopathic treatment is not one third that under ordinary treatment ; that is, when the mortality in yellow fever under ordinary treatment is about seventy per cent of those attacked, that under homœopathic treatment is about twenty per cent, and when the mortality under ordinary treatment is about thirty per cent, that under homœopathic treatment is about eight per cent, and in mild epidemics when the mortality under the ordinary method is about ten per cent, that under homœopathic treatment is less than one per cent. And, moreover, statistics further show that the convalescence is much shorter and the recovery more complete ; this is because the patients have not been severely drugged with quinine, calomel, or other strong poison.

“Were I myself attacked with malarial fever, whether as it occurs

in America and India with black vomit, or as it occurs in Africa with black water, I would certainly insist upon being treated homœopathically, even were there no professional homœopathic practitioner available. I would much rather trust myself to my wife or daughter, or to a layman, following the directions for homœopathic treatment, than I would trust myself to an allopathic practitioner, though he were the best and most experienced one on the Coast, simply because the latter would not have, and could, or, at any rate, would not use, the medicines that can check the disease.

"The medicines are so effective and the directions so definite that an amateur with them is, in these cases, vastly superior to a veteran practitioner without them. I have no hesitation whatever in saying that in some of the very malignant attacks, if not evidently hopeless from the beginning, camphor or eucalyptus would soon check the initial shiverings and headache; bryonia or baptisia would soon calm the raging fever and thirst; belladonna or hyosciamus would soon soothe the raving delirium and sleeplessness; ipecacuanha or phosphorus would soon arrest the dreaded vomiting; croctalus or phosphorus would soon restore the arrested urine and change it to its normal color; and croctalus or arsenicum would soon bring back the faltering pulse and turn the ebbing tide of life. These may appear very bold assertions; they are, however, not stronger than experience justifies."

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its regular monthly meeting at the College Building, East Concord Street, Thursday evening, March 4, 1897, at 7.45 o'clock. Vice-President Lucy C. Hill, M.D., in the chair.

The reading of the records of the last meeting was omitted.

The following physicians were elected to membership: Fred S. Piper, of Lexington; Alice Z. Patterson and E. Lindon Mellus, of Boston; Sarah F. Newton, of Hyde Park; and F. A. Hodgton, of Malden.

The amendments to the By-Laws as proposed at the last meeting were adopted.

SCIENTIFIC SESSION.

Section of Gynecology and Obstetrics.

WINFIELD SMITH, M.D., Chairman; KATE G. MUDGE, M.D., Secretary; A. G. HOWARD, M.D., Treasurer.

A committee composed of M. W. Turner, M.D., Grace Marvin, M.D., and Martha E. Mann, M.D., were chosen to nominate officers for the Section for the ensuing year. They reported as follows: For

Chairman, Charles R. Hunt, M.D.; Secretary, Mary R. Mulliner, M.D.; Treasurer, George E. Percy, M.D., who were duly elected.

PROGRAM.

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| 1. Fibro-Myomata Uteri, | N. W. EMERSON, M.D. |
| 2. Anthropological Study of Uterine Displacements, | HORACE PACKARD, M.D. |
| 3. Treatment of Eclampsia, | GEORGE R. SOUTHWICK, M.D. |
| 4. Vaginismus; Report of a Case, | J. EMMONS BRIGGS, M.D. |

DISCUSSION.

Dr. Alonzo Boothby, in discussing Dr. Emerson's paper, said: "Local peritonitis occurs in most cases of uterine fibroids. Its cause is probably inflammation which has followed up the tube, developing a salpingitis. One in five of my cases will show ascitic fluid in the peritoneal cavity, due to inflammation, as are the resulting adhesions.

"Uterine fibroids are a menace to life at all times. The ovaries become diseased and displaced, and the veins enlarge. In these cases the removal of the ovaries is as dangerous as the removal of uterus and appendages. The operation is justifiable in a large number of cases, as they are liable to produce much trouble at the time of the menopause. The danger from leaving these fibroids is greater than from the operation itself."

Dr. H. E. Spalding opened the discussion of Dr. Packard's paper. He most fully approved in the main of what Dr. Packard had said, and was convinced that uterine displacements could not be successfully treated if the patient continued to wear corsets. He did not allow the obstetrical bandage to compress waists, but only to support hips and lower abdomen. He insists that his obstetrical patients shall change position from side to side and even lie upon the abdomen, and not lie upon the back constantly.

Dr. George H. Earl spoke of the utility of corsets in some form, for treatment of certain orthopædic cases, and had never observed any harmful effects. Was inclined to believe that far less harm resulted from corset wearing than was usually claimed.

Dr. Mary E. Mosher cited instances in practice where discarding corsets, which had resulted in positive harm, led to complete recovery of health.

Dr. F. P. Batchelder, in referring to posture in sleep as a causative factor in uterine displacements, as mentioned by Dr. Packard, stated that observation showed that few slept long in dorsal position, while many slept upon one side or the other, and some even turned partially toward ventral posture.

Dr. G. R. Southwick expressed the view that the abdominal binder was not responsible for uterine displacements, but rather believed that many physicians were not careful to examine patients before dismissing obstetrical cases, and hence the uterus often underwent involution in abdominal position. We should endeavor to avoid this mischief. He did not disapprove of corsets and thought them a source of comfort to many women. Believed that abnormal inclina-

tion of pelvis, due to wearing high-heeled shoes, and also to sitting in very low rocking-chairs, was a prominent causative factor of uterine displacements.

Dr. George H. Earl opened the discussion on Dr. Southwick's paper. Would depend upon milk diet above everything in the early treatment in eclamptic cases. Emptying the uterus does not also yield the desired result of terminating the convulsions, and rapid emptying of the uterus may be followed by shock.

Dr. Waldo H. Stone, of Providence, strongly questioned the reliability of albumin tests as a guide and had found the urea test a trustworthy guide. He cited cases from his practice where albumin and casts were abundant, but no convulsions occurred. In another instance casts and albumin were absent and the urea low. Counsel advised temporizing. Convulsions soon set in violently. In eclamptic cases of suppression of urine where catheterization disclosed bladder empty or nearly so, the use of thlaspi bursa had caused a copious flow of urine; in one case 115 fluid ounces were voided in twenty hours.

Adjourned at 10.30 P.M.

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

*HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN
MASSACHUSETTS.*

The annual meeting of the Homœopathic Medical Society of Western Massachusetts was held March 17, at Cooley's Hotel, Springfield, Mass. At the business meeting the following officers were elected for the ensuing year:—

President, Dr. E. H. Copeland, of Northampton; 1st Vice-President, Dr. W. P. Wentworth, of Lee; 2d Vice-President, Dr. E. D. Fitch, of Worcester; Secretary and Treasurer, Dr. Alice E. Rowe, of Springfield; Censors, Dr. O. W. Roberts, Dr. N. W. Rand, and Dr. Clarice Parsons. Delegate to American Institute of Homœopathy, Dr. J. H. Carmichael, of Springfield; Alternate, Dr. G. H. Wilkins, of Palmer.

Dr. Carmichael, in resigning the president's chair, gave a very admirable address. At the scientific session following the business meeting, the papers reported were:—

Menorrhagia, Dr. Clarice Parsons; An Obstetrical Expedient, Dr. N. W. Rand; The Incubator, Dr. E. H. Copeland; Treatment of Pneumonia by the Use of Ice and Cold Air, Dr. H. R. Lockett.

A large number of physicians were present from Springfield and the surrounding towns, and a great deal of interest was shown in the papers and the discussion which followed.

ALICE E. ROWE, M.D., *Secretary.*

CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY.

The Twelfth Anniversary Meeting of the Calcutta Homœopathic Charitable Dispensary took place at 2 Marcus Square, N., Chorbagan, on Friday, the fifteenth of January, at 5.30 P.M., when Mr. Kali Choran Baneyée, M.A., B.L., president, was in the chair. After the meeting was opened, Sir The Commandeur Dr. D. N. Baneyée delivered an address to the members. Mr. H. N. Dotta, M.A., B.L., honorary secretary, then submitted his annual report for the year 1895-96, which was adopted with acclamation. After which Dr. Baneyée proposed that Mr. R. N. Chutterjeebe be appointed as honorary auditor in place of Mr. K. N. Baneyée, deceased, which was adopted. Dr. Baneyée then proposed that, according to Rule XXII of 1884-85, the present executive committee be reappointed for a term of two years, 1896-97 and 1897-98, which was seconded by the honorary secretary and carried unanimously. It was then proposed by Dr. Baneyée and seconded by the honorary secretary, and carried unanimously, that the annual reports for the year 1895-96 and 1896-97 be published together after the thirteenth anniversary would be over, by July next. After a vote of thanks proposed by the honorary secretary and seconded by the founder-physician, the meeting adjourned.

The commander's address is herewith appended : —

ADDRESS DELIVERED BY SIR THE COMMANDEUR DR. D. N. BANEYÉE AT THE TWELFTH ANNIVERSARY MEETING OF THE CALCUTTA HOMŒOPATHIC CHARITABLE DISPENSARY.

Mr. President and Gentlemen,— Before I address you on this Twelfth Anniversary Meeting, allow me to express my heartfelt sorrow and surprise at the great loss to the Charitable Dispensary in the death of Kedar Nath Baneyée, Esq., who for the last twelve years was our honorary auditor, and discharged his various other duties in connection with our Charitable Dispensary with great credit. This melancholy event took place on the early morning of the thirtieth of May last. The Charitable Dispensary was greatly benefited by the honorary services of our deceased friend. Pious and virtuous, he will surely find grace. He died most peacefully and calmly. He was a favorite scholar of the late David Hare. His loss is deeply felt by a large number of friends, relatives, and neighbors.

This Charitable Dispensary has now stepped into the thirteenth year of its usefulness. One new member has joined us as a patron, — Mr. Mohit Kumar Chattujee, Engineer, — who I am sure will help our humble work as long as it continues. There are likewise other members in this country whose names I feel great pleasure mentioning here: The Honorable Dr. Guru Das Baneyée; Kali Choran Baneyée, Esq., M.A., B.L.; Herendra Nath Dotta, Esq., M.A., B.L.; Baboos Mungumal Das, P.C.; Baksy Kedar Nath Dotta; Krishna

Chunder Das, B.A., B.L.; and Dastur Dr. Jamaspji, of Bombay. I am sorry to say that I have many rich neighbors who could but who would not spend a trifle of their wealth for this institution, which has no connection with government. My countrymen desire luxury, pleasure, and distinction of titles, never mind what it costs them. I could wish more of our countrymen to help this useful institution and come and see what amount of good work the Charitable Dispensary is doing towards alleviating the suffering of helpless patients, who are daily supplied with medicine, diet, and advice free. During the last twelve years about 78,000 prescriptions were given out, with 58.47 per cent of known cures. Here I may let all my countrymen know that those who will place themselves under homœopathic treatment will never have the chance to complain of their system having been spoiled or poisoned, as in other rival systems of treatment prevalent in the country; and I request every one to come to us and test this art of healing when legendary medicine is powerless to cure.

In view of the facts above stated, I beg to request our representatives and my foreign colleagues and friends to come forward and help this institution, and to raise subscriptions and donations or some endowments to enable me to alleviate the sufferings of poor Indians by the homœopathic art of healing. Our sufferings are becoming greater day by day. As every homœopathic institution is a monument of our master, Samuel Hahnemann, I therefore appeal to the members of the Hahnemann's Monument Committee in Washington and elsewhere in America to lend their helping hands to this Charitable Dispensary. It will cheer the hearts of the helpless poor Indians to consider this Charitable Dispensary as one of their sister institutions. I am also appealing to the editors, authors, and publishers everywhere to help us with their books and periodicals, etc. See Dr. Mermaw's remark in his monthly bulletin, the *National Medical Exchange*, of Elkhart, Vol. VII, No. 5, p. 16, headed by Report of the Calcutta Homœopathic Charitable Dispensary.

Last year I submitted several papers and tinctures of our indige-
nous drugs, which were proved according to the principles of homœopathy, to the general secretary of the chief committee of the Homœopathic World's Congress, held in Hamburg, but I am sorry to say that up to this time no information has been received from him. This year I have also similarly submitted papers and our proved medicines to the International Homœopathic Congress of London through our representative, Dr. Richard Gray, and I think I may be able to report their proceedings in due time. Dr. Warner should favor us with a reply, as he was the general secretary of the late Hamburg Congress.

In Appendix C of the annual report I have given a brief note about ficus ind. and azadirchata ind. From the note it will appear that they are excellent remedies in many diseases, and for fevers, such as malaria, influenza, etc., and thus I hope that physicians will prescribe these remedies for their patients. I am glad to know that

the chairman of the Executive Committee on Awards of the Chicago Columbian Exposition has awarded me through our Royal Commission, which I have received from our government, the highest award of a medal and diploma. Besides, it includes my preparations of ægle, marmelos and sarsaparilla, and I hope physicians and others will help me with their indents and will re-prove these drugs for the good of the medical world.

I beg that henceforth all communications may be addressed to my new residence, 2 Marcus Square, N., Chorebagan, where the dispensary is at present located. Lastly, I pray to Almighty God that all the members, honorary, staff, and representative, may enjoy health and prosperity. My best thanks and wishes attend their health and happiness.

REVIEWS AND NOTICES OF BOOKS.

A PRACTICAL HANDBOOK OF DISEASES OF THE GENITO-URINARY SYSTEM. By F. E. Doughty, M.D. Philadelphia: Boericke & Tafel. 1897.

This well-named "practical" little book is made up from notes taken by Dr. George P. Holden, then a student, at the clinical lectures of Dr. F. E. Doughty, professor of genito-urinary diseases at the New York Homœopathic Medical College. These notes have been enlarged, revised, and original comment added. The result is a little handbook written in terse, semi-colloquial English, with many illustrative cuts, elucidating the text. The chief varieties of genito-urinary disease are dealt with clearly and succinctly. Against such works there can never be brought the Wellerian reproach that one has to "go through so much to get at so little." Students, graduate and undergraduate, will find the volume helpful and suggestive.

TRANSACTIONS OF THE FIFTY-SECOND SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. Edited by Eugene H. Porter, M.D. Philadelphia. pp. 1284.

The impressively large and admirably edited volume which gives to the profession the record of the work done at the memorable fifty-second meeting of the Institute last summer, at Detroit, is rendered at once larger and more interesting by the inclusion of the three "centennial addresses," which brought anew to the mind of homœopaths the "reason for the faith which is in them."

Among the well-known writers and teachers whose work enriches this volume are Drs. T. F. Allen and Lamson Allen, William Boericke, Martin Deschere, W. M. Van Denburg, and Sayer Hasbrouck.

Much wisdom is gathered within these sober covers; in considering which we must all consider how little any of us can afford to miss these hours of golden counsel.

THE AMERICAN YEAR BOOK OF MEDICINE AND SURGERY. Edited by George M. Gould, M.D. With many Collaborators. Philadelphia: W. B. Saunders. 1897. pp. 1257.

In a single encyclopædic volume we here find chronicled the year's advances in medicine and surgery, offered in condensed and readable shape, and commented upon, suggestively and interestingly, by writers whose high standing and specialized work especially fit them for such a task. The busy physician is spared in the possession of this "Year Book" the tedium of individual search through many books and journals for the latest word on some trouble, — some pathological condition which is for the moment baffling him; being assured that by consulting the appropriate section of this volume he will find summarized to his hand the latest scientific teaching on the mooted point. Among the distinguished contributors and editors are Drs. William Pepper, Louis Starr, Charles H. Burnett, Louis A. Duhring, and Henry Leffman. The book is very thoroughly and helpfully indexed, and is offered in handsome and durable shape.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By James Nevins Hyde, A.M., M.D., and Frank H. Montgomery, M.D. Fourth Edition. Lea Bros. & Co.. 1897. pp. 808.

The popularity of this excellent work is well attested by a fourth edition following so quickly upon the third, but three years elapsing between the issues. Short as the time has been, however, so marked has been the advance in dermatological science, that no less than twenty-five chapters have been either newly added, or so thoroughly revised and rewritten as to make them practically new. Among these are sections on Hydrocystoma, Morvan's Disease, Frambesia, Myoma, and Protozoan Disease. A careful and exhaustive revision has been given to the book as a whole; unproven theories have been cut out from mention, and the newer and more plausible ones presented in their stead. The result is an up-to-date, authoritative work that will hold the popularity won by its successors. The new edition is also the richer by five new engravings and three new plates

DISEASES OF THE STOMACH. By C. A. Ewald, M.D. Translated from the Third German Edition by Morris Manges, A.M., M.D. Second Edition. Revised. New York: D. Appleton & Co. 1897. pp. 602.

The first edition of this admirable work, published in 1892, met with such cordial popular acceptance that a second one is now offered to the profession. It is prepared from the third German edition of Dr. Ewald's work, and chronicles all the advances made in the study of pathological conditions of the stomach in the five years since the book appeared. In these days of exact bacteriological research and ever-improving instruments of precision such advance

is rapid; many changes are therefore to be noted in the volume, which is now brought thoroughly up to date. The chapter on methods of examination, in especial, is highly interesting, and from it even the specialist can learn something new to him, of how possible it now is to throw light on dark places.

•THE complete novel in the May issue of LIPPINCOTT'S MAGAZINE is "Jason Hildreth's Identity." It turns on an incident which has had precedents in real life, the loss of memory and personal identity.

William Thomson revives old memories of Indian fighting "On the Santa Fé Trail."

Alva Fitzpatrick traces the fortunes of certain "French Pioneers in America," that is, Napoleonic exiles who came to Alabama after the downfall of the empire. It is a curious by-chapter of Southern annals. Mrs. Schuyler Van Rensselaer writes of the "Beginnings of Liberty in New York."

"Life in the Cotton Belt" is described with full knowledge by Francis Albert Dougherty; and "Early Man in America," a remote but interesting theme, by Harvey B. Bashore. Philadelphia: J. B. Lippincott Co.

THE April issue of the POPULAR SCIENCE MONTHLY contains, among other noteworthy articles:—

The Racial Geography of Europe; Blondes and Brunettes, by Prof. W. Z. Ripley; Reversions in Modern Industrial Life, by Franklin Smith; The Physiology of Alcohol, by Prof. C. F. Hodge; Spencer and Darwin, by Grant Allen; and The Language of Crime, by A. F. B. Crofton. New York: D. Appleton & Co.

GLEANINGS AND TRANSLATIONS.

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INJECTIONS OF HORSE'S SERUM IN SYPHILIS.—A. Lourier (*Journ. des Mal. Cutan. et Syph.*) reports the results of a series of clinical experiments on the action of animal serum in syphilis made by Stoukownikoff, of Kieff. He used the serum of healthy horses, that is to say, of horses which had not been inoculated with syphilis. It was found that in spite of the treatment the changes in the blood produced by the syphilitic poison went on absolutely unchecked; in other words, the injections of the serum had no curative effect on the process. Comparing these results with those of mercurial injections it was found that while the serum treatment did not stop either the diminution in the number of red corpuscles and in the amount of hemoglobin, or the increase of white corpuscles, the mercury almost immediately brought about a marked increase in red corpuscles and hemoglobin, and a decrease of leucocytes. The objective phenomena observed in the patients (seven in number) confirmed the inefficacy of the serum; in none of them did condylomatous lesions dis-

appear; in some indeed roseola did disappear, but only to give place to papules. The author sums up by saying that his experience lends no countenance to the notion that the normal serum of the horse has any specific effect or any action on the organism attacked by syphilis. Full details of the observations are given. — *British Medical Journal*.

LOCAL APPLICATIONS OF SALICYLATE OF METHYL IN RHEUMATISM. —

At the recent meeting of the Congrès Français de Médecine at Nancy (Méd. Mod.), Lannois and Linnossier presented a communication on the treatment of rheumatism by local applications of salicylate of methyl, a method which they claim to have been the first to propose. Clinically they have used the method in different forms of rheumatism (acute, subacute, gonorrheal, etc.) and in various cases of peripheral pain (neuralgia, neuritis of tuberculous subjects, etc.). In all of these cases salicylate of methyl had a well-marked effect on the pain, causing it to cease in a variable time and for a longer or shorter period according to the nature of the case, and bringing about a cure in a few days. The drug must be used in cases in which for any reason it is desired to obtain a local effect, and when the ordinary remedies for rheumatism are not well borne by the stomach. Salicylate of methyl acts well in acute articular rheumatism, but on account of the difficulty of applying it to painful joints it must be employed in such cases only if the internal administration of remedies has failed. On the other hand, in subacute and chronic forms, in the painful paroxysms which occur from time to time in the different varieties of deforming rheumatism, local absorption of salicylate of sodium acts as well as salicylates taken by the mouth, often better. — *British Medical Journal*.

MISCELLANY.

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TO LENGTHEN THE GERMAN CURRICULUM. — The *Medical News* is authority for the statement that in Germany it is proposed to add a sixth year to the medical student's curriculum. This is to be spent in practice in hospitals or specially recognized clinics.

A WATER MICROBE. — One of the unaccountable phenomena of the Black Sea has been explained by the bacteriologists. Since time out of memory it has been a well-known fact that there were no deep-sea fish in the body of water mentioned. Away back in 1850 the scientists made an investigation and found that fish could not live at a greater depth than 200 fathoms in the water of the Black Sea on account of the presence of a superabundance of sulphuretted hydrogen. Time and again the waters were stocked with deep-sea fish, but all died on account of the poisonous gas which was generated in such quantities in those portions of the water which should have been their natural habitat. It was known that the gas was at the bottom of all the trouble, but exactly where the gas came from was what so puzzled the investigators. The microbiologists finally took the matter in hand and a recent observer now announces that the gas is generated by the countless number of microbes which make their home in the ooze at the bottom. This microbe decomposes mineral sulphates and has been named *Bacillus Hydrosulfuricus Ponticus*. — *Medical Review*.

THERE is now in the press of the Edwards & Docker Co., Philadelphia, "The Eye as an Aid in General Diagnosis," by E. H. Linnell, M.D., a book written from the standpoint of the specialist, but designed as a reference handbook for the student and the general practitioner. It is unique in its scope and in the treatment of the subject. It is a statement of characteristic and pathognomonic eye symptoms which are of great value in the diagnosis of the nature and location of intracranial and spinal diseases, and in the elucidation of many obscure constitutional affections. An extensive index renders it of easy reference, and the publishers feel confident will be appreciated by the profession.

The author has had an experience of twenty years in general as well as ophthalmic practice, and has devoted much time and careful study in preparing the work, aiming to make it of practical value. It should be in the library of every physician who aims to keep abreast of the times, and it is adapted for a text-book in medical colleges.

The following is the table of contents:—

- CHAPTER I. — Affections of the Eyelids. Conjunctiva, Orbit, Globe, and Sclera.
 CHAPTER II. — Affections of the External Ocular Muscles.
 CHAPTER III. — Affections of the Lens and Iris. Behavior of the Pupil and of the Accommodation.
 CHAPTER IV. — Ophthalmoscopic Appearances of the Fundus Oculi, including Affections of the Choroid, Retina, and Optic Nerve.
 CHAPTER V. — The Sight and the Field of Vision. The Significance of Visual Disorders due to Lesions implicating the Intracranial Course of the Optic Nerve Fibres, including Affections of the Chiasm, The Tract, The Optic Ganglia, and the Cortical Visual Centres and Psychic Visual Disorders.
 CHAPTER VI. — A Tabulated Statement of Diseases with More or Less Characteristic Eye Symptoms.
 CHAPTER VII. — The Relation of Ocular Affections to Functional Nervous Diseases.
 CHAPTER VIII. — The Relation of Affections of Remote Organs to Ocular Neuroses.
 CHAPTER IX. — Toxic Amblyopia. Chronic Retro-bulbar Neuritis. — *a.* Tobacco and Alcohol Amblyopia; *b.* Retro-bulbar Neuritis due to other Poisons.
 CHAPTER X. — Ocular Affections due to Various Therapeutic Agents. — *a.* Disorders of Vision. *b.* Pupillary Phenomena, Disturbances of Accommodation and other Ocular Symptoms caused by Therapeutic Agents.
 CHAPTER XI. — Ocular Affections Resulting from Poisonous Substances — not Medicinal — Administered Accidentally or by Design, or Connected with Certain Avocations.

THE following pleasant letter is self-explanatory. Its hints of hospitality are most alluring:—

BUFFALO, N. Y., November 14, 1896.

Editor of The New England Medical Gazette:

The decision of the American Institute of Homœopathy to hold its next meeting in Buffalo, N. Y., was received with much pleasure by the profession in this city.

Active steps were at once taken by Dr. A. R. Wright, who had been appointed Chairman of the local Committee of Arrangements, toward choosing his assistants and forming the eleven sub-committees to have charge of the several branches of the work to be accomplished.

The sub-committees, composed of about six persons in each, were completed in August last and have already made material advancement in their respective departments.

Buffalo has gained much celebrity of late as a convention city, no less than twenty national associations having met there this season. Many more are looked for next year, including the Encampment of the G. A. R., which will bring to the city no less than three hundred thousand persons, including delegates and their friends.

For the American Institute, which will meet in Buffalo in June of next year, the

Local Committee have already engaged the Iroquois Hotel as headquarters, and also have arranged at the same hotel for several committee rooms.

It has been suggested that the alumni associations of the various medical colleges may desire to engage headquarters for their societies during this meeting, and it would be well for such to report to the Local Committee in good season, in order to obtain desirable locations.

A special feature of the work of the Local Committee will be that done by the sub-committee on new members, working in connection with the regular committee of the Institute. A particular effort will be made to increase the membership. It is proposed to send an urgent invitation to every homœopathic physician in the United States who is not now a member, asking him to join this year.

Further details of the efforts of the Local Committee will be announced as the work progresses.

Fraternally yours,

JOSEPH T. COOK,

Secretary Local Committee,

636 Delaware Avenue, Buffalo, N. Y.

Per Charles L. Mosher.

By order of Dr. A. R. Wright, Chairman Local Committee, 414 Elmwood Avenue, Buffalo, N. Y.

PERSONAL AND NEWS ITEMS.

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THE annual reunion and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 12, 1897.

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 9.45 P.M. at the Walton, southeast corner Broad and Locust 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-eighth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, southwest corner Broad and Locust Streets, Philadelphia.

Banquet cards can be secured by notifying the secretary. Requests received after Tuesday, May 11, 1897, cannot be considered.

W. W. VAN BAUN, M.D.,

Secretary.

1402 Spruce Street, Philadelphia.

THE annual reunion of the Alumni Association of the New York Homœopathic Medical College and Hospital will be held at Delmonico's on Thursday evening, April 29. The business meeting will be called at 6.30 and the dinner served promptly at 7.30. The post-prandial program arranged by Dr. A. B. Norton, toastmaster, will be the most elaborate in the history of this association, owing to the great prominence and high repute of the speakers secured.

The list of those who will respond to toasts is as follows: Prof. Wm. Tod Hel-muth, Rev. Dr. W. S. Rainsford, Hamilton Wright Mabie, Prof. Chas. E. Walters, of Cincinnati, Ohio, Rev. Dr. N. W. Stryker, president of Hamilton University, Wm. F. Randall, A.M., and Dr. Clifford Pardee; M. Ericson Bushnell, the well-known singer, will contribute to the entertainment.

The executive committee extends a cordial welcome to all alumni and their friends to meet with us this year. Banquet cards should be ordered at once and can be secured by addressing J. W. Dowling, M.D., Corresponding Secretary, 8 West 45th Street, New York.

THE following letter, addressed by Dr. Hughes to the editors of the *Monthly Homœopathic Review*, is of wide interest and appeal:—

INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

TO THE EDITORS OF THE MONTHLY HOMŒOPATHIC REVIEW.

Gentlemen, — You allowed me to publish in your number for last November an appeal to my colleagues on behalf of the expenses of our late Congress, and the cost of publishing its *Transactions*. A few extra subscriptions to the former were received in consequence, practically closing the account, so that nothing further need be said on that score.

As regards the *Transactions*, the case is different and rather serious. During the first week in December an announcement that the volume was ready was sent to all subscribers (save those who had already paid), and they were informed that on remitting its price to the printers (Messrs. Adlard & Son, Bartholomew Close, E.C.), it should be sent post-free to their address. Up to the end of January less than two thirds of their number had responded. The British Homœopathic Society, moreover, in order to help us, inserted in its monthly circular announcing the January meeting an appeal to all its members who had not already subscribed for the *Transactions* to do so at once. Nevertheless, of the 215 names on its roll call forty-five only stood on our subscription list on January 31 as having paid for and obtained them.

I need not say that this lack of support causes grave uneasiness in the minds of the officers of the Congress, to whom the printers must look for reimbursement; and trust that I have only to mention the position in which we are placed to elicit the practical sympathy of our colleagues at home and abroad. We have gladly done the work of the Congress, but hope that we shall not be left unaided to bear its costs.

I would add that the price of the volume has been found to have been put at too low a figure; and that three months having now been allowed during which any one might possess himself of it for ten shillings, the charge to future subscribers must be fifteen.

Yours very faithfully,

RICHARD HUGHES.

Brighton, February 19, 1897.

THE first annual meeting of the reorganized American Ophthalmological, Otological, and Laryngological Society will be held at Buffalo on June 23. The session will last from 9 A.M. on Wednesday until Thursday noon. That the reorganization of this society has not only been demanded by the spirit of the times, but promises to be more successful than the old society, is manifest by the number and character of papers already received from the following well-known men, namely: Drs. C. M. Thomas, J. A. Campbell, F. Park Lewis, H. P. Bellows, J. H. Buffum, George B. Rice, E. H. Linnell, D. A. MacLachlan, C. E. Teets, R. S. Copeland, C. Gurnee Fellows, Thomas L. Shearer, E. C. Delap, Irving Townsend, E. L. Boice, E. J. Bissell, J. E. L. Davis, and R. G. Reed.

A strong feature of the meeting will be the discussion of these papers by men specially selected on account of their experience in the special line of which they treat. While the papers cover a wide range, a limited number have been written upon selected topics in order to bring out discussion of vital interest at this time.

The program as arranged at present will consist of four sessions; one each for the eye, ear, nose, and throat.

All papers should be in the hands of the secretary before May 15, so they can be sent to the leaders in discussion for their perusal.

Applications for membership, accompanied by a check for three dollars, should be sent to the treasurer, Dr. Harold Wilson, 32 Adams Avenue, W., Detroit, Mich.

CHARLES H. HELFRICH, M.D., *Secretary pro tem.*

158 West 47th Street, New York.

THE HOMŒOPATHIC MEDICAL SOCIETY of Tennessee will meet at Nashville May 19 and 20, 1897. Arrangements are being made for a very successful meeting. It is hoped every member will be present, and that all the fraternity in the State who have not joined will do so then. The expenses are nominal. The benefits to be obtained are great, both individually and collectively, as homœopathy

has much to gain by concerted action. The sections with topics to be discussed will be published later. It is the wish of the society, as expressed at its last meeting, that every paper under each bureau discuss the same topic in its different phases.

It will interest physicians intending to attend the American Institute meeting to learn from the committee in charge the names and rates of the following hotels of Buffalo:—

Hotel Iroquois, corner Main and Eagle Streets, Headquarters The American Institute of Homœopathy. Rates, \$4 and \$5. American Plan.

The New Tift House, Main Street, between Broadway and Mohawk Street. Rates, \$2.50 to \$4. American Plan.

Stafford House, corner Washington and Carroll Streets. Rates, \$2 and \$2.50. American Plan.

Mansion House, corner Main and Exchange Streets. Rate, \$2.50. American Plan.

Hotel Fillmore, Niagara Square and Delaware Avenue. Rates, \$2.50 to \$4. American Plan.

The Rienzi, Main Street, between Eagle and Niagara Streets. Rates, \$1 and \$1.50. European Plan (men only).

The Genesee, corner Main and Genesee Streets. Rates, \$2.50 to \$5. American Plan.

The Niagara, corner Porter Avenue and Seventh Street. Rates, \$3.50 to \$5. American Plan.

Hotel Broezel, corner Seneca and Wells Streets. Rates, \$3 and \$4. American Plan.

Hotel Ontario, corner Washington and Huron Streets. Rates, \$2 and \$2.50. American Plan.

Moeller House, corner Main and Scott Streets. Rate, \$1.50. American Plan.

Crandall House, East Buffalo. Rate, \$1.50. American Plan.

DR. B. F. UNDERWOOD, editor of the *Homœopathic Journal of Obstetrics*, is about to open a convalescent home near New York, for the treatment of neurotic diseases and medical gynecology, and will retire from general practice. Practitioners desiring to consult the doctor can address him at 102 Fulton Street, New York.

DR. EDWARD P. COLBY has removed his office and residence to the Hotel Beresford, 845 Boylston Street (between Fairfield and Gloucester Streets), Boston, and will devote his attention to nervous diseases. Office hours, 12 to 3.30 P.M.; other hours by appointment.

A PHYSICIAN of forty years' practice in a New England city of nearly seventy thousand inhabitants would like to correspond with a young homœopathic physician with the view of engaging him as assistant. Best of references required. For the right man success would be assured. Address "S. M. D.," care of Otis Clapp & Son, 10 Park Square, Boston.

FOR SALE.—A fine practice of from three to four thousand dollars a year, in a beautiful, growing village. Obstetrical and gynecological work abundant. Location twenty miles from Albany, N. Y. For further information address "L. B.," care of Otis Clapp & Son, 10 Park Square, Boston.

DR. JOHN A. BALCOM, class of '95, B. U. S. of M., has removed from Haverhill to 29 Lewis Street, Lynn, Mass.

WANTED, by a young lady, a position as stenographer and bookkeeper in a physician's office. Address "T. W. X.," care of Otis Clapp & Son, 10 Park Square, Boston.

THE NEW ENGLAND MEDICAL GAZETTE

No. 5.

MAY, 1897.

Vol. XXXII.

COMMUNICATIONS.

THYROID FEEDING IN INSANITY. CASES TREATED AND RESULTS OBTAINED.

BY GEORGE S. ADAMS, M.D., SUPERINTENDENT WESTBOROUGH INSANE HOSPITAL.

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

In hospitals for the insane the cases treated may be divided into three groups. First, the acute cases; those suffering from functional mental derangement, and who usually are certain to recover. Second, the chronic cases; a much larger group, those suffering from structural changes or organic disease, and who are not likely to get well. Third, a group, smaller than the others, about which it is impossible to make a correct diagnosis and prognosis, as their symptoms either are of a mixed character, sometimes simulating acute disease, and again apparently of a chronic character, or they are cases that, originally regarded as curable, have remained under treatment so long that recovery seems very doubtful.

Any method of treatment that promises to promote recovery in this last group of doubtful cases is worthy of a careful trial. Such claims have been made for thyroid feeding, and the results of this treatment in various institutions for the insane appear to justify its careful use.

It is now more than two years since it was first used at the Westborough Insane Hospital, and I purpose giving you our method of use, the effects observed, and the recoveries resulting from such use.

The administration of the thyroid gland of some domestic animal, generally of the sheep in some form, was first con-

fined to the disease known as myxœdema. In this disease the secretions of the human gland are impaired or altered in some way, and feeding the healthy gland of the animal has proved to be a specific, a cure certainly following its use.

The cure of a case of myxœdema with mental derangement, at the Westborough Insane Hospital, has already been reported to this society, and I will only add that the patient, who was discharged in July, 1894, remains well, but only retains her good health by daily small doses of the thyroid.

The symptoms noted by various observers of the effects produced by the different preparations of the thyroid gland, when given in sufficient quantities, are marked, and show that the secretions of this gland have a marked effect upon the circulatory, digestive, and reproductive systems. One effect nearly always observed is an increase in the frequency of the heart beats, and a marked increase of the volume of the pulse, but at the same time it is more compressible. Walking or even standing up, after taking a dose, is apt to cause a feeling of faintness and even complete syncope. There is always increased activity of the glands of the skin, which becomes moist and oily, and there is sometimes exfoliation of the epidermis. The appetite is usually lessened. There is generally loss of flesh, and sometimes there is nausea. Less frequently there is actual vomiting, and more rarely diarrhœa results. The uterus is always affected; generally menstruation is more profuse and prolonged or more frequent. Rarely amenorrhœa results. The sexual appetite is reported by some observers to be increased, but this has not been noted in any of the cases coming under our observation.

The above brief description of the effects produced will assist to a better understanding of the results obtained.

As in myxœdema, mental derangement was often found, and many of the cases cured by thyroid feeding were found in insane hospitals, it might therefore be expected that the use of thyroid feeding in other forms of insanity would be tried. My attention was first called to a report of such trial early in 1895, in a paper by Lewis C. Bruce, M.D., Assistant Physician at the Royal Asylum, Edinburgh, Scotland. The paper ap-

peared in the *British Journal of Mental Science* for January, 1895, where he recorded the results of careful experiments begun more than a year before. In conclusion, after reporting his cases, he said: "It is certainly worth a trial in that class of patients, so commonly found in every asylum, in whom a certain improvement has occurred, but beyond that point they never advance. They linger on month after month, too insane to discharge, but sensible enough to feel their position keenly. The monotony of asylum routine dulls their interest in life, they become lethargic, and, despairing of recovery and discharge, are liable to drift into dementia, and eventually swell the list of chronic inmates. Again, amongst those classed as chronic insane there appear to be cases suffering from disease of function rather than structural lesion."

Since March, 1895, a number of women patients suffering from different forms of insanity, and none of whom were likely to recover under the usual treatment by rest and careful homœopathic medication, have been from time to time given thyroid feeding, in the hope that some of them might recover. The results of the first thirty-eight cases are presented in the table below. A few cases, who were given thyroid for other than mental conditions, are omitted, and also all cases treated in the past six months, as a sufficient time has not elapsed to make any observed result of value.

Puerp. Ins.	Melancholia Acute.	Chronic Melancholia.	Paranoia.	Dem. Sec.	Rec. Mania and Circ. Ins.
T. Rec.	T. Rec.	T. Rec. M. Imp.	T. M. Imp.	T. Rec.	T. Rec.
4 3	5 3	4 0 1	13 5	8 1	4 0

There are seven recoveries out of the thirty-eight cases, and it will be noted that the recoveries are from the functional insanities; all the recovered cases were diagnosed as acute on admission, but the duration was prolonged beyond the time when recovery was looked for, and unfavorable symptoms arose. It does not appear to cure degenerative

diseases, though in some cases marked improvement followed thyroid feeding.

The preparation known as desiccated thyroid, and made by either Park, Davis & Co. or Armour & Co., was used in all cases treated. The pulse and the temperature were taken twice daily for some days before beginning treatment. The patients were also kept in bed, and strict attention given to their diet, to avoid the known tendency of this treatment to reduce bodily weight. The doses given were not large, but were sufficient to raise the temperature a degree or more. Two grains each night was the daily dose at first. This was sometimes increased to three or four grains, and in one or two cases reduced to one grain, so susceptible were some patients to the action of the thyroid.

Dr. D. E. Brownell had the direct care of all these patients, and her careful observations and notes make our records very valuable for future study of the cases. The duration of the insanity was much prolonged in nearly all cases given the thyroid, as but four of the cases treated were insane less than a year, and of these three recovered, and one was improved. Of the four cases of puerperal insanity, three recovered; other observers report similar results, and the thyroid feeding seems more certain to promote recovery in this form of insanity than in any other. I give the history of one puerperal case who has now been out of the hospital, entirely well, for a year and six months.

Mrs. A. B., on December 1, 1893, gave birth to twins. One month later she became maniacal, the mania going on to extreme exhaustion, from which she rallied by the end of March, and became much better, although her friends reported that following this mental attack she was never quite well. In September, 1894, she went to a private hospital in Boston, and underwent an operation for the repair of the perineum, which was badly lacerated at childbirth, from which operation she made a good recovery. The first of November, 1894, she became again very much excited, and on November 4 was taken to the McLean Asylum. She continued acutely excited during her entire hospital residence

there, and was discharged March 31 as "not improved," and diagnosed as a case of terminal dementia. Admitted to the Westborough Insane Hospital by transfer April 1, apparently demented, she was destructive and violent, and required nearly constant mechanical restraint. Thyroid feeding was begun April 10, with an increase of temperature of about one degree. Patient became gradually more quiet, and on May 16 the dose of thyroid was increased to three grains. June 25 the patient talked with the physician rationally for the first time, but still had active hallucinations of hearing and strong delusions.

Following this rational interval, patient became again somewhat excited, and on July 12 the dose of the thyroid was increased to four grains each night. From this time on patient gained steadily, and September 9 the dose of the thyroid was decreased to two grains, and soon afterward discontinued. Patient was discharged October 1 as recovered, and has remained entirely well to the present time.

The following case is of interest because of the bad family history and the long continuance of a habit which makes the prognosis generally unfavorable:—

Miss A. C., admitted to the Westborough Insane Hospital, February, 1896. At that time duration of insanity was given as one year. Her father had been insane and at the Westborough Insane Hospital, and one brother was then insane and at another insane hospital. Patient had also been addicted to the habit of masturbation for a long time. She was given the rest treatment, and careful homœopathic medication, but without real mental improvement, although the physical condition was improved. September 1, 1896, the patient was given two grains of Armour's Desiccated Thyroid each night. This was continued for six weeks, at the end of which time she was found to be much better mentally, and also improved physically, and was allowed to do some work. Improvement continued, and at Thanksgiving time she was permitted to go home on trial. She returned to the hospital for a visit a few days ago, and appeared to have remained in good mental health.

I give the history of a case that had apparently passed into secondary dementia: Mrs. A. D., aged forty-two. Was admitted to the Westborough Insane Hospital, February 20, 1894, as a case of acute mania. She had no heredity of insanity, and the supposed cause of disease was given as overwork. The only peculiarity observed in the patient was that she was almost entirely bald,—a condition uncommon in women. In July, 1895, a year and a half after her admission, patient was given each night two grains of Armour's Desiccated Thyroid. In September the amount was increased to three grains, and continued one month. As has been observed in other cases, mental improvement was not noticed till after the use of the thyroid was discontinued, and although it was slow, it continued until about six months ago, when she was considered to be entirely well. She still remains at the hospital, waiting a change in the home conditions, when she will be taken out by her daughter.

One result following the use of the thyroid was a growth of hair over the part of the head formerly bald. In this regard it resembles cases of myxœdema, but there were present no other symptoms of that disease.

I now give the history of a male patient who appeared to recover under the homœopathic use of thyroid. Mr. A. D., aged twenty-five years, a naval officer, was admitted to the Westborough Insane Hospital, November, 1895. The assigned duration of insanity was four months, but it appeared that he had been peculiar for some time previous, and he came to the hospital because his family wished homœopathic treatment. He had been examined by experts before coming, and their prognosis had been that he would not recover.

When admitted patient was somewhat excited, and acted as if somewhat under the influence of some strong delusion. Was not willing to converse with physicians, and certainly appeared like a case of paranoia. He was put to bed and given rest treatment and careful medication, but five months later was not in any way improved. Taking his symptoms anew for some indications for a change of medicine, I observed that his pulse was full and frequent, and that there

was a marked perspiration over the entire body and limbs, and his nurse reported that this had been constant for some time. I had desiccated thyroid prepared in the third decimal trituration, and gave him frequent doses. He began to improve in two or three days, and the improvement rapidly went on to recovery, so that he was able to return to duty in June, and a letter recently received shows him to be at the present time in the enjoyment of perfect mental health.

One case of this kind does not prove anything, and the young man might have recovered under continued rest treatment and proper medication, but the improvement followed so rapidly after beginning the thyroid that it seems to me at least probable that it had much to do with his recovery.

While it is possible that some of the cases that recovered after the use of thyroid might have recovered without such treatment, the chances were against such recovery; and I believe that while it cannot affect mental diseases of degenerative type, it will help functional cases that under the usual treatment fail to get well as they should.

At present I offer no theory as to how thyroid feeding acts, but am satisfied that in certain cases it has been of much benefit, and will continue to benefit others. Further experience will undoubtedly enable us to discriminate better the cases that can be helped.

CANCER OF THE RECTUM.

OPERATION BY THE KRASKE METHOD.

BY HORACE PACKARD, M.D., BOSTON.

Cancerous disease of the rectum is ordinarily far advanced before its true character is discovered. This is essentially so in case of establishment of malignant disease in any remote cavity of the body. I think invariably in every case of rectal cancer which has come under my observation the early stage of the disease has passed by almost unnoticed by the patient, or, at most, without giving rise to more discomfort or anxiety than would be the result of a hemorrhoidal state. In fact it

is not infrequent that patients with cancer of the rectum first seek medical advice for the relief of "piles"; that is, the thought has never entered their mind of the existence of other than the common and frequent rectal disease mentioned above; and it is only from the failure of ordinary domestic remedies to give relief, and the persistence of the discomfort, that advice is finally sought. The disease by this time is frequently so far advanced, and has involved the rectum and adjacent tissues so widely, that treatment of any kind, either medical or surgical, is of no avail, unless it be

Inguinal Colotomy.

This establishes an adequate outlet to the intestinal canal in case of partial or complete occlusion of the rectum, and diverts the fæcal current through this artificial opening, and relieves the sensitive ulcerated area from the irritation which the constant contact and passage of the fæcal matter cause.

Extirpation of the rectum for malignant disease aims at something more than mere alleviation. Its object is the total removal of the disease. While the subject of this paper, the Kraske method, is of comparatively recent date, yet attempts through less efficient measures, that is, working from below upwards, have been made since 1830. Operation by this method has always been unsatisfactory, on account of the inaccessibility of the parts through any opening available by the way of the anal aperture, even though that be enlarged through incising the sphincter. This avenue of approach, as a result, has fallen entirely into disuse, and that known as the Kraske method is, I think, universally resorted to. The central idea of this method is to approach the rectum not from below, but from above posteriorly, through enucleation of the coccyx, and removal of a part of the lower portion of the sacrum. This is also termed the "sacral method." This avenue of approach furnishes accessibility to the rectal pouch, which can be obtained in no other way. It gives abundant space in which to work; it furnishes a clear view of the tissues which are undergoing manipulation; it enables the surgeon to make a much more thorough and

intelligent removal of the diseased tissues than can be accomplished in any other way.¹ The method of performing the operation is as follows: The patient is placed upon the table in the ventral posture, that is, face down. Anæsthesia can be readily conducted with the patient in this position by simply turning the face to one side.

Previous to placing the patient in this posture, the rectum should be washed out thoroughly with soap and water, and an approximate sterilization effected by swabbing it out with 1:4000 sublimate solution. It is permissible, though not essential, then to place a moderate packing of gauze within the rectum, to remain there during the operation. An incision is made in the median line over the sacrum, from about its middle, nearly to the anus. This cut should extend through all the tissues to the bone. The tissues to the left of this incision are then dissected from their attachments to the left as far as the margin of the sacrum. This is the work of but a few moments. Next, the coccyx is enucleated; the greater and lesser sciatic ligaments are then cut through on the left side, and with a pair of suitable bone pliers, or with a mallet and chisel, the left half of the lower part of the sacrum is removed. It is not considered safe to remove any portion of the sacrum above the lower border of the third sacral foramen, since violation of this precaution has interfered with the integrity of the bladder. There is really no reason for encroaching upon the sacrum above this point, for the space thus afforded is ample for the removal of any cancerous disease of the rectum which is suitable for this form of operation. Thus far there has been no interference with any important nerves, and no blood vessels have been severed which cause embarrassment.

The rectal pouch will now be found directly beneath the touch, and its connective tissue attachments about its whole circumference are separated without difficulty. Some circumspection must be observed in separating its anterior

¹ Preparation should be begun three days before the date fixed for operation, by administering a saline cathartic (a tablespoonful Seidlitz Chaumteaux) once daily, and the restriction to a nourishing liquid diet.

attachments, for it must be remembered that it is in close relations here with the bladder and prostate (or vagina), either of which might be torn into through unduly violent manipulation. One of two courses is now open, governed by the extent of the disease.

If the whole circumference of the rectum be involved, with encroachment upon the anus, then total extirpation of the rectum, including anus and sphincters, must be made. This is best accomplished by tracing the rectum upward until an inch at least of healthy bowel is exposed. A double gauze ligature is placed about this, and the structure cut through between. The rectal pouch is thus freed so that the mass of it can be lifted out of the wound, the remaining attachments being about the sphincters. These portions are rapidly disconnected, either with the scalpel or scissors, leaving a wide margin of healthy tissue outside the borders of the disease. This is followed by a copious gush of blood from the hemorrhoidal vessels, which are abundant and quite large. Two or three sterilized towels, quickly and firmly packed into the wound, control this hemorrhage, and, as a rule, no vessels need be ligated.

The other possible course is resection of the portion of the rectum actually involved in the malignant disease, followed by end to end union. This saves the anus and sphincter, but is a much more difficult operation to perform than the preceding. In the course first mentioned the end of the gut is brought down as far as gentle traction will allow, and fastened in the wound. The peritoneum is always opened, if the disease extend high up in the rectum. If it involve only the lower segment, removal may be effected without encroachment upon the peritoneal cavity. It is sometimes difficult to bring the end of the bowel downward, sufficient to fix it in the lips of the wound, a short mesenteric attachment is a great obstacle. Sometimes the mesentery must be severed for a short distance. When this is done, the cut should be made as far away from its attachment to the bowel wall as possible. It is desirable to fasten the end of the bowel as nearly as possible at the original site of the

anus. Sometimes, however, the best that can be done is to fasten it in the extreme upper angle of the wound. It then makes its exit, curving over the resected border of the sacrum.

Resection and end to end union call for all the dexterity possessed by the surgeon, for it is an extremely difficult and delicate matter to so suture the divided ends of the bowel that they will thereafter be both air and water tight. If the stitches tear out and leakage occur, the danger to life is greatly increased. The preservation of the anus and sphincters is of course a great consideration, for the resultant condition, if recovery take place, is far more gratifying than the possession of an uncontrolled anus. As far as the latter is concerned, however, patients get along astonishingly well with the aid of a suitably constructed rubber pad attached to a waist band.

Case. Mrs. B., patient of Dr. Duncan Macdougall, age 41, had suffered more or less rectal discomfort for six months. Her stools were accompanied with blood, and were difficult and painful. Her sufferings had steadily augmented during the preceding three months. Examination disclosed an annular nodulated infiltration of the rectal wall just within reach of the forefinger. The calibre of the bowel was reduced so that the tip of the forefinger would barely pass through it. The mass was movable, and apparently had not encroached beyond the rectal wall. Diagnosis of rectal cancer was made, and the possibilities of relief through operation laid before the patient and her friends. The hope of relief through operation was grasped with avidity. After three days of preparation as described above, she was operated upon by the Kraske method without incident, and the segment of the rectum bearing the disease removed. The lower segment of the rectum, with the sphincters, remained intact. The segment of the bowel above was with some difficulty, and only through loosening of its mesenteric attachment, brought down and sutured to the anal segment with two rows of kangaroo tendon about its whole circumference. The peritoneal cavity was opened in the course of the operation, but the aperture was closed with sutures, and no trouble came

from it. The external wound was closed, all but an aperture in which a wick of gauze was adjusted for drainage. The patient was kept on a liquid diet for two weeks. Convalescence progressed absolutely without incident. There was no leakage of gas or fæces. The wound healed kindly and rapidly, a sinus persisting for a short time from which a moderate amount of purulent discharge came. This was irrigated daily with peroxide of hydrogen solution and underwent rapid filling in and repair. Gas and semi-liquid fæcal discharges occurred *via naturalis* within a few days of the operation. At the expiration of six weeks the patient had fully recovered, was having well-controlled movements of the bowels, and in every way was in excellent condition.

Digital examination showed a slight annular constriction at the line of union, but not sufficient to act in any way as an obstruction. The rectal pouch was fairly capacious, and apparently was serving its purpose well as a reservoir for the fæces.

Conclusions.

First. The Kraske operation affords the most radical measures yet devised for the extirpation of a cancerous rectum.

Second. It affords opportunity, if the conditions be otherwise favorable, for excision of the affected portion of the rectum, with preservation of the sphincters.

Third. In comparison with inguinal colotomy it gives equal if not greater relief, and without materially increased danger to the patient's life, and affords a possible hope of radical cure.

NECESSARY FORMALITIES. — The University of Paris will hereafter require of foreigners the possession of a literary degree as a prerequisite to graduation from its medical department.

To practise medicine in the Republic of Hawaii a license must be obtained from the Minister of the Interior, after having first passed the Board of Medical Examiners.

GONORRHŒA BEFORE PUBERTY.

BY A. H. POWERS, M.D.

[Read before the Boston Homœopathic Medical Society.]

Since time immemorial gonorrhœa has been recognized as a contagious disease. It was not differentiated from other venereal diseases until more recent times, and not until 1879 did Neiser discover the specific germ. He showed that in the severer forms of acute urethritis there was constantly present a certain micro-organism which he called the gonococcus. It was perhaps a decade before his views were generally accepted by the profession, but now few question his conclusions. The finding of the gonococcus in a discharge from the genitals is considered as absolute proof of gonorrhœal infection. In medical literature there is little said in regard to gonorrhœa in children. Many writers on venereal diseases omit or ignore this topic. Some casually say that it may occur in young boys, and that when it does so occur it is because infected women have used them for their pleasure. From this supposition gonorrhœa before puberty would be almost or entirely found in males. Nowhere have I found this topic completely or voluminously discussed, and though that may be from my lack of searching, yet I believe there is little or nothing satisfactory on the subject in medical literature. And it is for this reason, and because I hope to awaken free discussion, that I offer this fragment, hoping thus to develop a clearer understanding of the subject.

When I began my medical practice I supposed that gonorrhœa in children never occurred. From the laity I had learned that gonorrhœa might be acquired from water-closets and other infected articles, but had been taught in the Medical School that such infection was well-nigh impossible. Soon after graduation, I was called one night to attend a young boy suffering from retention of urine, and incidentally I learned of a urethral discharge, and presumably the retention was caused by inflammation at the neck of the bladder. I mentioned the matter to one of our professors, and remarked that it seemed like a case of gonorrhœa, but that I

supposed that was impossible from the age of the child. He replied that he had recently had a similar case, but supposed it to be a case of simple inflammation. As time passed, there came under my observation certain cases which from the appearance of the discharges suggested that they were gonorrhœal in character, but responding quite promptly to treatment they were classed as cases of simple inflammation. These cases were quite as frequently in females as in males, and the sensitiveness of children to pain was considered as an explanation in those cases in males where much distress was evidenced. In girls I have never seen a case where much pain was complained of, and hence considerable time passed before I was especially interested in these cases. Later I will give some few instances in brief outline where gonorrhœa was present, as shown by microscopic examination; of course the symptoms suggested such an examination. It would seem that it should be a rare disease in children before puberty, but my experience would lead me to think it quite common.

Let us consider some of the differences in children and adults which may have a bearing on the course of the disease. In the first place, children have shorter urethræ, and the amount of urine is probably larger in proportion to the bodily weight than in adults. There is also the prompt repair of injuries in childhood, which is gradually lost with advancing years. Children are not as subject to sexual excitement as are adults, and the hyperæmia is transitory. We all know of the severe pain so often seen in gonorrhœa from the extra excitement present in the condition known as chordee, and few doubt that these erections retard recovery and favor the acute condition becoming a chronic one. In young girls the vulvar orifice is small, and in some cases this normal condition may limit the extension of the inflammation. But it does extend to the vagina in many cases, and in some even to the cavity of the uterus. A recent writer has called attention to the fact that in some of the reported cases of early or precocious menstruation there was a palpable mistake, for vaginal hemorrhage is often the result of a gonorrhœal inflamma-

tion, and thus far any bloody flow has been called a menstrual period. On the other hand, the tissues in childhood are not as firm and resisting as in adults; to use a non-medical phrase, they are softer.

As illustrating my experience, I give three cases, briefly sketching the clinical history. A. C., female, aged five years, was observed by her mother to have a vaginal discharge of greenish ichorous pus. It persisted in spite of hot-water ablutions, and the patient was brought to the physician. On examination the labia, especially the labia minora, were found to be bathed in greenish thick pus, and considerable swelling existed.

Some pain was complained of, but the finger pressed on the urethra brought out no discharge. The microscope showed the gonococcus present in the discharge. Under careful local treatment and the use of an internal remedy the girl was reported as well in three weeks. There were only slight constitutional symptoms, such as feverishness and loss of appetite noted. This was one of my earlier cases, and I do not know the subsequent history, though I suppose the girl remained well.

T. F., male, aged seven years. Three days previous said to have received a blow on genitals, and also to have fallen on his way home, receiving additional injury. The day following the injury, complained of pain before and during urination. Following this there was almost complete retention for thirty-six hours, relieved after a large dose of sweet spirits of nitre, given by his mother. Œdema, but no other sign of injury, three days after when first seen by a physician. The next day the boy was the same, except that urination was followed by a small amount of bloody pus. The pain and bloody pus increased for five or six days, when improvement began. Twelve days after injury there was pus, but no blood. Two weeks later no pain, and child apparently well.

W. A., male, five years old. Presented with history of trouble existing a week. There was some swelling of the glans, and soreness and tenderness of penis. From the meatus a thick yellowish pus which on microscopical exami-

nation showed the gonococcus present. This case is still under treatment.

You will observe that I have made no allusion to the source of infection, and that because I could find nothing satisfactory, though in some cases I have observed the mother seemed satisfied she knew the origin.

As a result of observing these cases, and many others, I am led to believe that many of the genital discharges of children are due to gonorrhœal infection. Some of these cases are of a very mild type, so that the patients make little or no complaint, and only accidentally are they discovered. On the other hand, the inflammation may be so severe that blood is present in the discharges so that the purulent nature may be overlooked.

The duration of this disease in this class of cases is a matter of conjecture, and I see no reason why it may not lie dormant in the genital canal, as we know too well it does in the adult. As an estimate, I should say that some cases may be cured in three weeks, while others may continue for as many months and possibly years.

The gravity of gonorrhœa in infants and children may be inferred from the fact that recently a case has been reported where in the pus of a fatal case of multiple suppurative arthritis in a newborn infant the gonococcus was the only micro-organism found.

Now just a word in regard to treatment and I am done. At first, and often for a considerable time, the disease is purely a local one, and in these cases local treatment is most effective. Local treatment is more effective in female patients than in male, for reasons patent to any thinking mind. Cleanliness acquired by the use of hot water frequently applied is of much benefit and always to be insisted upon, though it will not cure every case. Aqueous solutions of potassium permanganate or zinc permanganate 1-2000 to 1-6000 applied hot have given me my best results.

Argentum nitrate probably has a field of usefulness, though I have never used it. Other antiseptics, such as bichloride of mercury and carbolic acid, I have not used except slightly.

Hydrastis and oxygen dioxide are useful, but I will not detain you with their indications.

The child should be kept quiet, and, best of all, remain in bed; but few will submit to that constraint.

The diet should be bland and free from spices and acids, such as vinegar.

Internal medication, if fully considered, would require all the time and space of such a paper as this, but in a word the indicated remedy should be prescribed for the patient and not for the name of the disease.

GERMAN PROVERBS. — A joyous heart and healthy blood are better than much money and land.

Health is better than a hundred ancestors.

Better be a healthy scrivener than a sick baron.

Be moderate in eating and drinking; thus wilt thou live long and be seldom sick.

Diet is the best apothecary.

For the meal to benefit, must one be courteous and happy.

When one eats one must forget.

Brandy and cigars turn men into fools.

Pure air is half of life.

A closed window excites dreams and spectres.

Cleanliness is for the healthiness of the skin imperative.

Be cleanliness thy joy; it ornaments more than gold and silk.

Head cool and feet warm make you healthy, the doctor poor.

Better barefoot than Spanish shoes.

Where light does not penetrate, there enters the doctor.

Waken at six, breakfast at ten, supper at six, and to bed at ten; then shalt thou live ten times ten years.

Labor is balsam to the blood.

Labor has bitter roots, but sweet fruit.

Labor sweetens the water pitcher and the porridge. —
Dietetic and Hygienic Gazette.

EDITORIAL.

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

INTRODUCTORY.

The readers of the *Gazette* will learn with great regret, we are sure, of the resignation of Dr. J. P. Sutherland as editor. His increasing honors, labors, and responsibilities in connection with the Boston University School of Medicine have made this action necessary. Under his able management the *Gazette* has taken a high position among the journals of our branch of the profession, which it will be the effort of his successors to maintain, fully realizing, however, the responsibility and difficulty of succeeding a man of such marked editorial ability as Dr. Sutherland.

WHERE TO LOCATE.

The approaching end of the year at the Medical School brings with it to nearly all of the graduating class that momentous question which cannot much longer be postponed, "Where shall I look for a location?" If the *Gazette* might be allowed to suggest, it would say most emphatically, "Get out into the country, away from the city and its immediate surroundings." A suggestion that amounts almost to the dignity of a heresy, we know, in the mind of the average student who thinks that in the city or its suburbs where there are all the many advantages of the highest modern civilization, with its libraries, museums of art, lectures, hospitals, and dispensaries, with all their clinical advantages, lies the royal road to success as a practitioner. Nevertheless we say, "Get away."

All these advantages have been within touch or at your command for four or five years past, and life for a time without them will tend to teach you the better to appreciate their value. Experience in a country practice, where help or advice in a critical case or an emergency cannot easily be obtained, will soon teach you how much or how little you really know; will show you your weak spots and the portions of your medical education that you have slighted and need to strengthen by further immediate study; will make you more self-reliant and sure of yourselves; will develop in you fertility of

resource under adverse circumstances ; by bringing you in closer contact with people than is often possible in the more or less artificial society of city life, will enable you better to judge and value men and women at their true worth ; will oblige you to do your own thinking, because there will be no one else to do it for you. Besides all these influences tending to your fuller development, opportunities for acquiring business are waiting, whereas in the cities and suburbs the young physicians are waiting for the opportunity. Lots of hard work and poor pay (pecuniarily) we know, but that is better than waiting and no pay, which so surely tempts you to those acts which savor of "commercialism in medicine" ; but, as Kipling says, "That is another story."

A NEW FEATURE.

A new feature of the *Gazette* will be, under the management of the publishers, what will be known as the Publishers' Department ; a department which will aim to present the newest and best in surgical instruments and devices, new remedies and their preparations, prepared foods, and all those auxiliaries which are often essential to the success of the physician and comfort of the patient.

LEGISLATION FOR THE INSANE.

We should be remiss to the cause of good government if we failed to remind our readers in Massachusetts that the bill for the establishment of a Commission in Lunacy, to have full control of the insane in the State separate from the management of any of the charitable or reformatory institutions, is now before the Legislature. It needs no argument to convince a physician that the insane should be under the direction and control of a board or commission who know something about insanity.

This is such an important matter that we feel it our duty to urge every physician who reads this, to make it his personal business to see or communicate with the representative and senator in his district and urge upon him the justice and necessity of this legislation. Do not let him put you off with the cry of "economy," which seems to be the watchword on Beacon Hill this year. Economy which consists in the failure to enact legislation as necessary as this, is more expensive than Massachusetts can afford. It is true that a large

per cent of the insane are paupers, but a pauper equally with the rich man, when he becomes insane, is sick, is a patient, and should receive the best care possible tending to his recovery, or comfort if incurable.

This can be much more satisfactorily done, we believe, under the care of a State Commission who give their whole attention to it, than by scattered communities, as is the case now.

As for the expense, the best is always the cheapest. A sane pauper is less expensive than an insane one. Let the State then furnish him the best treatment, and, if possible, cure him if the State would be economical.

EDITORIAL NOTES AND COMMENTS.

BUBONIC PLAGUE.—The May number of *Appletons' Popular Science Monthly* contains an article by Victor C. Vaughn, Professor of Hygiene in the University of Michigan, on the bubonic plague, which is intensely interesting. He gives a *résumé* of its history, showing that it has existed somewhere in the Eastern Hemisphere from the time of Dionysius to the present, and that at intervals during this time epidemics have visited different parts of Asia, India, and Europe unequaled by any other scourge in its terrible ravages.

Dr. Vaughn's excellent description of the disease is quoted in full as follows:—

I will now consider some of the characteristic symptoms of the disease. It is undoubtedly a septicemia, or form of blood poisoning. As has been stated, the bacillus is found in the blood and in all the organs. It is customary to describe the disease under two forms. The milder epidemics are known under the name of *pestis minor*. In this form the glands of the groins and armpits swell and either suppurate or undergo resolution. There is moderate fever, although in exceptional cases the temperature may reach 104° F. The disease usually continues from ten to twenty days, and may last for from four to eight weeks. *Pestis minor* sometimes precedes and at other times follows the more severe forms of the disease. The former was the case in the epidemics in Mesopotamia in 1873 and 1878, and in Astrakhan in 1878.

Foderé, as quoted by Cantline, makes the following statement concerning *pestis minor*: "In the Levant and in the Marseilles epidemics of 1820, cases were to be seen which were not ushered in by any alarming symptoms, and where the natural functions were undisturbed, and where buboes and carbuncles appeared without fever, or only with slight fever, or the buboes went on to a healthy suppuration more or less prompt, or even

disappeared and went on to resolution without the help of art, without any inconvenience, and with a perfect integrity of all the functions. This state is comparable to benign smallpox, during which children play together and walk in the streets without any precautions, no care being taken of their treatment, and yet terminating favorably. It is the benign plague of authors, which is observed when the disease commences and when it is at its end, though it is rarely seen in the middle period, which is entirely devastating, but it is not less plague, and it no less merits the attention of physicians and magistrates."

In *pestis major* there is a prodromal stage, accompanied by aching in the limbs, shivering, and a high degree of nervousness. The patient seems to be unable to quickly comprehend questions. There is a staggering gait similar to that of alcoholic intoxication. There is intense headache, with thirst and great pain in the epigastrium. The eyes become red; the tongue dry, swollen, fissured, and sometimes black, and at other times covered with a thick white coat. Coma may set in and death result before there is any marked elevation of temperature. In some cases, however, the temperature may reach 107° F. during the twenty-four hours preceding death.

In the cases less rapidly fatal there are glandular swellings. These occur in the groin in about fifty per cent, and less frequently in the neck and other localities. One peculiarity of the graver form of the disease is the occurrence of stablike pains in various portions of the body. This symptom gives rise to the superstition among the ignorant that the victim is wounded by invisible arrows shot from the bow of some demon. Suppuration of the buboes with free discharge has been regarded as a favorable symptom. The skin is sometimes covered with livid petechiæ, which become very dark after death. This condition gave rise to the term "black death," which has been applied to certain epidemics. Large carbuncles may form in various parts of the body, and these are regarded as a very unfavorable sign.

A highly fatal form of the disease is accompanied by hemorrhages from the lungs. This was a noticeable feature of the pandemic of the sixteenth century, and was also observed in the recent outbreak along the Volga. Such hemorrhages indicate a grave form of intoxication, and have been observed in the severer forms of other acute infectious diseases, such as smallpox.

The mortality from the plague in its virulent form is probably as great or greater than any other of the acute infectious diseases. In many epidemics it may be more than ninety per cent.

Probably the most constant pathological lesion found after death from this disease is an enlargement of the lymphatic glands. The disease may run so rapid a course that the enlargement of the glands is not observable during life, but, according to recent and competent observers, changes in these tissues will be found in the great majority of cases. This has led

Cantline, who studied the disease at Hong Kong in 1894, to propose for it the appellation of "malignant polyadenitis." The same authority offers the following definition: "Plague or malignant polyadenitis is an acute febrile disease of an intensely fatal nature, characterized by inflammation of the lymphatic glands, marked cerebral and vascular disturbances, and by the presence of a specific bacillus."

As regards its etiology there is no race immunity, neither is it influenced by climate or season; its sole cause is the specific bacillus backed up by overcrowding, filth, famine, and disease.

The danger of its importation into this country is well stated in the following closing paragraph:—

Is there danger of the plague being imported to this country? Yes, there is danger, but this being foreseen may be easily avoided. Thorough inspection of persons and disinfection of things from infected districts will keep the disease out of Europe and America. Only by the most gross carelessness could the plague be permitted to enter either of these continents. The method of disinfecting the mails from the Orient, as practised by the English, is wholly inadequate, and the American authorities should redisinfect all such matter coming from the infected districts of India.

THE ROENTGEN RAY.—Our valued contemporary, the *Medical Record*, in a recent number, brings to our attention among other excellent papers an editorial article on "Diagnosis by the Roentgen Ray," a subject still so full of absorbing interest to the scientific world and of endless development to the profession at large that we give this admirable *résumé* in full:—

That the X-ray has passed through its infancy and is now well started in upon that second period which precedes adolescence is evident from the reports which multiply on every hand. The location of bullets and other foreign bodies in various regions of the body, the determination of union in fractures, as well as their diagnosis at the time of injury with the relative position of the fragments, are all twice-told tales.

It is no longer a novelty to see radiograms of coins, jackstones, or false teeth stuck fast in some portion of the alimentary or respiratory tubes. Even renal calculi have been shown in the kidney's pelvis, and Seiffert disclosed a hairpin in the bladder, which the young lady claimed to have swallowed by accident. The aid in diagnosis of these conditions alone far surpasses anything that an ordinarily sanguine man could have hoped for at the time Professor Roentgen's discovery was announced.

Still in this short time much more surprising things have happened, and to-day it may be claimed that the rays have a much wider field of usefulness. Aneurisms of the arch of the aorta can be made out; shadows

of the heart and diaphragm in motion can be shown, so that a diagnosis of adhesion between the costal pleura and diaphragm can be established, as well as thickening of the pleura.

At a recent meeting of the Vienna Medical Club, Dr. Wassermann exhibited shadows of diffuse lung infiltration, and in a second case an impulse seen in an aneurism in the left mediastinum was accepted as a sufficient differential diagnostic point from other variety of tumor.

Dr. Willard has demonstrated before the American Orthopædic Association that by skiagraphy one can determine whether deformities of the feet can be corrected without tarsectomy, and in an instance of clubfoot subcutaneous section of the contracted tissues permitted replacement and proved the correctness of what was shown by the rays. The obstacles to be overcome in correcting varus of long standing can thus be made clear and the relations of all the bones be satisfactorily demonstrated. Experimenters are gradually coming to secure images of the soft tissues, and hypertrophy of the heart has been repeatedly made out. Jeanselme has recently demonstrated that organs surcharged with ochre or ferruginous pigment are much less permeable to the rays than similar organs weak in iron. Experiments were made with liver tissue, pancreas, and lymphatic ganglion from a subject of bronzed diabetes.

This and similar experiments may lead to valuable diagnostic data, while Grunmach, Macintyre, and others have already shown in a satisfactory way that certain growths, infiltrations, and thickenings of the softer tissues can be seen by the aid of the rays. We are thus in a position to hope for certain definite practical results in the near future, which will be of immense benefit to medicine and surgery. There is a reasonable promise also that with the perfection of methods skiagraphy will eventually become a widely extended method of diagnosis in both branches.

MORIBUND (?) HOMŒOPATHY.—Homœopaths have twenty colleges, owning property valued at nearly \$2,000,000 (not including State institutions); thirty State and innumerable local societies; ninety-seven hospitals and fifty-six dispensaries; thirty-five journals, fourteen thousand practitioners, and ten million patrons, and all this accomplished in little more than half a century.—*Ex.*

Homœopathy in the United States is evidently not *quite* dead yet. Statistics may sometimes be misleading, despite the old saying that figures will not lie. If statistics in this instance are misleading, it is surely on the side of saying too little rather than too much, for every word in the sentence just quoted stands for an incalculable influence in promoting and extending the power of homœopathy.

LETTER FROM DEAN DUDLEY**TO THE OHIO BOARD OF MEDICAL REGISTRATION.**

PHILADELPHIA, April 8, 1897.

Frank Winders, M.D., Secretary State Board of Medical Registration and Examination of Ohio.

DEAR SIR, — At a meeting of the Faculty of the Hahnemann Medical College of Philadelphia, held April 3, 1897, the following preamble and resolutions were adopted : —

WHEREAS, The State Board of Medical Registration and Examination of Ohio has notified this College that “on and after July 1, 1897, no medical college shall be considered as a medical college in good standing, as determined by this Board, unless the secretary, dean, registrar, chancellor, or other officer, who may be the custodian of records of said College, shall submit evidence satisfactory to this Board that graduates of said College who are applicants for certificates have complied with the entrance requirements laid down by the American Association of Medical Colleges ;” and also that “any institution shall not be considered in good standing for any year in which said College failed to live up to the rules laid down in its own announcement, and before its standing is established, may, at the discretion of this Board, be required to furnish satisfactory evidence that it has complied with such rules ;” therefore,

Resolved, That the officers of this Faculty are hereby instructed to inform the said State Board of Medical Registration and Examination of Ohio as follows : —

First. — That the aforesaid “American Association of Medical Colleges” is a private organization, destitute of legal authority and void of legal responsibility ; that it does not represent the medical profession as a whole, but only a single sect or denomination thereof, and, moreover, a sect with which this College is not in affiliation ; that this College had no voice or participation in making the entrance requirements of said Association, and for these reasons this College will refuse to be controlled or guided by said “entrance requirements.”

Second. — That because of numerous attempts of State Licensing Boards to usurp the control and management of the educational and administrative affairs of this College this Faculty have been compelled to notify certain of said boards that we deny and repudiate their right and authority to interfere in any way with its work, and that we, its

Faculty, will retain in our sole and exclusive control the direction and administration of all measures pertaining to its general and educational management.

Resolved, That the officers of the Faculty are instructed to furnish information, as heretofore, respecting the regulations, course, methods, facilities, and graduates of this College, whenever properly requested to do so by the legal authorities of any State, or by other persons having legitimate use for such information. But said officers are instructed to refuse all such information or reports when the request or demand therefor is accompanied with an expressed or implied threat of a penalty for noncompliance; nor shall any report or information be given to any State Licensing Board when such information is to constitute the purchase price of the "standing" of the College before said Board.

Resolved, That copies of this preamble and these resolutions be transmitted to the State Board of Medical Registration and Examination of Ohio, and to the medical journals.

CHARLES MOHR, M.D.,
Registrar.

PEMBERTON DUDLEY, M.D.,
Dean.

SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

Fifty-seventh Annual Meeting, April 14, 1897.

The Fifty-seventh Annual Meeting of the society was held at Steinert Hall, Boston, Wednesday, April 14, 1897.

The meeting was called to order at 10 A.M., by the president, Frederick B. Percy, M.D.

After the reading and approval of the records, reports of the treasurer and auditor were received and accepted.

The report of the Necrologist, F. A. Warner, M.D., was presented and referred to the committee on publication.

The following candidates were then elected to membership:—

Allen D. Hammond, M.D., Brockton; Geo. Forrest Martin, M.D., Lowell; Edwin A. Clarke, M.D., Worcester; Amanda C. Bray, M.D., Worcester; Augustine C. Haub, M.D., Bos-

ton; George W. Butterfield, M.D., Ashland; Frank A. Hodgdon, M.D., Malden; Carroll Colby Burpee, M.D., Malden.

Drs. Lougee and Worcester having been appointed to serve as tellers, the polls were declared open for the election of officers.

Report of the Committee on Obstetrics.

MARY E. MOSHER, M.D., Chairman.

Dr. Mosher presented an instructive paper, entitled "Minor Aids to Delivery." In an experience with over four hundred cases the author had not found it necessary to use forceps except in two cases. She believed that very much could be done by the accoucheur to mitigate the sufferings incident to parturition and to assist nature in bringing about a speedy and safe delivery. Among the minor aids to delivery were mentioned hot enemata and douches, hot compresses over perineum and to back, a four per cent solution of cocaine painted on the cervix for the purpose of relieving pain and facilitating dilatation. The paper closed with a condemnation of the early and indiscriminate use of forceps, which should be used to save life instead of time, and an earnest plea in behalf of conservative midwifery.

DISCUSSION.

Dr. Shaw, of Plymouth, stated that his experience had led to the rather more frequent use of forceps in recent years than formerly, but he heartily condemned the indiscreet use of instruments. There were undoubtedly cases where the careful use of forceps saved much suffering, and in primiparæ the perineum is not more liable to rupture than when delivery is left to nature. Felt that the greatest danger lay in using too much force. The forceps should rather be used to assist expulsive efforts than to forcibly drag the child into the world.

Dr. Earl did not wish to be understood as countenancing the rash use of obstetrical instruments, but felt that we should discriminate carefully between conservatism and timidity. We should not lose sight of the dangers which

may result from delay in the use of forceps. Instrumental delivery does not necessarily mean injury to tissues, and even if a laceration does occur it should be regarded as a comparatively trivial accident, unworthy the attention usually paid to it. Did not consider rupture of the perineum nearly so harmful as overstretching it and depriving it of all its life and elasticity.

Dr. Church, on the subject of afterpains, did not consider them invariably the result of clot in the uterus. Said we certainly had many cases of afterpains where there were no clots.

Dr. Gardner had found the use of the Mercier Belt of great service in those cases where there was lack of tone of the abdominal walls.

Dr. Elliott spoke of the dangers from not using forceps, and mentioned vesico-vaginal fistula as one of the results of unduly prolonged labor.

Dr. Earl, in reply to question, spoke in the highest terms of the axis traction forceps.

Report of Committee on Diseases of Children.

J. H. SHERMAN, M.D., Chairman.

1. Capillary Bronchitis and Catarrhal Pneumonia, W. T. Hopkins, M.D.
2. Differential Diagnosis of Capillary Bronchitis and Catarrhal Pneumonia, Herbert C. Clapp, M.D.
3. Hydrotherapy in the Treatment of Pneumonia in Infancy and Childhood, F. W. Elliott, M.D.
4. A Few Suggestions on the Treatment of Capillary Bronchitis and Catarrhal Pneumonia, J. H. Sherman, M.D.

Capillary Bronchitis and Catarrhal Pneumonia.—In this paper, Dr. Hopkins gave a very thorough review of the etiology, pathology, and symptomatology of these affections.

Differential Diagnosis of Capillary Bronchitis and Catarrhal Pneumonia, H. C. Clapp, M.D. The author regarded these diseases as nominally one, with predominant symptoms of pneumonia or bronchitis.

Hydrotherapy in the Treatment of Pneumonia, F. W. Elliott, M.D. Said that accepting the theory that pneumonia was due to the propagation of a toxine, any measure calculated to combat such toxine should be of most use in treatment. Hydrotherapy had repeatedly proved itself a most potent agent for this purpose. It was of value because it lowered the temperature, diminished the frequency, and increased the force of the pulse, and favored elimination. It also relieved dyspnoea, acted as a sedative and stimulated the nerve centres. Among the methods of application mentioned were high enemata, the partial cold pack (temperature 50°), and the graduated full wet pack.

Suggestions as to Treatment.—The author, J. H. Sherman, M.D., laid great stress upon the importance of prophylaxis, urging the judicious care of children in regard to clothing, exercise, bathing, etc. In the treatment of the disease, recommended highly hydrotherapy. Acon., bry., tart. emet. had proved successful remedies.

DISCUSSION.

Dr. Eaton wished to offer testimony in favor of the purely medicinal treatment of pneumonia.

Dr. H. C. Clapp heartily endorsed Dr. Eaton's views, but also believed in the judicious use of cold water, which would not interfere with homœopathic treatment any more than fresh air. He approved of the cold compress as the best method of applying this therapeutic agent. The cold bath seemed to him to be too heroic. In the use of hydrotherapy should be guided in a measure by the condition of the heart.

There being no further discussion the Bureau was closed, and the time remaining before lunch devoted to "new business."

The secretary, Dr. Richardson, with explanatory remarks to the effect that owing to the growth of the society, and the changed conditions prevailing in the profession of to-day, it seemed desirable that our By-Laws should be revised, stated that by vote of the Executive Committee he wished to bring the matter before the society at this time.

The principal changes suggested would perhaps be of By-Law No. XXIII, relating to the causes considered sufficient for the expulsion of members from the society. It had been thought there might be substituted for the present causes numbered four and five the following :—

(4) For advertising one's self or allowing one's self to be advertised as possessing remarkable or extraordinary powers or ability.

(5) For any conduct which in the opinion of the majority of the members of this society, or of its Executive Committee, shall be dishonorable or unbecoming.

Dr. H. C. Clapp spoke in favor of the proposed revision, and after brief discussion it was voted that a committee of three should be appointed to consider this and other revision of the By-Laws.

The president appointed the following members to constitute this committee, with directions to report at the next semi-annual meeting :—

Edward P. Colby, M.D., Herbert C. Clapp, M.D., L. Houghton Kimball, M.D.

On motion of Dr. H. C. Clapp, it was voted that \$1,000 of the amount now in the hands of the treasurer be invested, under the direction of the Executive Committee, in some good security, and that the interest therefrom may be used by special vote of the society at a regular meeting, as a prize or prizes to be bestowed on a member or members of the society, for medical essays, or other work done, or for the relief of any member in misfortune, or for any other object which the society may from time to time designate.

Dr. N. Emmons Paine offered the following resolution :—

Whereas, Dr. Herbert C. Clapp has served as treasurer of the Massachusetts Homœopathic Medical Society for twenty consecutive years, and is now about to retire from his office at his own request, it is therefore

Resolved, That we, the members of the Massachusetts Homœopathic Medical Society, testify hereby to our gratitude to Dr. Herbert C. Clapp for his unvarying courtesy, his

faithfulness in the discharge of his duties, and his readiness to give his time and strength in advancing the interests of this society.

This resolution was unanimously adopted with loud applause, and a committee appointed to secure for Dr. Clapp some tangible expression of appreciation.

On motion of Dr. F. W. Elliott it was voted that the publication of the annual volume of Transactions of this society shall be resumed on and after the annual meeting in 1898.

It was also voted that an annual roster of members, containing names, addresses, and office hours, shall be furnished to members of this society.

Dr. Rand offered in writing the following amendment to the By-Laws: "The secretary shall forward to all members of this society in good standing, at least two weeks before the date of the annual meeting, an official ballot containing the nominations of the Executive Committee, or by special nomination papers, for all offices of the society. Such ballot must be received by the Executive Committee or special committee appointed for that purpose, at a place designated by the secretary, at a date not later than midnight previous to date of said meeting."

The society then adjourned to Hotel Thorndike for lunch. The meeting was again called to order at 2.30 P.M., and the president, Dr. Frederick B. Percy delivered his "Annual Address," in which he reviewed the work of the year and made many valuable recommendations for the future work of the society.

The tellers then reported the election of the following officers for the ensuing year: President, Howard P. Bellows, M.D.; Vice-Presidents, George S. Adams, M.D., N. W. Rand, M.D.; Corresponding Secretary, Frederick P. Batchelder, M.D.; Recording Secretary, Frank C. Richardson, M.D.; Treasurer, Winslow B. French, M.D.; Librarian, J. Wilkinson Clapp, M.D.; Censors, H. C. Clapp, M.D., E. P. Colby, M.D., Horace Packard, M.D., F. B. Percy, M.D., N. Emmons Paine, M.D.

Report of Committee on Insanity and Nervous Diseases.

N. EMMONS PAINE, M.D., Chairman.

1. Thyroid Feeding in Insanity: Cases Treated and Results, George S. Adams, M.D.
2. A Case of Paranoia in its Early Stages, A. Don Hines, M.D.
3. Paranoia, Edith C. Varney, M.D.
4. Food for Nervous Cases, Ellen L. Keith, M.D.
5. The Mucous Colitis of Neurasthenics, James F. Bothfeld, M.D.

Thyroid Feeding in Insanity, Geo. S. Adams, M.D. This paper recounted the method of using, the effects and recoveries resulting from thyroid feeding in the Westborough Insane Hospital, the author heartily endorsing this therapeutic agent.

A Case of Paranoia in its Early Stages, by A. Don Hines, M.D., was a careful report of a most interesting case, showing the progress and course of this disease.

Paranoia, by Edith C. Varney, M.D., reviewed the latest thought on the subject.

Food for Nervous Cases, Ellen L. Keith, M.D. In a paper of much practical value the author gave her views on this important matter, mentioning as of special value in the feeding of nervous patients, raw meat, eggs, milk, cocoa, bread, fat, butter, cream, oils, vegetable broths; in anæmic patients, nitrogenous food.

The Mucous Colitis of Neurasthenics, by J. F. Bothfeld, M.D., presented the recent views concerning this interesting condition.

No discussion.

Report of Committee on Clinical Medicine.

GEO. E. MAY, M.D., Chairman.

1. Some Cases of Heart Disease, N. L. Damon, M.D.
2. A Paper, Chas. R. Hunt, M.D.
3. Two Cases of Scurvy; One in an Adult Female, the other in an Infant, Geo. E. May, M.D.

Dr. N. L. Damon in his paper reported a case of endocar-

ditis. An attack of acute articular rheumatism occurring two or three years previous, resulting in valvular insufficiency (mitral).

A Paper, by Chas. R. Hunt, M.D., was upon diphtheria, and laid stress upon the fact that the disease should not be considered as purely local, and that treatment should look toward systemic results. The most useful remedies had been found to be arsen., kali bi., merc. cyan., phytol. and bell., sprays of peroxid of hydrogen, one part to three of water, or of alcohol one part to three of water. Diet of fresh milk; pineapple juice had also proved useful.

Two Cases of Scurvy, Geo. E. May, M.D. This disease is comparatively rare in modern times. Infantile scurvy is confined to artificially fed children, while that occurring in the adult is supposed to be wholly due to the exclusion of a vegetable diet. The prognosis is good if the disease is diagnosed early. The treatment should consist of a diet of vegetables and fruit acids. Milk, potatoes, squash, and fresh beef and mutton. No salt meat. Orange juice, egg albumen, milk to infants. Nitric acid, fer. phos. may be of use.

Adjourned at 4.30 P.M.

FRANK C. RICHARDSON,

Secretary.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its regular monthly meeting at the College Building, East Concord Street, Thursday evening, April 1, 1897, at 7.45 o'clock, Vice-President B. T. Church, M.D., in the chair.

The reading of the records of the last meeting was omitted.

Frank A. Davis, M.D., of Medford, was proposed for membership.

B. P. Barstow, M.D., of Kingston, was elected to membership.

Dr. Horace Packard spoke of the proposed celebration of Hahnemann's birthday, on April 12, by the New England Hahnemann Association.

Scientific Session.

Dr. James Krauss made a very interesting demonstration of Cystoscopy.

Section of Surgery.

ALONZO BOOTHBY, M.D., Chairman; W. B. FRENCH, M.D., Secretary;
MARY E. MOSHER, M.D., Treasurer.

The chair appointed Drs. J. L. Coffin, A. H. Carvill, and W. B. French a committee to nominate officers for this section for the ensuing year.

They reported for Chairman, Henry E. Spalding, M.D.; for Secretary, George E. May, M.D.; and for Treasurer, C. Y. Wentworth, M.D.

The report was accepted and the nominations confirmed.

PROGRAM.

1. Inflammation of the Bladder, James Krauss, M.D.
2. Gonorrhœa before Puberty, A. Howard Powers, M.D.
3. Remarks on Inflammation, Alonzo Boothby, M.D.

DISCUSSION.

Dr. James Krauss, in discussing Dr. Powers' paper, said: "Gonorrhœa before puberty in female children is often due to infection through the hands of the nurse, and appears as a vulvo-vaginitis, while in adult females it is a urethritis. Treatment with a pledget of cotton wet in antiseptic solution and placed in vagina has been efficient."

Dr. Powers asked as to the length of time required to effect cure by this treatment.

Dr. Krauss found three or four weeks as the average time necessary.

Dr. J. S. Shaw had had only two cases of gonorrhœal vaginitis in female children. All other cases of vaginitis had been due to worms or other mechanical irritation.

Dr. Alonzo Boothby mentioned the fact that in a number of cases the hymen is too narrow to allow much cotton to be inserted, also that frequent change of tampons was necessary.

Dr. John L. Coffin, in discussing Dr. Boothby's paper, said: "The author appears to recognize as inflammation only

those instances arising from sepsis or infection. The clinical lines cannot be clearly drawn between simple and infective inflammation. Simple inflammation leads to recovery ; septic inflammation does not. The line between hyperæmia and inflammation is difficult to determine. In the former condition the process is largely one of vasomotor disturbance, and if it go farther, there will be actual diapedesis. I agree with Hemmeter, of Baltimore, that the leucocytes are a hiding-place for the bacteria, and the plasma is the actual germicidal factor. In eczema we have all the symptoms of inflammation, but the bacteria are absent."

Dr. Powers maintained that in simple unreduced fracture the roughened ends of bone acting on the tissues would produce all the features of inflammation in the absence of bacteria. This cannot be properly classified as congestion or irritation only.

Dr. G. A. Suffa questioned, "Is not the optic neurites with subsequent atrophy from a brain tumor due to the mechanical influence rather than bacteria?"

J. EMMONS BRIGGS, *Secretary.*

BOOKS RECEIVED.

Haab, Atlas of Ophthalmoscopy ; Jacob, Nervous System ; Helferich on Fractures ; Schaeffer, Atlas of Obstetrics. New York : William Wood & Co.

Bishop, Diseases of Ear, Nose, and Throat. Philadelphia : The F. A. Davis Co.

Macbride, Diseases of the Eye. New York : Boericke, Runyon & Ernesty.

GLEANINGS AND TRANSLATIONS.

BICYCLING. — For both sexes the use of the bicycle is contraindicated whenever disease of the genito-urinary organs exists. Some gynecologists, however, advise bicycling for the relief of dysmenorrhœa, yet almost all are agreed that

women ought not to use the "wheel" during menstruation or pregnancy. In neither sex should pressure come upon the perineal region. The saddle should be flat and broad enough to allow the weight to rest upon the buttocks. Hygienically speaking, the saddle is by far the most important part to be considered in choosing a bicycle, and should be rather taut and well forward. The front ought not to be sharp, pointed, or raised.

Those who advocate this exercise for women regard corsets as an impediment to its healthful use. Douglas Hogg has collated the opinion of forty-eight eminent gynecologists, of whom one fourth disapprove of this exercise. Mr. Lawson Tait, among others, cites instances of harm resulting to the genital organs of women because of the use of the "wheel."

Lack of moderation is the chief danger. Overtaxing the forces is to be guarded against. The too common penalty is heart disease of varying seriousness. One should stop riding as soon as fatigued, or whenever shortness of breath begins, or when there is the slightest uneasiness in the chest. The upright posture is more healthful than the bent-over attitude, although some think the harm from this and from heart overwork is exaggerated. While walking is a superior exercise, bicycling is more attractive to the majority. People should be taught to avoid excess, and cultivate only good postures on carefully chosen and comfortable saddles. — *New York Medical Journal.*

TO INDUCE NATURAL SLEEP. — Hygienic living throughout the day; supper about 6 P.M.; rest or genial occupation in or about the house until 7 P.M.; from 7 to 8 P.M. a walk in the open air, a spin on the bicycle, a ride on horseback, or if the weather is unfavorable for outdoor pursuits, quiet employment within doors, as a half hour in the gymnasium, a quiet game of pool or billiards in one's own home or in that of a friend, without indulgence in liquors, and not more than one cigar; at 8.30 the bath, followed by the rubbing; at 8.45 milk and crackers, and at nine o'clock to bed.

Rise about six o'clock in the morning, take a cold sponge

bath, dress for the day ; take five or ten minutes' walk in the yard or street, breakfast about seven, and when, after the day's pursuits, evening again returns, a genial couch invites the body to slumber. — *Dietetic and Hygienic Gazette.*

EPILEPSY. — In a very interesting paper on "Epilepsy or 'Falling Sickness'" in the *Medical Summary*, Dr. Lee, the writer, makes several excellent suggestions as to treatment during an attack, as well as before and after. He says : —

"Care should be taken to protect the patient from results of his or her own violence. Something should be placed between the teeth to prevent injury to the tongue. All clothing should be immediately loosened, a piece of comparatively heavy cloth, such as an old flannel or piece of an old blanket, should be lightly wrung out of hot water and placed immediately over the heart and epigastrium, and repeated as often as possible ; the bedding should be protected from the water and wet cloths by means of dry cloths, and the patient should be covered with bed covering which helps to retain the heat. The application of the heat and moisture seems to have an effect almost magical in causing relaxation in the labored action of the heart and restoring to it something of its natural rhythm, and in many cases it is remarkable how soon after the application of hot cloths, or while they are being applied, the patient will give the characteristic prolonged sigh of returning consciousness and ask, 'Where am I?' When the hot-water cloths have been removed, a large home-made mustard plaster should be applied in their place for half an hour or so. The patient should be turned on the right side to allow the contents of the stomach free access to the pyloric valve. Cold applications should not be placed to the head during a paroxysm, because the brain is already in a state of anæmia ; they can be employed to advantage, however, after the paroxysm has subsided, and there are present resulting headache and fever."

PROFESSIONAL RESPONSIBILITY IN SPECIFIC CASES. — In view of the fact that a large per cent of males contract gonorrhœa before they assume the responsibilities of married

life, and since the observation of Næggerath and even more recent experience have convinced the profession of the correlation of these gonorrhœas, even though apparently cured years before, to many of the obstinate chronic female pelvic diseases, I believe it to be the duty of the profession to impose this knowledge upon the laity, and I believe, too, that the man who contemplates marriage, having once had gonorrhœa, should know the importance of consulting a specialist on venereal diseases beforehand, as well as he knows the importance of vaccination when expecting exposure to smallpox. — *Dr. H. R. Holmes, in the Medical Sentinel.*

WHAT GOOD NURSING INCLUDES. — The wise physician of the present day will give a hearty assent to the truths embodied in the following paragraph, by Dr. Conrad Wesselhoeft, which gives such an excellent *résumé* of that important branch of the common-sense treatment of disease which is more and more receiving the attention it merits: —

“Good nursing includes all sanitary appliances; cleanliness, air, proper food; aiding the feeble patient in his movements; change of clothing; bathing; helping him in the performance of his natural functions with bedpan and syringe, or catheter when needed; keeping him properly covered and protected against draughts; renewing the air and keeping the room well ventilated; applying compresses, bandages, and dressings, or other non-medicated appliances; and above all things to protect the patient against meddlesome dosing, homœopathic or allopathic, etc.” — *North American Journal of Homœopathy.*

EYE STRAIN. — At the annual meeting of the Homœopathic Medical Society of the State of Pennsylvania, Dr. A. B. Norton, of New York, laid stress upon the following truths: That there are many cases of persons suffering from persistent headaches as a result of going without glasses when they ought to wear them, or of wearing glasses not suited to their eyes. He commented upon the fact that the advanced civilization of the day is causing a greater strain

upon the eyes, and that statistics show that the eyesight of the race is deteriorating.

A great deal of harm and a great many defects, said Dr. Norton, would be avoided if young children were taken to an oculist once or twice a year, just as they are taken to a dentist, and thus defects, by being taken in time, would be cured, or at any rate prevented from developing into more serious harm. — *Medical Century.*

CAPSICUM IN DELIRIUM TREMENS. — In the *Minnesota Homœopathic Magazine* Dr. R. D. Matchan reports excellent results obtained from the use of capsicum in cases of incipient delirium tremens. The dose is one drachm of the tincture to four ounces of milk, repeated every two or three hours until the patient becomes quiet and inclined to sleep. He says: "I have not prescribed a dose of bromide or chloral or any other anodyne for incipient delirium tremens since 1889. Tincture of capsicum in one-drachm doses administered in milk is far superior. Don't use less than one drachm at a dose; give more rather than less; the more serious the nervous state the larger the dose required. Try it. I don't think it will fail you."

PRACTICAL WORDS. — While we approve and appreciate all that science has done, and is doing, it is no compromise of the modern professional thought and life to insist that the newer ideas shall not altogether supersede the old ones. We must not forget to remember the familiar saying that "what is new is not always true, and what is true is not always new."

One of the principal safeguards for our patients against improper treatment is ability in diagnosis. For if that is rightly made one will be much less apt to go wrong in the treatment. This implies a gift at close and careful observation, as well as a genius for comparing and reflecting upon the fruits of that observation. It is a gift that has its root in an instinct, the clinical instinct, the possession of which fits one to become a doctor with proper training and opportunity, but which is not worth much without a suitable and necessary education.

To bring the various scientific theories to the bar of clinical experience ; to learn to balance the functional and organic differences and complications of disease in the delicate scales of our professional judgment, and afterward to choose the best means for its relief and cure, is the aim and object of a sound medical education. — *R. Ludlam, M.D., in the Clinique.*

ALBUMEN IN THE URINE. — Three things should be remembered, namely : That it may result from a simple retardation of circulation in kidney ; that it may result from lesions of its filtering structure ; that it may be a sequence to more or less grave blood changes. . . . Not quantity of albumen, but condition of kidney function as it relates to quantity, specific gravity, presence or absence of definite castes, blood, mucus, etc., must form the framework of our prognostications. Usually wherever albuminuria is, there is also some disturbing factor which threatens the vital forces, and these are either vascular or nutritive in character. — *Medical Summary.*

AFTER-TREATMENT IN CURETTEMENT. — Dr. Ludlam is reported in the *Clinique* as having given the following excellent advice : —

“When you find a suitable case for the employment of the curette and it fails to bring the promised relief, it is quite possible that the after-treatment is to be blamed for it. I believe that dry dressing and drainage with the gauze is better than any other form of intrauterine treatment. And I am persuaded that rest in the horizontal posture for a fortnight or more is an indispensable auxiliary to the careful and thorough use of the curette.

A NATIONAL DISGRACE. — Some idea of the consumption of alcoholic beverages in the United States may be gathered from our census, which estimates that there is one saloon for every 109 voters, and that an average of one and one fifth gallons of alcohol per capita is used.

RECENT LEGISLATION. — The Pennsylvania Legislature has recently passed an act “prohibiting the exhibition of insane, idiotic, deformed, or imbecile persons in any public

hall, museum, theatre, tent, or building for a pecuniary consideration or reward." The offence is punishable by a fine not exceeding \$1,000, or imprisonment not exceeding six months.

LONGEVITY OF PHYSICIANS. — The average longevity of the members of the medical profession is an interesting subject. A French statistician has made an inquiry on the subject, which is very encouraging for the doctors. He finds that in the sixteenth century the average duration of a doctor's life was only $36\frac{1}{2}$ years. In the seventeenth it had reached $45\frac{2}{3}$ years, in the eighteenth $49\frac{2}{3}$ years, and at the present time he finds that it is 56 years. This interesting man of science proposes to find out whether the average longevity of the patients increased in the same proportion. — *N. Y. Poly.*

THE SINE QUA NON. — It is our opinion that, after having acquired his knowledge of anatomy, his skill as a diagnostician, and his deftness in the use of the knife, what the surgeon most needs to complete his equipment is an exceedingly sensitive conscience. — *Ed. Medical Era.*

INJURY TO THE EYE FROM AMMONIA. — In an interesting paper on "Injury to the Eye from Ammonia," in a recent number of the *Medical Visitor*, attention is called to a class of injuries of a very serious nature. The writer reports a case of bulbar atrophy, the result of the accidental introduction into the eye of a considerable quantity of liquid ammonia. For four weeks the cornea maintained its transparency, but was entirely devoid of sensibility. Two or three minute points of infiltration were then observed, followed by speedy sloughing. In such cases, the writer adds, the prognosis becomes all the more grave because of the late appearance of the corneal complication.

The simple inhalation of ammonia may give rise to a conjunctivitis of quite a severe type. Its use for the purpose of relieving cold in the head should be discouraged.

A quotation from the *Annales D'Oculistique* emphasizes

what has already been said : " The handling of liquid ammonia presents a danger so serious to the eyes that both physicians and the laity should be carefully warned. Burns from vapor of ammonia may lead to not only simple hyperæmia of the conjunctiva, but also to serious opacities of the cornea. Its progress is insidious, and the real gravity of the case cannot be determined till after several days of observation. An eye may seem to be almost intact in appearance, while in reality it is seriously compromised."

WEIGH THE BABY OFTEN. — Weaning may be early or late in infancy, partial or complete, and, except by force of circumstances, it should not be regulated by the age, but by the nutrition of the baby. There is no surer index of this than frequent, careful, systematic weighing of the infant at regular intervals. The scales are to the infant what the clinical thermometer is to the adult, only that they are more exact and truthful in registering the health of the baby. Pink, plump cheeks, sound sleep and stools showing no signs of indigestion are meaningless unless the scales show a daily gain of not less than half, and better, one ounce per day after the first two weeks and during the first five months of extra-uterine existence ; after this age the gain in weight is less, averaging one half to two thirds of the daily gain just mentioned. The fact needs to be more generally appreciated that if a child is properly nourished it must grow a certain amount, and the scales must be the means of showing it. — *Medical Century.*

PERSONAL AND NEWS ITEMS.

THE NINTH INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY, which was to have been held in Madrid during the coming autumn, will probably be postponed until Easter, 1898, or else abandoned altogether. A meeting of the committee was held several months ago, at which time it was evident that the original enthusiasm of those who had invited the congress to Madrid had been extinguished by the distress

into which Spain has been plunged by her ineffectual efforts to conquer Cuba and the Philippine Islands. If the congress should not be held in the spring of 1898, its session will probably be deferred to the time of the Paris Exposition in 1900.

THE TWELFTH INTERNATIONAL CONGRESS OF MEDICINE, to be held at Moscow this year, will open August 7 to 9, and close August 14 to 26. The congress will be composed of the physicians having applied for membership, and to whom a card will be delivered. This card will cost ten roubles (\$5). Veterinary surgeons, pharmacists, and dentists will be admitted also as extraordinary members. French will be the official language, but communications in English, German, and Russian will be considered.

Numerous excursions at reduced rates are being organized in Paris, and the American physicians, who with their families desire to take advantage of them, would do well to communicate with Mr. Marcel Baudoin, the general secretary (Paris). Excursions will be provided by the Russian committee from Moscow to Petersburg and Nijni-Novgorod.

TUESDAY, June 1, at 10.30 A.M., the Maine Homœopathic Medical Society will hold its thirty-first annual meeting at the Elmwood Hotel, Waterville, Me. The Maine Central Railroad will sell excursion tickets to members for one fare over its main line and all its branches. Members will be accommodated at the Elmwood Hotel for \$2 per day. Drs. J. H. Knox and W. M. Pulsifer constitute the committee of arrangements.

THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY will hold its annual meeting in Montpelier, May 26 and 27.

DR. H. C. CLAPP will remove his office and residence about June 1 from 11 Columbus Square to 334 Commonwealth Avenue (near Massachusetts Avenue), Boston.

DR. W. B. FRENCH will remove his office and residence about June 1 from 137 West Newton Street to 11 Columbus Square, Boston.

DR. CHARLOTTE F. HAMMOND reopens her pleasant summer home, "The Beeches," at Paris Hill, Maine, the fifteenth of this month. "The Beeches" is an ideal resting place for the weary worker or the semi-invalid. Both are made welcome, and the latter receive appropriate treatment — electricity, baths, ~~massage~~, etc., as promises to be most beneficial.

THE following communication has been received from Dr. Edwin M. Hale, of Chicago :—

SAW PALMETTO.

I am engaged in writing a complete monograph on the Therapeutics of Saw Palmetto. It will contain new provings and clinical reports, and will appear in October. I shall be glad to receive before that date any contribution, for which due credit will be given.

EDWIN M. HALE, M.D.
65 Twenty-second Street, Chicago.

FOR SALE. — A well-established city practice within ten miles of Boston. The reason for selling is that the doctor has gone into a special line of work. For further particulars address "S. A. N.," care of Otis Clapp & Son, 10 Park Square, Boston.

POSITION WANTED. — A trained assistant (woman of 24) desires a position at moderate compensation in physician's or surgeon's office, or as attendant upon semi-invalid in or out of a sanitarium. Address T. A. L., care Otis Clapp & Son, 10 Park Square, Boston.

PROF. BEHRING ON ANTI-TOXIN.—Prof. Behring asserts that pure anti-toxin, without admixture, is absolutely free from poison, and that its effect is upon the diphtheric bacillus, which it destroys, and upon nothing else. The cases of complications and disease that have arisen are due to impurities in the serum, and as the preparation of the serum is improved they must disappear. — *The Spatula*.

PUBLISHERS' DEPARTMENT.

SHAKESPEARE UP TO DATE. — It would seem as though we of the present generation must either apologize to our predecessors for all the jokes we have cracked at their expense over their use of some of the animal products, or else we must expect to be roundly scored by our successors for the same reason.

The above remark is made because we have just noticed that a much advertised, and doubtless much used, remedy called protonuclein is made by adding together 100 pineal glands and pituitary bodies, 100 salivary glands, 100 thyroid glands, 100 pancreases, 100 inner linings of the stomach, 100 Brunner's glands and Lieberkuhn's follicles and 100 thymus glands. We would suggest to the manufacturers that it might be well to add to their mixture —

“ Eye of newt, and toe of frog,
Wool of bat, and tongue of dog,
Adder's fork, and blind-worm's sting,
Lizard's leg and owlet's wing.”

— *Columbus Medical Journal.*

VALUE OF WOOD FIBRE FOR SPLINTS. — The materials generally used for making splints are nicked copper, felt, wood, wood board, mill board, leather, gutta-percha, pasteboard, binder's board, and wood fibre.

The objections which may be raised to the use of the majority of these materials will readily occur to the mind of every surgeon.

The superior advantages of wood fibre over other substances in the treatment of fractures may be concisely summarized as follows: —

1. The readiness with which it can be moulded to conform to the contour of any limb or portion of the body.
2. Perfect immobilization of the parts, padding being rendered unnecessary.
3. Free access at all times for inspection of fracture, readjustment of splint being exceedingly simple.
4. Freedom from local irritation, and facility of removal.
5. Strength, rigidity, and durability, combined with porosity and lightness in weight.
6. Thorough asepsis obtained by moistening the splint with Antiseptol or other reliable antiseptic.

This material has been used in a large number of cases with highly satisfactory results, notably in the case of a bartender who fractured both bones of the leg at its lower third. The patient remained in bed ten days with the reduced fracture immobilized by a moulded splint of wood fibre. The eleventh day, fearing to lose his position, he went to business. Finding he could bear his weight on the leg, he did not even use crutches. The physician in charge refused to attend him further, or be responsible for the ultimate result.

Two months later the one time patient called upon the physician, still wearing the fibre splints. These were removed, and the leg found to be in perfect condition.

One other point in regard to wood-fibre splints, namely, expense. This should naturally be a minor consideration, yet in this case less expense is combined with greater efficiency, and is consequently a decided advantage to both physician and patient.

Two thick and two thin sheets of wood-fibre material constitute a set sufficient for any surgical exigency. The cost of the set is \$3. Members of the profession can examine and obtain sheets of wood-fibre at Messrs. Otis Clapp & Son, 10 Park Square, Boston, and at 417 Westminster Street, Providence, R. I.

RELIABLE PREPARATIONS OF MALT.—At this season of the year many of the laity demand a tonic. Something to “build them up” before the hot weather arrives. It is true that sufficient nourishment is often not obtained or appropriated from the ordinary food supply. Such a condition, however, calls for not a stimulant, which is too often resorted to, but for a food in an easily assimilable form.

In this connection we desire to call the attention of the profession to Otis Clapp & Son's reliable preparations of malt, especially to their Malt and Cod-Liver Oil, Malt and Calisaya, and Malt and Peptonate of Iron with Manganese.

Malt and Cod-Liver Oil will be found most useful in wasting disease, chronic indigestion, chronic bronchitis, and la grippe. It is specially adapted to cases requiring extended treatment in order to check tissue waste and repair its results. This preparation is practically free from taste of the oil, is readily borne by the most sensitive stomach and contains a large percentage of the curative properties of cod-liver oil combined with hypophosphites and a pure extract of malt.

Malt and Calisaya is admirably adapted to the treatment of

general debility, brain fag, overwork, and feeble power of digestion. It must not be forgotten in the treatment of marasmus. A pure extract of malt, such as this to which the attention of the profession is called, should be rich in albuminoids and phosphates, highly nutritious ingredients when in soluble form. It should also be possessed of marked diastatic properties. These characteristics may be truthfully claimed for Malt and Calisaya, and, additionally, the tonic and antipyretic virtues of the best calisaya bark.

Malt and Peptonate of Iron with Manganese, containing one grain of Peptonate of Iron and Manganese to each wineglassful of Malt, is a peculiarly desirable combination, presenting iron in a soluble form for appropriation by the absorbents. The appropriation actually takes place, as evidenced by speedy increase in the number of red corpuscles in the blood. This preparation is therefore indicated in various forms of anæmia, chlorosis, menstrual disturbances, and nervous exhaustion dependent upon a vitiated or insufficient blood supply. It is agreeable to the taste, will not stain the teeth, cause constipation or gastric disorders. The presence of manganese assists in the formation of hæmoglobin.

Physicians making use of these several preparations of malt in their practice will find them of uniform quality and of decided benefit when prescribed according to the indications.

MEDICAL TREATMENT OF THE INSANE.—The medical treatment of the insane rests upon this tripod of essentials—*rest, sleep, and nourishment.*

Rest implies much, mental as well as bodily rest. It implies control of your patient. Little promise can be offered to those who, in opposition to your advice to rest mentally, by ceasing mental labor, still keep up their daily round of work, thus ever increasing the drain upon their already exhausted energies. For those with feeble hearts and weak muscular power, especially in the aged, the recumbent position is to be secured if at all possible. If it proves irksome with some it might be alternated with light exercise, as walking or riding. The *rationale* of the recumbent position is to establish a better nourishing of the brain by inviting a more active circulation to it.

In the treatment of insomnia the mildest methods for encouraging sleep, such as baths, exercise before bedtime, the administration of milk, malt, or hot punch, should be employed. . . .

Above all things we should be most true to the last mentioned essential of the treatment; that is, nourishment. We can expect

little or no progress if we fail in this. Most cases of insanity are anæmic and lacking in good blood and fat. Only such foods should be given as are easily digested, and which tend to produce these elements of good nutrition. Chief among these are rich milk, porter, Dublin stout, and eggs. The patient should be urged to take, besides the three regular meals per day, an additional glass of egg-nog or good malt midway between them.

If the physician succeeds in accomplishing these three essential points, he is sure to be rewarded by the restoration of his patient in his own home in any curable case. Tonics and reconstructives can be used to the best advantage after bodily and mental quiet are restored, sleep established, and the functions of the alimentary tract reinstated.—*Dr. E. G. Carpenter, in Cleveland Journal of Medicine.*

ALCOHOL AND POPULAR MEDICINES.—In the report of the Massachusetts State Board of Health are found the following statements of the percentage of alcohol as an ingredient of nerve stimulants and blood purifiers: Ayer's Sarsaparilla, 26.2 per cent; Hood's Sarsaparilla, 18.8 per cent; Paine's Celery Compound, 21 per cent; and Greene's Nervura, 17.2. Malt liquors contain from 1.5 to 8 per cent of alcohol, wines from 8 to 20 per cent, while ardent spirits, of which whiskey is a type, contain from 45 to 60 per cent of alcohol. Among the wines it is only old Port that contains more than 17 per cent of alcohol. It is therefore apparent that these "nerve stimulants" and "blood purifiers" outrank wines in the amount of alcohol, while Ayer's Sarsaparilla reaches almost the proportion that should classify it as "ardent." No wonder great benefit is claimed for these universally used "remedies." The man or woman who is benefited by a draught of "Schnapps" cannot fail of rejuvenation by a dose of these medical "Schnapps." Better take your whiskey straight.—*Medical Arena.*

FOOD FOR NERVOUS PATIENTS.—There is so very much of truth in the preceding abstract that every physician will be glad to avail himself of every form of nourishment which his nervous patient can be induced to take.

Among the most desirable and available of foods is Otis Clapp & Son's Bovetra—the pure juice of selected beef, rich in all the important albuminous constituents of the meat, and emphatically *not* a beef-flavored stimulant. This is a distinction with a difference.

Beef-flavored stimulants cannot renew the life current of the physical man. There are many such preparations of no dietetic value, but Bovetra is not of them. It is above all things a natural food for healthy people as well as for the invalid. It is palatable, portable, and readily prepared, and may be used as a simple bouillon or in soups and broths.

JENNER'S HUMOR. — Among the autograph letters of Jenner, recently sold in London, was one which shows the humorous side of his character. Writing to a lady to whom he had sent a couple of ducks, he says : —

“ I've dispatched, my dear madam, this scrap of a letter,
To say as Miss Kent is so very much better,
A regular doctor no longer she lacks,
So I've sent to attend her a couple of quacks.”

THE CARE OF THE SKIN. — The skin secretes daily about twenty-three ounces of perspiration. One ounce of this is solid matter, which remains after evaporation. There are also oily and resinous secretions which unite with the solid residue and particles of dirt, and form a compound which tends to clog the pores of the skin.

Frequent bathing, accompanied and followed by gentle yet vigorous friction, is therefore a necessity in order to keep the skin clean and the pores unobstructed.

Otis Clapp & Son's green olive oil Zante Soap, made from pure olive oil and free from chemicals and all deleterious substances, will prove a most satisfactory soap for the daily bath. It forms a soft, creamy lather, and seems to soothe and heal superficial inflammatory conditions. Its use is recommended by many specialists in diseases of the skin.

For the average person not afflicted with local irritations, nothing better has been devised for stimulating the action of the skin and thoroughly cleansing it than the Quilted Hair Bath and Flesh Brush. It is simple, durable, effective, and inexpensive ; above all, it has not the objection presented by many brushes, that of being rough and harsh. By dipping the Quilted Hair Bath Brush in *hot* water for a longer or shorter time, it may be adapted to the most sensitive skin. It can be obtained in three sizes, and when used with Otis Clapp & Son's pure green olive oil Zante Soap, a perfect combination will be secured.

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COMMUNICATIONS.

ANNUAL ADDRESS

*Delivered before the Massachusetts Homoeopathic Society, April 14, 1897, by the President,
Frederick B. Percy, M.D.*

“To have gained the confidence of your associates or patients is one thing; to have merited it is quite another.” It is many years since these words were uttered by a beloved friend, a physician as well, whose whole life was in keeping with this cogent truism. To you all, for the proof of your confidence, I find it hard to express in words my heartfelt and keen appreciation. It has been and ever will be, however, my earnest endeavor to prove worthy of it. Self-confessed incompetency has never been accepted as a good and sufficient reason for declining to serve you, and in the assumption of office one feels your unswerving support. If a man reflects, as he must, upon those who have so worthily presided over your deliberations, it is not a matter of wonder that sometimes courage fails through fear that he may not live up to their standard. The constitution gives to your president much freedom in the choice of subjects to be offered for your consideration; but a precedent well established to briefly review our year's work must be followed, and then after a brief period of introspection we may consider the future needs of our society and school.

Our last year ended with every member of this society, every friend of the Westborough Hospital, in a state of indignation over the criticisms of the State Board of Lunacy and Charity. Nothing could have been more convincing,

more unanswerable than the refutation of those charges made by your committee and their coworkers. And yet from the offending parties came no word of explanation, no recognition of their misstatements. The appointment, by the governor, of a commission to investigate charitable and penal institutions gave an opportunity for a rehearing which was not lost. Before these commissioners were again presented our just complaints, and at the same time it was urged that a separate board of lunacy be appointed. Of the careful, painstaking work of this commission there is no need for me to speak, as many, if not all of you, are in possession of their report. Not yet have their recommendations been acted upon by the Legislature, but it is to be expected that before this session is over the new board of lunacy will be an assured fact. Then intelligent supervision, and as a consequence intelligent criticism, will do away with such seemingly needless controversies as these last years have seen.

No one who enjoyed the day at the Waltham School for Feeble-minded can ever cease to be grateful to the present chairman of your Committee on Nervous Diseases, who made this visit possible, or to the physician and those in charge of this beneficent institution who so kindly explained its workings. It was indeed a revelation to most of those present, and because of it hope sprang anew for those unfortunates for whom pity was heretofore our only emotion.

In these days of new methods, when in the education of children the acquisition of a certain definite amount of knowledge is not the desideratum, but mental development on physiological grounds, such results as were there in evidence must convince the most skeptical in favor of the newer education. Manual training, at one time looked upon as a means to an end, here exemplified what Dr. McAllister has stoutly affirmed, that brain development must follow its introduction. To the busy practitioner it seems impossible to keep in touch with progress in matters outside the medical range, and yet nothing is more imperative than that intimate knowledge of those things which pertain to body and brain should be in his possession. Such visits as these oft repeated

will surely inure, not alone to the benefit of the profession, but to the larger community to which they minister.

It is given to few to be such an adviser to our constituents, the poor especially, as was Dr. John Brown; but his work, his life, his ideals are as inspiring to-day as when among the poor of Edinboro he labored to help body and soul alike.

Is it right to say the unexpected happened? Hardly, for the suggestion had been made and its fulfilment came in the semiannual meeting at Worcester. Says Lord Bacon: "It is true that what is settled by custome, tho' it be not good, yet is it fit." Contrariwise we forsook custom, and our first semiannual meeting away from Boston was held in October last. There can no longer be in the minds of any one doubt as to the fitness of this departure. The meeting was well attended, the spirit and tone of the discussions elevating, and the proverbial hospitality of physicians in Central Massachusetts was well attested. One change seems most desirable, and that is to have, if possible, the social part of the occasion on the evening preceding the meeting. A long day of intellectual refreshment is not calculated to prepare one for those kindly interchanges of thought and experience which such gatherings should bring out. Innovations are of necessity slow in operation, and congratulation, not disparagement, should be offered those who instituted this reform with reference to a change in place of meeting.

One simple resolution offered at this meeting might well afford a theme for a presidential address; I refer to that one relating to expert testimony in court. It is a matter of the deepest regret that the committee appointed at that time have no report to offer. The gentlemen composing it are well qualified to offer suggestions toward remedying an evil which "imperils the dignity of medicine." Far be it from me to anticipate in any way what that may say to you in the future, but it would not be possible to too strongly denounce the present methods.

Not all physicians are capable of offering expert testimony. Why then offend every sense of right and justice by

allowing such freedom of choice as now exists? The methods now so successfully employed in England and on the Continent may not in this country be considered advisable, but the agitation of the question will result in some satisfactory solution of this difficult problem. There are now men eminently qualified for such service, and the modern methods of training will bring forward others even better equipped for this work. By the medical profession must the initiative be taken to bring about this reform, and let us as a society be among its warmest champions.

It is with pardonable pride that we view the progress made during the last year by the college and hospital which exemplify the tenets of our school. The former, not alone in added numbers but in the quality of its students, clearly proves the success of its past work and holds out promises for the future. Casual visiting cannot show the advancement in its methods nor the thoroughness of its work. Each recurring Hahnemann festival offers to all members of the profession the privilege, for such it must be considered, of seeing something of what is being done. The time has not yet come when hospital statistics can prove all that is claimed for homœopathy, but work well done is never without recognition, and the recent bequests to our own hospital are evidence enough of the regard in which it is held by the community.

In the coming year a Nurses' Home and the opening of a Maternity Hospital will be added to our present hospital.

Introspection, that habit of mind we so deprecate if it becomes fixed, is commendable if occasionally indulged in. Self-examination, if sincerely entered into, must bring self-improvement. It were far easier for me to dwell upon the progress of homœopathy, the successes of its practitioners, but conscience dictates another course. To all of us who have espoused homœopathy in these later years the words of the Psalmist seem most applicable, "The lines are fallen unto us in pleasant places, yea, I have a goodly heritage." The world of science demands of men who are in it thought and action, not emulation alone. Have we not forgotten, in our

desires to follow those who builded so well, that we too have constructive work to do? We are, first of all, physicians in the broadest catholic sense of the word; and how much that means in these days of accurate knowledge those who have forged to the front well know. But we who are members of this society are, or should be, something more; and that is, specialists in therapeutics. If our creed means anything, we are possessed of that knowledge which belongs to every physician; and, above all, a special knowledge and belief in a therapeutic law.

Other theories of disease, other methods of treatment, are constantly being offered; and their advocates rightly demand that we should prove, if we can, our claims for preëminent qualifications for the cure of the sick.

Brand's results in typhoid fever, the mass of statistical evidence in favor of the anti-toxine treatment of diphtheria, both cry out to us for acceptance or proof that homœopathy can do better. Serum-therapy, accepted by many of the most enlightened men in the old school of practice, is like the treatment with which we are familiar in its specificity, its mildness of action, and its smallness of dose. Do not make the mistake of claiming this for homœopathy. Our animal poisons, such as apis, naja, crotalus, and the like, very closely resemble the anti-toxines in rapidity of action, but we use them to cure conditions which they produce, while the anti-toxines, like tuberculine, occasion no disturbance in the healthy. To those who decry the action of the anti-toxines the task remains to prove the superiority of their own method. Homœopathic successes have been with many drugs, many potencies, and many adjuvants. There must be some leader, some master mind who shall demonstrate our errors in the past and proclaim our course for the future. In days of old, when as a feeble, uninfluential body we were struggling for existence against an implacable enemy, the world had no right to expect from our ranks those whose contributions to science should be of permanent value. Now all these conditions are changed, and with colleges, hospitals, dispensaries, and laboratories at our command, we must

have men who shall stand in the front rank of medicine ; those to whom physicians of all schools shall look up and whose opinions shall be worthy of every confidence.

There must have come to you the younger men of the profession who have sought from you that aid which books fail to bring. If perchance they belong to another school, you were sorely puzzled as to how to proffer them this help. It should be our duty to make this way plain. Think for one moment of the many, alas ! too many, diseases where therapeutic resources are unsatisfactory. Why not, then, with such an organization as this, unite in demonstrating the proof of our law by curing what are now considered incurable conditions. Not one year could accomplish this, but if after five years we could say, positively, epilepsy is curable, or cancer is no longer the *bête noir* of the physician, a monument to homœopathy more lasting than stone will have been erected. I purposely have selected these two diseases because they are not self-limited, and in their treatment the therapeutic efficiency of our system can be absolutely determined. Do not think that my memory fails to recall the great help which homœopathy has afforded, but I ask more ; not palliation, but *cure*. Other fields of work present to some more promising harvests, but let us work on with the above aims in view.

Singleness of purpose, concentration of energy, and persistent work shall bring us rich rewards. May it nevermore be said of homœopathy, as Macaulay once did of the schools of philosophy, "This contented despondency, this disposition to admire what has been done, and to expect that nothing more will be done, has been too strongly characteristic of you."

If in my eagerness to speak strongly I have overstepped the bounds of prudence, you will excuse one who speaks from the heart.

Yielding to none in admiration of those who were the pioneers of our faith, or fealty to the grand truths which it exemplifies, I plead for the justification of our belief before all who would be true physicians.

THE LARGER DOSE WHEN THE SMALL DOSE FAILS.**REPORT OF CASES.**

BY SARAH M. HOBSON, M.D., CHICAGO.

"When you are sure you are right, stick to your remedy."

Miss A., 25 years; nurse; subject to coryza, but free from all untoward throat and pulmonary history. After nursing three bad cases of diphtheria, slight throat symptoms were controlled by antiseptic gargle. Several weeks after leaving the diphtheria cases a cough developed with abundant, easy, bland mucous expectoration. The characteristic feature was the easy cough and the quantity of expectoration. There were no concomitant symptoms except general weariness. Remedies had no effect. Finally the patient was sent to the seashore for a fortnight. She came back relieved of the exhaustion, but coughing worse than before. Prof. Conrad Wesselhoe used to say, "When you are at a loss for a remedy, study the tissue affected in alphabetical order through the materia medica." Work of that fashion (it rarely fails) brought forth PULSATILLA, *mucous membranes* (Burt), "copious profuse mucous discharges," "much mucous secretion is the rule," "cough with much mucous expectoration." But pulsatilla 3 x was as unavailing as the half dozen other remedies had been; and the cough grew worse. A small bottle of pulsatilla was given with instruction to take two-drop doses in water every half hour. The patient reported that in three hours the cough was a little less frequent. Under gradually diminishing doses during the next few weeks, the cough entirely disappeared.

This occurred several years ago. Recently this patient has reported that, while entirely free from cough in good weather, during the winter there is an increasing susceptibility to laryngeal and bronchial catarrh which had never been present before this exposure to diphtheria.

Miss B., 30 years; teacher, hard worker, subject from childhood to migraine. The attacks were not connected with menstruation, no nausea nor other gastric symptom sometimes consequent upon extraordinary physical or mental

exertion, but quite as often followed a day of unusual exhilaration; habits of eating and sleeping good, stools regular, urine normal. The attacks came on toward evening, frontal, sometimes becoming basilar, gradually increasing until midnight or after. If the patient slept before midnight, she was generally awakened by intense suffering, a throbbing, bursting headache; relieved sometimes by walking the floor, by hot applications, or sitting in absolute quiet; aggravated by recumbent position, by mental exertion, cold, or light. After an hour or two the pain would abate, and she slept from sheer exhaustion, waking free from pain, but weak and unfit for hard work for a half day. These had recurred at irregular intervals from one to six weeks for years with such regularity of history that she had provided herself with an easy-chair and warm wraps in which to "sit out" the attacks. Frequently she would not go to bed until one or two o'clock, to escape the intolerable suffering of the midnight awakening.

This patient had taken "old school" and "new school" remedies in vain, and had finally settled down to a passive endurance. A recent attack of uncommon severity provoked free vomiting, which gave immediate relief to the headache. Thereupon she came to me, saying this was the first time there had been nausea. *Nux vomica* 2 x and *strychnia* 3 x failed in the two succeeding attacks. For the third, the tincture of *nux vomica* was given, with directions to take three drops in a half glass of water at the onset of the headache, and repeat in three hours if necessary. Two attacks were averted thus. One drop was advised. This failed. The three-drop measure was resumed. In no instance has the remedy been taken more than twice, and there has been no severe attack in the past four months, a record which has not been paralleled in fifteen years.

A. B., baby of nine months; dentition, diarrhoea, green stools flecked with mucus and blood. *Aconite* and *ippecac*, also *chamomilla* 2 x medicated pills failed. After five days' duration, improvement set in within six hours upon *aconite* 1 x and *ippecac*, drop doses of the tincture.

M. C. A persistent, violent, bronchial cough resisted kali bichromicum 3 x, but yielded to 20 grains of the 2 x in one half glass of water, two teaspoonfuls every fifteen minutes.

M. T. A dry, racking cough, with chest soreness, yielded in three hours to bryonia, drop doses every half hour when bryonia 3 x had failed.

“When you are sure you are right, stick to your remedy,” is a good precept for lecture room or medical meeting. But when a patient is clamorous to be at work again, and twenty-four hours bring not the slightest amelioration, theory, potency, or the doctor has to give way.

SCURVY—WITH A REPORT OF TWO CASES.

BY GEORGE E. MAY, M.D., NEWTON CENTRE, MASS.

“Scurvy is an acquired disease, dependent on a dietary deficient in fresh vegetables, and characterized by debility, anæmia, swollen, spongy gums, ecchymoses in the skin, fibrinous exudate into deeper parts, a tendency to disintegration of tissue, and hemorrhage from free surfaces and into internal organs.”¹

This disease, except in infancy, is of very rare occurrence in modern times. Now and then cases are reported among sailors, but formerly great armies were devastated by its ravages, and among the merchant marine it was a most frequent and fatal visitor. Laws providing antiscorbutic dietary on shipboard have very largely caused its disappearance, so that it is said to come but once in two thousand cases of sickness in the combined navies of the world.

Among the adult population of this country it is almost unknown. Attention to infantile scurvy has been within a few years attracted, the first recorded cases coming from England. Northrup, of New York, in 1894 could find but fifteen cases reported by American observers. Since then the literature of the subject has very largely increased. It is probable that until recently most of the cases of scurvy in infants have been overlooked or classified as rickets.

¹ Goodno.

So far as I can learn, infantile scurvy is confined to babies who are artificially fed. Many of the reported cases have been taking proprietary foods, especially condensed milk. Probably constitutional weakness or dyscrasia acts as a predisposing cause, as quite a proportion of cases has been in rachitic children. In adult life the absence of fresh vegetable material from the dietary is the only well-recognized cause, although depressing emotions, long continued, overcrowding, and exposure may predispose to the disease.

The pathological conditions most constant are inflammation and ulceration of the gums and mucosa of the mouth, subperiosteal hemorrhage of the lower extremities, producing pains and swelling, especially at the epiphyses, and the ecchymotic condition found in the skin and mucosa. The changes in the blood are constant, but not peculiar to the disease, being only those of anæmia from any form of malnutrition.

The symptoms, other than those mentioned, are pallor, weakness, and languor, fœtid breath, often diarrhœa and vomiting, and hemorrhage from the mouth, nose, vagina, and kidneys.

The diagnosis from rheumatism may occasionally demand consideration, but the purpuric spots, spongy gums, and history of the case will not leave the observer long in doubt.

The prognosis is good if the disease be recognized and properly treated before the pathological changes have too far advanced, but neglected cases are very frequently fatal.

Treatment is most positively dietetic, medicines having no known influence unless in combination with certain articles of food. Prophylaxis is of the greatest importance among persons predisposed by occupation or surroundings.

If the disease has become established the patient must at once be placed on a diet in which fresh vegetables and fruit acids form a large part. No salt meats are allowed, but fresh beef and mutton may be taken liberally. Milk may also be largely used if fresh. Potatoes seem to act very beneficially, as do squash, celery, and other succulent products. The mouth must be kept clean by frequent washing

with sterile water or mild antiseptic solutions. Change of air and scene is advisable.

For infants, who as we have said seem to be much more prone to the disease, we must obtain a good supply of fresh milk, and administer it with as little modification as possible, although the Pasteur process is said to have no untoward effect. Several drachms of orange juice are to be given each day, and beef juice, potato soup, also fresh egg albumen are valuable additions.

The results of such treatment in recent cases are most satisfactory. Almost at once the improvement begins, and I believe will continue without any medication whatever; but nitric acid, mercurin, ferrum phos., or sulphur might be of use in some cases.

The following clinical experience has fallen to the writer, and suggested this paper:—

Case 1. Willie C—, *æt.* eighteen months, had been severely ill with whooping cough for some six weeks under domestic treatment. He had become wasted and worn to the extreme when I was called. The mucous membrane of the mouth was almost one complete ulcer, which bled easily at any point as far as could be seen into the pharynx, the nose being similarly affected. Purple spots appeared at several points on the thighs; the knee joints and anterior aspect of the legs were swollen and tender. The pulse ranged from 160 to 180, the temperature was 98°. Diarrhoea, with slimy, offensive stools, with occasional tinges of blood, had been persistent for some days.

The mother reported that for the past three months his diet had consisted of bread, crackers, and tea, the latter without milk. For several days past, owing to the sore mouth, he had refused food in every form.

The condition was a new one to me, but a little study convinced me that I had a case of scorbutus well advanced; and the whooping cough, still most distressing, combined with the inability to take food, made the outlook unpromising. Nutrient enemata proved unsuccessful, and I was prompted to try gavage. The swollen nasal mucosa forbade

the ordinary route for passing the tube, but by employment of a cork gag, a large, soft catheter was passed *per oram*, and eight ounces of milk introduced to the stomach three times a day for ten days. A few drachms of fresh orange juice were forced upon the patient at intervals between the feedings. On the eleventh day the mouth was so well that the patient took food voluntarily.

Remedies were given mainly for the cough. Inunctions of sweet oil were made twice a day, and the child was kept in the open air as much as possible. The above articles of diet were insisted upon for a month, at the end of which time the child was entirely well.

Case 2. In the summer of 1895 Mrs. B——, *æt.* forty, consulted me for rheumatic pains in the lower extremities. She gave a history of chronic enteritis of a pseudo-membranous type, and said that for several years her diet had consisted entirely of bread and beefsteak, no vegetable matter having been allowed on account of the diarrhœa. She was fairly well nourished, but had occasional attacks of the bowel difficulty, and had a morbid fear of any kind of food outside her extremely limited diet.

I prescribed for the supposed rheumatism, but in a short time she reported herself as no better, and showed me a number of purple spots on the skin in different parts of the body. She incidentally said that her dentist was trying to cure an obstinate inflammation of the gums. I examined the case more carefully than before, and at once decided that my case of rheumatism needed antiscorbutic measures. Her fears of the effect of fruit juice upon the intestinal tract well-nigh prevented the adoption of such treatment, but she was assured that the outlook was unfavorable without radical measures, and the juice of one lemon was finally accepted in divided doses each day. The effect was marked. The pain lessened, the gums improved, the purpuric spots cleared. Squash, sweet potato, and other articles were gradually added to the list, with the result of making a great change in her entire condition. The enteritis is now almost forgotten, and she enjoys a generous and varied diet. Once during the past

winter the fruit was omitted for a few weeks and the scorbutic symptoms returned ; but they vanished at once on the resumption of lemon juice.

VERATRUM VIRIDE.

BY CHARLES S. PRATT, M.D., SHREWSBURY, MASS.

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

Some years ago, while reading Dr. Hale's "New Remedies," his superb article on the green hellebore impressed me so forcibly, that I determined to make use of it on the lines which he suggested.

So, after a brief *résumé* of its action and curative properties a part of my clinical experience with it is here given.

Veratrum viride produces intense capillary hyperæmia, congestion, and inflammation of the brain, lungs, liver, and spinal meninges, with great arterial pressure, a hard, full, bounding pulse, and a tongue, yellow at the sides, with a red streak in the middle.

A full, hard pulse, which cannot be obliterated by pressure, is present in nearly all the cases for which *veratrum* is so efficient a remedy. Premising that you are all familiar with the literature of this noble medicine, it only remains for me to point out its principal clinical uses, and to explain my own trial of them.

In an epidemic of cerebro-spinal meningitis, with opisthotonos, violent fever with stupor and delirium, it, with occasional aid from gelsemium, did all that a medicine could do to cure the disease.

For severe congestive headaches, especially if fever be present, and nausea and vomiting, which are characteristic of its fevers and congestions, at least of its cerebral variety, it has worked like a charm.

In congestive dysmenorrhœa, with great pressure in uterine region, headache, backache, delirium, and scanty flow, when not caused by organic obstruction, it will cause a free discharge of the menses, act as a sedative to the nervous system, and quiet the whole disturbance in a short time.

For catarrhal fever, with high arterial tension, nausea, vomiting, with intense cephalic congestion, it is often very effective. Baptisia, freely given, is another excellent prescription for this condition.

When simple continued fever assumes a severe type, or approaches typhoid, veratrum is even better than our justly valued baptisia.

Typhoid fever at times commences violently, with great cerebral congestion, purplish face, bloodshot eyes, rapid, incompressible pulse, and a temperature which in itself is a menace to life; then veratrum, rightly used, causes it to assume a milder type, and the patient is saved.

Again, at about the third week, the sufferer may seem to be burning up, severe congestions of the great organs, and cerebro-spinal centres, dry skin, and the absence of all the natural secretions of the body, which are, as it were, locked up, as Dr. Hale so well puts it.

Veratrum will bring down the pulse from 120 or 130 per minute to 90, or less, with a moist skin, restful sleep, and the establishment of convalescence. Such a result have I seen in this dire disorder.

In the first stage of pneumonia no other treatment is needed, for if used soon enough the whole disease may be aborted. A blacksmith came to me with inflammatory rheumatism of the right shoulder, which was bright red, immobile, and very painful. Veratrum and ferric phosphate 12 x enabled him to go to his work in two days with a sound arm. A lady who chilled her wrist and arm while hanging out clothes on a cold day had acute inflammatory rheumatism of hand and arm; also another had the same trouble with her left shoulder from exposure. Both these cases were relieved in about three days with veratrum.

It is my belief that this remedy has a specific action on a low type of skin inflammation. Exhibited internally and externally, it has cured many cases of erysipelas. A lotion may be made of twenty drops of the tincture to one half pint of water and laid on with lint. It has proved for me the best remedy for measles, adding to it puls. for the eye,

ear, and enteric symptoms, and kali bich. for the laryngeal irritation.

If there be a specific for scarlatina, this priceless medicine seems to me to be the one.

In a number of cases, convalescence was established in about four days, even in the anginoid type, desquamation almost absent and no sequelæ either in measles or scarlet fever, unless from undue exposure.

My usual method of administering it has been, in mild cases, sensitive people, and in children, to put one half of one drachm of the 1 x dilution in two thirds glass of water, and then order one teaspoonful given every half hour till next visit or until better, then every hour. In adults with great fever, or cerebro-spinal congestion, or in first stage of pneumonia with active delirium, and in severe congestive dysmenorrhœa four to five drops of the mother tincture may be put into two thirds glass of water and one teaspoonful given every half hour till better, then every hour till fever or congestion is relieved. Such a use of this matchless remedial agent I feel assured will never disappoint you.

REST IN BED FOR THE INSANE. — It has been found in St. Petersburg that insane patients are very favorably affected by being kept in bed, and the system has been introduced on a large scale for noisy, excitable patients and cases with psychic depression and general debility. Neither force nor narcotics are used, but the patients are merely habituated to remain in bed, although they take their walks and physical exercise every day as usual. It is not necessary to keep them in separate apartments, and the economy of space and trouble to the attendants renders the practice a great convenience. — *Presse Méd.*

THE Missouri Board of Health have recommended that the cause and prevention of consumption be taught in the public schools of that State.

EDITORIAL.

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

COMMERCIALISM IN MEDICINE.

Within fifty miles of Boston, in a little country town, there lives a doctor whom it has been one of our privileges to know for a quarter of a century. For many years more than that has he ministered to the people of his own and surrounding communities for their physical infirmities and, we doubt not, very often to their mental and moral obliquities as well; riding o'er hill and valley, in sunshine or in storm, in daylight or in dark, for rich and for poor indiscriminately. He is a man, large of frame and mind and heart, beloved by his friends and patrons, respected by everybody. Of enemies he has none to our knowledge. At a wedding in a neighboring village church, which he graced with his presence, he seemed to claim as much attention as the newly wed, and all seemed eager to greet him and be welcomed in return. He is by no means "a back number" professionally. He has tried the erysipelas toxine in cancer, the pyoktannin in epithelioma, believes in anti-toxine in diphtheria; is thoroughly aseptic in surgery and midwifery, and so far as we could observe, as conversant with modern professional thought as the average urban physician. His wealth on earth is but a tithe of the treasure laid up in heaven.

Within ten miles of the same city comes to our mind another disciple of the healing art. Short of stature but sturdy; keen of intellect and sharp in practice; a member of the church, Masons, Odd Fellows, Red Men, Knights of Pythias, Royal Arcanum, etc. Is he called to a case of accident, be it ever so slight, it is exploited in the newspaper. He tends the poor because thereby he hopes to gain a reputation for benevolence which may ultimately profit him. His worthy deeds are always known, even if he has to tell them himself (always of course with becoming modesty). He

always has the sickest patients, and is always called "just in time," or, if the calamity of the loss of a patient does befall him, he "ought to have been consulted earlier." Above all else, he "gets his money."

The first of these, by no means wholly fictitious persons, represents a type becoming less, the second a type becoming more frequent. What is intrinsically the difference? To the one his business is a life, a sacrifice, in the highest and best, and it should be the only, sense, a profession. To the other it is a *trade*, a hitherto respectable means of getting a living.

A profession presupposes intellectual development, learning, culture of the broadest and best, not only in those subjects immediately pertaining to its direct and specific work in the world, but so far as possible in all collateral topics; especially is this true of medicine, theology, and law; therefore have they from time immemorial been called learned. Trade presupposes something to be bought and sold or bartered. The former deals with opinions, judgments, the results of special and exhaustive study and thought. It is to a certain extent intangible. Its value cannot always be estimated by any given standard. The latter deals with something definite and concrete, which has a value regulated more or less absolutely by its intrinsic worth, by the law of supply and demand, or by the purely commercial keenness and ability of the vender. Remuneration for professional labor was originally entirely gratuitous, according to the inclination and ability of the recipient. In trade the pay is a definite agreement between the buyer and seller. The object desired in the exercise of professional skill should always be more or less ethical.

The object in trade is the acquisition of personal wealth. Whence arises, then, the second of the two types portrayed? It arises from a loss of perception of the ethical element, which should always be present, and the offer of opinions and professional skill as a purely marketable commodity to be bought and sold as such, subject to the laws of trade. Therefore must it be displayed, advertised as far as possible with-

out absolutely transgressing the "code" supposed to govern. Not alone must his own intellectual wares be kept prominently before an eager public, but those of his competitor politely, perhaps, but insinuatingly disparaged. The definite causes of this increasing tendency towards commercialism in the profession it would be difficult to tell absolutely. They are undoubtedly many and complex; the sharp competition caused by the rapidly increasing numbers in the profession and the consequent necessity of obtaining a livelihood thereby. Back of this, however, and more fundamental is the thirst for the acquisition of wealth, the too often fictitious power ascribed to the "almighty dollar" to procure ease and happiness, the spirit of the man who told his son to get money honestly if he could, but *to get it*. Another causal element which we believe has been most potent has been the low standard of requirements of many, indeed of most all, of our medical colleges, whereby it has been and still is possible for men and women with abilities, both moral and intellectual, suitable only for the shop and the market place, to study the noble profession of medicine. Much can be done, we believe, to remedy this existing state of affairs by placing the standard of admission to our medical schools so high as to necessitate that liberality of preliminary education which requires a mind so trained, and a soul so developed, as to see something more in medicine than the fee.

The late Bishop Brooks once said to the author, "Next to religion I consider the profession of medicine the noblest. The religion of Jesus Christ is the most glorious profession on earth, but it *is an awfully poor trade*."

We believe this should be equally true of both the other learned professions, law and medicine.

NURSES' HOME.

The work of excavating for the foundations of the new Nurses' Home for the Massachusetts Homœopathic Hospital has been commenced, and the contract calls for the completion of the building by the first of January, 1898. The

building is to be located on Stoughton Street, next the Dispensary building, and within a stone's throw of the hospital. The lot of land, which we understand will be wholly covered by the building, is one hundred and twenty-nine feet long and ninety feet wide. The building will be four stories above the basement, built of fireproof brick with sandstone trimmings, and will accommodate seventy nurses, besides having dormitories for the hospital servants. Each nurse will have her own separate room, and there will be a general parlor, library, sitting-room, dining-room, etc. When finished this will be one of the most complete buildings of its kind, and of inestimable assistance to the hospital. The cost will be about eighty thousand dollars, the whole amount being from the estate of Anne White Vose.

EDITORIAL NOTES AND COMMENTS.

SEXUAL TEACHING.—In an excellent article on Sexual Knowledge as a Preventive of Sexual Disease, to be found in the May number of the *North American Journal of Homœopathy*, the author, Dr. W. S. Mills, says :—

That ignorance of things sexual has been the physical and moral undoing of the majority of prostitutes, sexual perverts, and masturbators, I firmly believe. My opportunities for observation of all classes of sexual peculiarities have been larger, perhaps, than those of many of my readers. My deductions are made from such observations. Parents are responsible through their neglect for most of the sexual evil now existing.

And again :—

Like all reforms tending to the physical welfare of the race, sexual teaching must needs be fostered and promulgated by the family physician.

Is it possible for these truths to be too frequently or too earnestly emphasized? No man, however devoted to the work of the betterment of the human race, has greater opportunities or a more authoritative influence than the family physician.

In him people of education and culture, no less than people ignorant and possibly unintelligent, place the greatest confidence ; give into his hands, humanly speaking, the issues of life and death ; weigh his opinions and listen to his directions with a predisposition to accept the one and follow the other.

What, then, should be the physician's attitude on this question of sexual teaching ? The honest man will find but one answer to the question. It is his duty to instruct parents of the urgent need for them to be properly informed concerning the sexual organs and their functions, and of the unavoidable responsibility resting upon them to wisely teach their children the great truths of their physical development.

Dr. E. T. A. Drake, in the *Homœopathic Journal of Obstetrics, Gynecology, and Pedology*, truly says :—

The questions relating to their (the children's) being and to the mystery of procreation are legitimate ones and demand a patient hearing. They should be met with such pure candor that they shall never in the minds of innocent childhood be clothed in a mystery which is too often interpreted as sin.

Parents are awakening to the knowledge that the child is not too young to properly understand these great life truths, when he begins to question about them ; and many parents have learned to their sorrow that they have delayed this answer too long, when they find their children, grown impatient at the delay, have gone to other and often impure sources for their information.

To these thousands of parents who are not aware of their responsibility, how many a lesson might the conscientious physician teach by virtue of his office as confidential adviser and wise friend. I have read somewhere of a great physician who gave finely illustrated lectures to women upon the subjects relating to maternity.

One wise mother, who had listened with rapt interest to his great talks, called at his office one day with her twin boys, seven years old.

"Doctor," she said, "I would like you to show my boys the beautiful anatomical plates that you use in your lectures, and tell them about some of them."

"Certainly, madam," he replied ; "I will gladly do so."

He turned them over one by one, answering an eager question

here and there put by the bright boys, until he came to the one illustrating twin pregnancy, which he hastily put aside, without giving an opportunity for sight or question.

"Stop, doctor!" said the mother, "that's the very one I want my boys to see. I have promised them that as soon as they were old enough I would tell them all about the little room in mamma's body, where they grew for nine months before they came into her arms."

The doctor was struck with confusion and could not utter a word. He who had stood before great audiences of adults and taught them unblushingly the secrets of being was silent before innocent childhood.

The mother was herself forced to be the teacher when she had looked to one wiser to enforce the lesson.

Standing in the presence of the great doctor she told them in pure sweet words the story of their prenatal life and of her motherhood, not forgetting to tell of the great pain which was all forgotten so soon in the gladness that her baby boys were born to her.

She finished, and there were tears upon the faces of all her listeners. "Oh, mamma! how good boys ought to be to their mothers!" said one of the twins; while the doctor exclaimed, "Madam, that was the finest lecture upon the subject to which I ever listened! Go on teaching your boys, and they will become men the world will be proud of and greatly needs."

This is the kind of seed-sowing which not only bears a rich harvest of purity and innocent knowledge, but as well keeps out the weeds of sin and impurity which curiosity gratified by secret whisperings always sows.

If the physician's work should be, as the thoughtful representatives of all schools will admit, the prevention of the ills of the flesh as well as their relief and cure, then here is a field too little cultivated ready and waiting to yield a fruitful harvest of bodies, and souls, too, reaching a proper development under his conscientious and intelligent care.

To the abstract just quoted may very properly be appended one from the article first referred to, that of Dr. Mills. He says: —

Mothers frequently, very frequently, neglect to tell their daughters anything in regard to the menstrual cycle. Surely every woman must know, as every physician knows, some one who has suffered on account of not knowing what that flow of blood meant at first.

Young girls, brought up by straitlaced mothers who think it a crime to speak of the organs of generation before their children, are not apt to tell their mother when that mysterious flow of blood appears. Instead, they will probably try to hide it in some way and may do something that will hurt them physically for all time.

I know mothers who say they think it wrong to speak of such things to their children. If the mothers do not teach their daughters what they can of the menstrual period, who will? Other girls brought up in the same manner? Their young men acquaintances? Who? Are the girls to learn by intuition that they have at last become women? If the daughters suffer from this neglect of the mothers, the mothers are responsible.

It might well be added that back of each unwise mother stands a family physician who has, perhaps, left undone that which he might and ought to have done; namely, the impressing upon that mother's mind of her positive duty to her growing child that her daughter might enter her womanhood with a clear conception of what that otherwise mysterious change meant. And again, if young girls and youths also were taught the meaning and sacredness of the sexual relationship which must exist when marriage is entered upon, and also the nature of that act, how much marital unhappiness would be avoided, how much of mental suffering to the newly made wife, how great a lessening of that legal prostitution which unrestrained desires create under the seal of marriage! Fewer lives, physically and spiritually, would be wrecked; fewer children would remain unborn, and fewer still would enter upon life with unhallowed prenatal influences shadowing their souls and bodies.

Here is food for reflection; here above all else is cause for action, a legitimate reason why every physician should apply his knowledge and experience to the wise extension of sexual teaching.

HOPED-FOR LEGISLATION. — The Ways and Means Committee of the House has reported favorably on the bill to appropriate fifty thousand dollars for a new building at Westboro' for the accommodation of the cases of acute insanity.

It is earnestly hoped that the bill will pass the Legislature, as the building is a necessity in the present overflowing condition of the hospital.

MATERNITY CASES TO BE ACCOMMODATED. — The Emerson Private Hospital, No. 40 West Newton Street, has been purchased by the trustees of the Massachusetts Homœopathic Hospital. It will be somewhat changed in its arrangements and will be used by the hospital as a maternity department, which has long been much needed.

AMERICAN INSTITUTE OF HOMŒOPATHY. — Members of the Institute and members of the medical profession throughout the country should now be planning to attend the meeting at Buffalo, N. Y., June 23 to 30. No better city could have been chosen for the convenience of physicians in this part of the country, and few cities offer greater attractions. The local committee having charge of the arrangements will make every effort to secure the comfort and entertainment of members and guests of the Institute and their families, and the success of this year's reunion is practically assured.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its regular monthly meeting at the College Building, East Concord Street, Thursday evening, May 6, 1897, at 7.45 o'clock. In the absence of the president and vice-presidents, Dr. J. Herbert Moore was chosen president *pro tem*. The reading of the records of the last meeting was omitted. Frank A. Davis, M.D., of Medford, was elected to membership. The following amendments to the Constitution were proposed with recommendation of the Executive Committee:—

ARTICLE IV. That the words "least two weeks" in the fourth line be stricken out, and the phrase "a previous regular meeting" be substituted therefor. Also the following:

The application, accompanied by two dollars, the annual dues, shall be sent to the General Secretary.

ARTICLE VII. In the fourth line, that the phrase "a previous regular meeting" be substituted for the words "least two weeks."

PROPOSED AMENDMENTS TO THE BY-LAWS.

ARTICLE I. That "July, August, and September excepted" be inserted after the word "month" in the second line.

ARTICLE II. That after the word "Society," in the first line, there be inserted the words "shall be held only at regular and adjourned meetings, and." Also in the sentence relating to a quorum that the word "fifteen" be substituted for the word "five" in the fifth line.

ARTICLE V. That the word "regular" be inserted between the words "any" and "meeting" in the second line.

ARTICLE VIII. Sections. Section IV. That the words "of the society" be inserted after the word "meeting" in the third line.

ARTICLE IX. That in the first line the word "majority" be stricken out and "two-thirds" be substituted therefor.

The following nominations of the Executive Committee as delegates to the meeting of the American Institute of Homœopathy, to be held in Buffalo in June, 1897, were confirmed by vote of the society:—

I. T. Talbot, M.D., J. P. Sutherland, M.D., Boston University School of Medicine.

E. P. Colby, M.D., Massachusetts Homœopathic Hospital.

George B. Rice, M.D., Boston Homœopathic Medical Society.

S. H. Blodgett, M.D., Homœopathic Medical Dispensary.

Frederick D. Stackpole, M.D., Roxbury Homœopathic Medical Dispensary.

George S. Adams, M.D., Westboro' Insane Hospital.

J. W. Clapp, M.D., New England Medical Gazette.

George E. May, M.D., Newton Hospital.
 William C. Cutler, M.D., Rufus S. Frost Hospital, Chelsea.
 B. L. Dwinel, M.D., Morton Hospital, Taunton.
 H. C. Hallowell, M.D., Quincy Hospital.
 James Krauss, M.D., Malden Hospital.
 E. B. Holt, M.D., Lowell Hospital.
 A. H. Carvill, M.D., Somerville Hospital.
 S. H. Calderwood, M.D., Cullis Consumptives' Home.
 N. Emmons Paine, M.D., Newton Nervine.
 Alonzo Boothby, M.D., Boothby Surgical Hospital.
 Julia Morton Plummer, M.D., New England Moral Reform Society.

Scientific Session.

Dr. Horace Packard presented the following pathological specimens:—

1. Vermiform appendix, where there was complete occlusion of the lumen near the junction with cæcum, with a calculus and fluid accumulation in distal portion.
2. Vermiform appendix with calculus, removed from a recurrent case, in which there had been ultimate perforation of the anterior abdominal wall and discharge of pus.
3. Uterus and appendages removed *per vaginam*. Several interstitial fibroids were present in the uterine walls, double salpingitis present, and a cystic tumor near fimbriated extremity of left tube.

Section of Pathology and Therapeutics.

E. A. CARPENTER, M.D., Chairman; J. H. URICH, M.D., Secretary;
 E. K. HUTCHINSON GAY, M.D., Treasurer.

In the absence of Dr. Carpenter, Dr. Urich was chosen chairman *pro tem*.

PAPERS PRESENTED.

Proctalgia, by Conrad Wesselhoeft, M.D.
 Some Testimony Regarding the Use of Potassium Iodide in Phthisis, by Duncan Macdougall, M.D.
 The Physiological Basis of the Dietary in Organic Renal Disease, by F. P. Batchelder, M.D.

DISCUSSION.

Dr. J. P. Sutherland, in discussion of the third paper, said : "The morphology of the kidney shows that different portions of the urinary tubules have different functions. In acute nephritis the epithelium of the urinary tubules is desquamated and does not reform. In acute nephritis I use a milk diet and recumbent posture. A large albuminuria is best benefited by rest in bed. I often use the expression, 'milk a perfect food,' for it contains carbohydrates, hydrocarbons, and albumin, the heat and strength producers, and also contains a large amount of water. Milk is easily digested, and the fat and sugar readily absorbed. Clinical experience shows that the kidneys are less taxed on a milk diet than on any other kind of food.

"The treatment of nephritis by sweating has struck me as unwise, as a large amount of water is drawn off and the blood and urine thereby concentrated.

"In chronic nephritis there is an abnormal condition of the blood vessels. Here enough healthy tubules remain to warrant us in prescribing more than half diet. They can make use of fish, chicken, bacon, and eggs."

Dr. A. Howard Powers emphasized the dietetic treatment as very essential, and has found nephritis more common in persons accustomed to excesses. An exclusively milk diet is not borne well for any length of time, and the patient's idiosyncrasies must be considered in regard to diet.

Dr. Conrad Wesselhoeft expressed the strong belief that alcohol preëminently affects the nervous system, while salts of potash, in the form of baking powder, produce nephritis, and he strongly deprecated its use.

A nominating committee, composed of Drs. F. P. Batchelder, Edward E. Allen, and A. Don Hines, reported the following nominations for officers of this section for the ensuing year: Frank A. Gardiner, M.D., Chairman; Percy G. Browne, M.D., Secretary; Augustine C. Haub, M.D., Treasurer; who were elected.

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

THE NEIGHBORHOOD MEDICAL CLUB.

The fifth regular meeting of the Neighborhood Medical Club was held at the Norfolk House, Wednesday, April 7, 1897, Dr. G. D. Bliss being the host of the evening. After an excellent dinner, served by mine good host Davis, an informal symposium was held upon the subject of "Doctors' Collections."

In the discussion of the stated topic for the evening, "Croupous Pneumonia, Its Nature and Treatment," Dr. Bliss expressed his belief that pneumonia, in the light of modern bacteriological research, must be classed as a microbic and contagious disease. Within the last few years the presence of the pneumococcus has been demonstrated. The sputa of these cases should be as carefully disinfected as the alvine discharges of typhoid fever or the membranous exudate in diphtheria. Cases were cited to prove the contagious nature of pneumonia where the attendant physician had neglected these precautions. Death occurs not by the mechanical obstruction of the cardio-respiratory apparatus, but by the poisoning of the nervous centres by a toxine produced by the growth of the pneumococcus. Nature develops an anti-toxine which combats and neutralizes the action of this poison, and thus the course of the disease is self-limited in favorable cases. The action of homœopathic remedies is apparently to favor the production of this anti-toxine. In his hands the use of bry., phos., ars., ant. tart., and opium had been followed by good results. Oxygen in desperate cases has proved a valuable resource. Strych. nitrate hypodermically was a reliable cardiac stimulant. The use of chloroform two parts, and alcohol one part, as an inhalant with germicidal properties, seemed worthy of trial. Proto-nuclein had been used in a few cases with advantage. Washbourn's anti-pneumococcus serum opened up a new and most promising field. The following general deductions were emphasized:—

1. The presence of the pneumococcus under favorable conditions will produce pneumonia.

2. An anti-toxine is developed in the lungs and cures the case at the crisis of the disease.

3. Homœopathic remedies assist in the production of this anti-toxine.

4. It is earnestly desired that an anti-toxine may be discovered in the near future that will abort and cure pneumonia in its incipient stage, thus proving as signal and great a therapeutic triumph as has been achieved by Orrhotherapy in the treatment of diphtheria.

Dr. S. Calderwood referred to cases in his practice which pointed strongly to the contagious nature of the disease, five cases occurring consecutively in a single family. He has used stimulants with good results, and recommends Bass's ale as being palatable and well borne in most cases.

Dr. J. H. Sherman has long held that the consolidation of lung tissue and the impediment that offered to the cardio-pulmonary circulation was not always the chief source of danger or the immediate cause of death. The mechanical theory did not offer a satisfactory explanation of the observed phenomena of the disease. He had lost cases in which the area of lung tissue involved was small, but the higher nervous centres were poisoned and paralyzed. It was apparently a central toxic depression. He uses stimulants freely.

Dr. F. W. Elliott has seen cases of the sthenic type in which venesection has been useful. In the reaction against the general and indiscriminate use of the lancet, is it not possible that the pendulum may have swung too far? In certain rare cases in robust subjects, when the right heart is clogged, immediate relief and permanent recovery have followed judicious venesection. Morphine, locking up the secretions, is always strongly contraindicated. Medicated steam inhalations have relieved the dyspnœa and rendered the sputa less viscid and tenacious. The full wet pack in the early stages of pneumonia, when the temperature is high and the respiration and pulse very rapid, has been used with the happiest results, and is regarded as the most reliable and valuable single resource in dangerous cases. The prompt response of the nervous centres to this peripheral stimulus

seems to be an argument in favor of the toxic as against the mechanical theory of the disease.

Dr. J. T. Cutler reported a case which occasioned him much anxiety, but on the exhibition of Dover's powders in ten-grain doses resolution occurred and a favorable issue resulted.

Dr. N. L. Damon was doubtful as to the wisdom of the adoption by the general practitioner of remedial measures which are yet *sub judice*, as the inhalation of chloroform and alcohol mixture. Homœopathy won some of its most signal early triumphs in the treatment of pneumonia, and he was content to treat his cases on homœopathic lines until some better method, attested and approved by the profession at large, was offered. He thought it a rational view that if pneumonia was due to toxic infection, the homœopathic remedy aided in the production of the anti-toxine which hastened the crisis and brought the disease to a favorable termination.

THE HUGHES MEDICAL CLUB.

Dr. H. P. Bellows entertained the Hughes Medical Club at the Tuileries on the evening of May 17. A large attendance was present. Dr. E. P. Colby gave an informal talk on Expert Testimony, which commanded the utmost attention of his hearers. The various tribulations of the expert witness under cross examination of counsel were portrayed, and the conclusion drawn that it was seldom, if ever, that the whole truth was sought from the expert by counsel on either side, but only such portion of it as served to aid one or the other; pains being taken to suppress as well as to elicit truth. A very general discussion of the subject followed, during which suggestions were made as to an improvement in the rules and methods of eliciting testimony, the establishment of expert commissions or tribunals, and the incorporating into the ethical codes of all the medical societies of a governing law that no physician called as an expert in any case should in the least degree divulge his finding and opinion in the case until placed under oath upon the witness stand.

BOOKS RECEIVED.

DISEASES OF THE EAR, NOSE, AND THROAT AND THEIR ACCESSORY CAVITIES. By Seth Scott Bishop, M.D., LL.D. Philadelphia and London: The F. A. Davis Co. pp. 484.

This new volume, by an American author, is a welcome addition to the literature on these subjects. The first one hundred and eighty-six pages of the book are given to consideration of the ear, while the remaining portion, some three hundred pages more, is devoted to the diseases of the nose, pharynx, and larynx. The illustrations are numerous, some of them unusually good; this being particularly the case in that portion of the book devoted to the diseases of the ear. The colored plates—most of them—have appeared in other works, noticeably in Sajou's "Diseases of the Nose and Throat." The text is clear, and the book, on the whole, presents a most attractive appearance.

The chapters on mastoid diseases, and the description of the different portions,—those considering the etiology, pathology, and treatment of hay fever, and those devoted to the discussion of diphtheria,—are of undoubted value to the specialist as well as the general practitioner.

In the article on hay fever, the author, in treating of the pathology of the disease, has given the opinions of most of the well-known specialists in this country of the dominant school. In writing of the subject, from his own standpoint, he has given the uric acid theory considerable prominence, and lays down clear indications for the treatment of hay fever upon these grounds. The chapters on diphtheria are of the greatest value to the general practitioner, from the fact that the status of the medical world at the present time, regarding serum-therapy as relating to this disease, is exhaustively considered.

The work deserves a place in the library of every progressive physician.

A HANDBOOK OF MEDICAL CLIMATOLOGY, embodying its Principles and Therapeutic Application, with Scientific Data of

the Chief Health Resorts of the World. By S. Edwin Solly, M.D., M.R.C.S., late president of the American Climatological Association. Illustrated. Philadelphia and New York: Lea Brothers & Co. 8vo. pp. 470.

THE LIVER OF DYSPEPTICS. By Dr. Émil Boix. Translated from the latest French edition by Paul Richard Brown, M.D. New York and London: G. P. Putnam's Sons. pp. 133.

GLEANINGS AND TRANSLATIONS.

WHERE AND HOW TO STUDY MEDICINE IN EUROPE. — Those who are about to set sail for Europe are apt to ask themselves the question, Where shall I go? What country shall I visit and what city should be my objective point?

Without doubt Germany stands preëminently at the head to-day as a medical centre, and with her long array of medical talent is calculated to hold prestige for some time to come. No country approaches her, because none have so many excellent and famous institutions as has Germany. . . .

A question of considerable moment to those who are about to visit Europe is the language. It is really surprising how quickly the American learns German. In a few weeks he is understanding sufficient to get along with the lectures, and while he continues for a long time to make grammatical errors, and to transpose the order of things, in his conversation, at the same time he is soon making a brave effort to speak, and before one would think possible he is conversing fairly well.

To accomplish this result, and do it quickly and well, it is desirable to go to one of the smaller universities, where no English is spoken, and where it is absolutely necessary to talk German. . . .

I should advise, then, that the American go immediately to one of the smaller university towns, and stay through one or two sessions, or so-called *semesters*. He will, in this time,

learn the language sufficiently well to understand everything, and to talk fairly well, and, if he has applied himself closely, will be able to read and write in German.

Have no fears that you will not be interested, and that your time might be better spent in a larger centre. You will soon find that there is an abundance of working material in every department, and the way this material is handled is thoroughly satisfactory and pleasing to the American. It must be said of the German that whatever he does is well done. He is, as a rule, slow, at times painfully slow and tedious, but he is *sure*. The execution of each of his duties is characterized by that same care and painstaking which has long been recognized as a trait of German character, and which, no doubt, explains the genuine success of the Germans. . . .

Having finished one or two semesters in a small university (each semester lasts three and three-quarters to four and a half months, and there are two per year), you will be ready to go to a larger city. . . .

Noteworthy among the advantages of Vienna are Kolisko's course in gross pathology, and Albrecht's in microscopic pathology, both held in the Pathological Institute adjoining the hospital. These courses are especially intended for Americans. Then there is Kaposi on the skin, Neuman on syphilis, Politzer on the ear, and Monti on diseases of children. Nothnagel and Neusser are both very fine in internal medicine, and Albert is a great surgeon. Neudörfer, who until recently was assistant to Neusser, conducts courses in urine analysis, sputum analysis, blood analysis, which are especially instructive.

Of the clinical assistants in "Internal" medicine, and by this term is meant theory and practice, my preference is for Ortner. But with all these advantages, save for gross pathology, under Kolisko, and the fact that Berlin's hospitals are scattered, necessitating much loss of time in going from place to place, I prefer Berlin to Vienna. . . .

There are not so many courses especially adapted to Americans in Berlin, but there is always an abundance of

good work to be had. To begin with, you can, during the regular sessions, November 1 to March 15, and April 1 to July 1, hear every day, except Saturday, three clinical lectures on Practice of Medicine, and by three eminent men.

There are Gerhardt, Senator, and Leyden, all men of the greatest knowledge and skill. They each have a separate department in the Charité Hospital, and each has a coterie of trained assistants of more than ordinary ability. Indeed, Gravitz, who is first assistant to Gerhardt, is already a famous man, while Klemperer, Leyden's chief assistant, is too well known on this side of the water to require any praise from me.

In Gynecology and Obstetrics there are two shining lights in the personages of Gusserow and Olshausen. I saw four cases of Puerperal Eclampsia in Olshausen's Frauen Clinic one morning. In Pediatrics the University has Heubner and Baginsky. Koenig, von Bergman, Nasse are three eminent surgeons. Lassar is well enough known and appreciated as a skin specialist. Mendel and Jolly, both famous in nervous diseases and psychiatry. Hanseman, Langerhans, Virchow, Israel, the world's greatest pathologists. Besides these are hundreds of others who are more or less famous. There is, for instance, Max Joseph, who gives the best course in clinical skin diseases to be had anywhere, and a microscopical skin course which is correspondingly good. Then there are Martin and Dührssen and Czempin, who give fine courses in minor and major gynecology. There are Ewald and Boas and Rosenheim, whose courses in stomach and intestinal affections cannot be excelled; each is the author of a standard text-book. . . .

The term (in Berlin) is five years, two sessions each year, or ten sessions of lectures, and I learn that in Vienna two additional years are spoken of, if indeed they have not already been added. The standard is a high one, and the preparatory work, before you are permitted to take up the study of medicine, must embrace a liberal education in a "Gymnasium," which is equivalent to our high-school training at home.

— *Dr. L. L. Solomon, in Charlotte Medical Journal.*

CAUSES OF NERVOUS AFFECTIONS. — Work and worry are not baneful in themselves, not even when carried to excess, but the monotonous, unbroken continuation of the excess is exceedingly injurious. An occasional break in the equilibrium of so delicately balanced an organization as the human cerebro-spinal nervous system is not only necessary but often extremely commendable. Only in this way can individual and racial advancement be accomplished. But too long maintenance of the rupture of equilibrium terminates, as we see all about us, in the most unfortunate results for the nervous system.

The corollary of all this is almost too obvious to need repetition. In the management of neurasthenia, failures are notoriously frequent, and very largely because the trouble is not viewed from the above standpoint. Absolute rest is frequently as ineffective in restraining an overwrought nervous system as the whole gamut of nervines, stimulants, baths, massage, and electricity. How often has the mistake been made of sending a patient broken down with an excess of business care and anxiety away to some lonely mountain resort ; or of recommending some pampered daughter, living a quiet life in a small town, into the midst of the unwonted glare and whirl of some fashionable summer resort !

An athlete must keep up his training, but it must be regulated ; so a hard student should not be deprived entirely of his books, but his physical relaxations should be properly intermingled with his studies.

Before any general advice is given, before any medicine is prescribed, the daily and almost hourly habits of the neurasthenic should be inquired into. When any monotonous habits or particular nervous strain, mental or physical, are discovered, it is not enough, nay, more, it is generally highly injurious to tell the patient he must give up absolutely such habits.

On the other hand, the medical adviser must study the nature of those habits and employments and recommend others that counteract or complement them in some way.

It must always be remembered that a neurasthenic's nerv-

ous system is in most cases not so much overworked or underworked as unbalanced. Every suggestion made by the medical attendant must have in view the restoration of this balance. — *Medical Record*.

THE COST OF MEDICAL EDUCATION IN BERLIN. — According to the Italian Secretary for Commerce and Agriculture, the cost incurred by a student at Berlin who obtains the diploma of Doctor of Medicine and Physician is about 2,300 marks. The fee for matriculation is 18 marks; for examination for the Medical Faculty, 242 marks; diploma fee, 440 marks; fees for all necessary lectures, etc., 800 to 1,200 marks; cost of printing the dissertation, about 150 marks; and the necessary books and instruments, 500 marks. In addition to these fees must of course be counted board, lodging, and clothes, during the four years of study, and this increases the bill by 7,000 or 8,000 marks. — *The Medical Times*.

SKIN DISEASES OF CHILDREN. — 1. *Diagnosis*. — For purposes of diagnosis an inspection of the whole surface of the child should be made in all cases that appear at all obscure; and in many more cases than with adults will diagnosis be difficult on account of the various developmental changes in the progress of the lesions. Again, it should be borne in mind that no single dermal lesion — macule, papule, vesicle, or pustule, crust or scurf — makes it justifiable for us to decide whether an especial disease is present or no. The same cutaneous lesion may appear in almost any disease, and it is the combination of dermal lesions, the *tout ensemble*, the history, and the diathesis which make the entire picture of the disease that will justify us in making a positive diagnosis.

2. *Prognosis*. — Should always be guarded. . . .

3. *Ætiology*. — The cause of about one half of all skin diseases is dirt, somewhere, in some form. In a fair percentage of the other half the cause is local in some form of irritation, parasitic or other; and in the rest the cause is generally distant and the skin lesion reflex.

4. *Treatment*. — These considerations make cleanliness an

item of prime importance in treatment. A good, pure, fine soap, and plenty — and that should be emphasized — plenty of clean warm water, applied not too often, but daily, are most invaluable therapeutic adjuncts. Next comes *rest* — rest for the tired nerves, rest for the tired muscles, rest for the tired stomach, rest for the tired brain, and also rest for the irritated nerves of the skin by emollient treatment, and the prevention of irritation will often suffice to work a cure. And last, but not least, the needed drug, carefully selected and intelligently exhibited. — *Dr. Samuel U. Watson, in Homoeopathic Journal of Obstetrics.*

ACUTE POISONING. — In the treatment of acute poisoning, time is a very important factor, and the measures employed should be as rapid and energetic as possible. It will frequently occur that some of the more eligible antidotal means are not at hand, nor to be had in a very short time. While waiting for their arrival it is well to use such other remedial methods as knowledge and judgment will dictate. Like other derangements of the bodily functions, every toxic case must be treated on its peculiar indications, and no amount of information can take the place of intelligent presence of mind. — *Gross Medical College Bulletin.*

GENERAL TREATMENT OF CONSTIPATION. — In the treatment of constipation it is important to attend to the hygiene of the patient. One of the principal measures is regularity. The patient should designate an hour to stool, and get into the habit of going at the same time every day whether there be an inclination or not. The best time for evacuation is in the morning. It is necessary that sufficient time be spent on the closet. Many people abandon the effort if not immediately successful, and thus the opportunity for a stool is lost.

Exercise is a necessary factor, and as much of it as possible should be had in the open air. Hence patients who largely patronize street cars should be encouraged to walk whenever practicable. Light gymnastics, sea bathing, swimming, outdoor sports, and horseback riding in moderation are to be advocated, as they are conducive to good results.

The clothing round the waist should be loose, so that the intestines can have perfect freedom of action. Cold sitz baths and cold douches to the abdomen are frequently beneficial, because of their tendency to stimulate the rectal nerves. Massage treatment should be resorted to. The manipulation should embrace rubbing, flagellation, and gentle deep pressure on the abdomen, following the direction of the small and large intestines.

The food should consist of not too much meat and a liberal quantity of vegetables. Cheese, pastry, pork, spices, and such indigestible articles are to be avoided; while fruits, particularly apples, figs, dates, oranges, and lemons, and bran bread and oatmeal may be partaken of with considerable benefit. That there be sufficient moisture, the patient should drink freely of fluids. Water taken after rising, between meals and just before retiring, is beneficial, and if it be hot it is still more efficacious. The various mineral waters, particularly the Hunyadi and Lithia, have a relaxing effect upon the bowels. — *Hahnemannian Monthly*.

TREATMENT OF MELANCHOLIA. — Every physician is called upon, sooner or later, to undertake the treatment of cases of insanity among his patients, and especially is this true of melancholia. The greater majority of these cases can be treated at home as well as, if not better than, at an asylum. If you decide to retain them at home, the first thing to do is to select a bright and cheery looking room, or rooms, that can be well ventilated, and in which the patient can, practically, be isolated from the rest of the family. There should be two well-trained nurses placed in charge, one for the day and the other for the night. If, however, the family is not able to stand the expense of two nurses, keep the night nurse and place some trusted member of the family in charge during the day. Only a very few of the most trusted friends should be permitted to visit the patient. If the patient has suicidal tendencies, she should not be left alone for a moment.

Everything that can be used as instruments of violence, such as knives, scissors, razors, etc., should never be left

within her reach ; cords, handkerchiefs, or articles of dress, by which strangulation might be effected, should not be allowed her under any pretence whatever.

After the procuring of good nurses comes the subject of diet, exercise, baths, etc. In the greater majority of these cases of melancholia, that come under your care, you will find that for a considerable time they have not partaken of sufficient food, consequently they are emaciated, their systems being poorly nourished and their general vitality lowered.

Do not be deceived in believing that a foully coated tongue indicates biliousness, and that food is contraindicated. The chief factor in the treatment of these cases of melancholia is to strengthen the constitution, and improve the general nutrition, by the judicious selection of the most nutritious food that can be partaken of. It is not enough to depend upon concentrated essence of meat and peptic fluids, etc., but you must give of such articles as milk, eggs, minced beef, vegetables of various kinds, as often as the patient can be persuaded to eat, and in large quantities.

The next point of importance is exercise in the open air. As soon as the patient is able he should be taken out into the fresh air and given moderate exercise, and this should be increased daily as he grows stronger.

The exercise should consist of driving or walking, supplemented with some kind of employment at home. By inducing him to engage in some kind of physical employment, it detracts his mind from his mental condition.

In the more severe form of melancholia (melancholia with stupor) Dr. S. H. Talcott, of New York, says that the patient should be placed in bed and kept there. He should no more be allowed to sit up, or stand, or walk around, than a patient who is passing through a course of continued fever. Constant and patient watching and nursing are imperatively necessary. Careful attention must be paid to the condition of the bladder and bowels, and these should be evacuated of their contents, by artificial means, at regular intervals ; otherwise serious dangers would spring from over-distention of the former or impaction of the latter. Baths, especially the sitz

bath, should be used freely in these cases. They promote the action of the skin, and keep it in a healthy condition, thus relieving the internal organs of their superabundant load. One point in these cases needs special attention, and that is the bowels. They should be kept acting regularly. Morphia and the opiates should be left severely alone, for they not only dry up the secretions, but also increase the antipathy to food.

In the therapeutical treatment each case will have to be carefully *individualized* in selecting the proper remedy.

In conclusion we would say, do not become discouraged too quickly; for you must take cognizance of the fact, and impress the same upon the friends of the family, that the course of the affection is naturally slow; further, in the treatment of these cases of melancholia, treat the *mental illness* upon the same principles that you would a *physical illness*, namely, *similia similibus curantur*. — *Medical Current*.

CITY OF MEXICO'S DEATH RATE. — The highest death rate of any town in the civilized world is that of the city of Mexico — forty per 1,000. The city is 7,000 feet above the sea level, but in spite of this fact its defective drainage makes the mortality very great.

SOLANUM CAROLINENSE. — Cases are reported in a recent number of the *Southern Journal of Homœopathy* which would go to prove that the tincture of the horse nettle is of marked value in the treatment of epilepsy, and in the spasms of children "irrespective of the cause." In the former cases it may be given in one half drachm doses hypodermically, or in from one to two drachms by mouth; in the latter, put one half drachm in sweetened water and administer a teaspoonful frequently. A rectal injection of one ounce of the oil of sol. car. may also be resorted to.

The writer also adds the following: —

"There is one more use to which I have put solanum carolinense; namely, in the lying-in room a tampon saturated with the oil of solanum and firmly applied against the cervix will produce painless dilatation as nothing else will."

STUDY OF MEDICINE IN MEXICO. — No one is admitted to the study of medicine who has not passed a successful examination in the preparatory studies of five years' duration. These studies include mathematics, French, English, Latin, Spanish, figure and landscape drawing, physics, geography, chemistry, Greek roots, botany, zoölogy, logic, morality, history, and national and general literature. The medical course is one of five years, and embraces the following subjects: Descriptive anatomy and dissection, normal histology, elements of pharmacy, physiology, surgical pathology (two years), medical pathology (two years), operative and minor surgery, *materia medica* and therapeutics, clinical medicine and surgery, hygiene and medical jurisprudence, medical meteorology, obstetrics, pathological histology, bacteriology, ophthalmology, gynecology, and diseases of children. — *Medical Record.*

SUNSHINE IN EUROPE. — Spain is said to possess the greatest number of hours of sunshine in Europe, having on an average one fourth more sunshine than is credited to Italy. Spain has a yearly mean of three thousand hours of sunshine, while Italy only has some twenty-three hundred. Germany has some seventeen hundred hours of sunshine during the year, while France comes in between Spain and Italy. The English nation has some three hundred less sunshiny hours than their German cousins, while the southern Irish coast has still less of sunshine than the average of England. — *Pacific Medical Journal.*

FOREIGN BODIES IN THE EAR. — Corks are well removed by hooked wire, and small substances can often be picked out with forceps, but the syringe is the simplest and most effective means in a large majority of our cases, and if this be not successful, I would urgently suggest a cessation of hostilities until an aurist can be consulted.

Living insects sometimes cling to tissues; here it becomes necessary to kill them by means of alcohol or oil of turpentine before syringing. In using the syringe have the water as warm as can be borne by the patient, and always

thoroughly dry with absorbent cotton every portion of the canal and membrana tympani, lest the remaining moisture cause more serious trouble than the foreign body. A plug of cotton should be placed in the ear to remain several hours. After removal of a foreign substance never neglect a careful inspection of the ear, first for remaining particles, and secondly for underlying pathological conditions. — *Homœopathic Eye, Ear, and Throat Journal.*

PERSONAL AND NEWS ITEMS.

THE American Medico-Psychological Association was in session at Baltimore, May 11 to 14 inclusive. Representatives of all the public insane institutions in Massachusetts were present. The subject of auto-infection as a cause of mental derangement elicited general interest and discussion. The following was the program of papers presented:—

“General Questions of Auto-infection.” Charles K. Clarke, M.D., Kingston. “The Rôle of Auto-infection in Melancholia and Epilepsy.” Charles G. Hill, M.D., Baltimore. “Clinical Aspects of Auto-intoxication.” Arthur W. Hurd, M.D., Buffalo. “The Development of the Higher Brain Centres.” Stewart Paton, M.D., Baltimore.

“Demonstration of Various Forms of Retrogressive Changes in the Nerve Cells of the Cortex.” Adolf Meyer, M.D., Worcester. “The Genesis of a Delusion.” A. B. Richardson, M.D., Columbus. “The Psychology of Insane Delusions.” W. L. Worcester, M.D., North Danvers. “Arterial Sclerosis, Aneurism and Multiple Softening in Progressive Dementia.” Charles K. Mills, M.D., and Mary A. Schiveley, M.D., Philadelphia.

“Some Observations on the Use of Hyoscine.” Frank C. Hoyt, M.D., Clarinda. “The Constructive Forces.” Ralph L. Parsons, M.D., Greenmount. Report of Cases, with remarks. R. J. Preston, M.D., Marion. “The Medical and Material Aspects of Industrial Employment for the Insane.” G. Alder Blumer, M.D., Utica.

Annual Address: "Advances in Neurology and their Relations to Psychiatry." B. Sachs, M.D., New York.

"Katatonia." Frederick Peterson, M.D., New York.
C. H. Langdon, M.D., Poughkeepsie. "Insanity following Surgical Operations." Richard Dewey, M.D., Chicago.
"An Unusual Case of Meningitis." C. B. Burr, M.D., Flint. "Insanity Occurring in Cases of Exophthalmic Goitre." Henry Barton Jacobs, M.D., Baltimore.

"Nursing in State Hospitals and Training of Nurses." Peter M. Wise, M.D., Albany. "The Private Hospital for the Insane." Carlos F. MacDonald, M.D., New York.
"The After-care of the Insane." Henry R. Stedman, M.D., Boston. "The Practical Lines of Work Needed for the Advance of Psychiatry." Theo. H. Kellogg, M.D., New York.

"Local Myxedema in the Negro." Henry J. Berkley, M.D., Baltimore. "Another Chapter in the History of the Jurisprudence of Insanity." Daniel Clark, M.D., Toronto.
"Commitment of the Insane." Edward N. Brush, M.D., Towson. "Hospital Records." R. L. Parsons, M.D., Greenmont.

POINTS OF INTEREST IN BUFFALO. — Members of the Institute visiting Buffalo will find the following a convenient list of attractions within the city limits: The Buffalo Library Building, containing the Buffalo Free Public Library, the Buffalo Society of Natural Sciences, the Buffalo Historical Society, and the Academy of Fine Arts; the Grosvenor Library; the University of Buffalo; Niagara University; Canisius College; the fifteen hospitals and infirmaries; Ellicott Square, the largest office building in the world; The Guaranty and D. S. Morgan buildings, giving from the towers magnificent views of the city and surrounding country; the Real Estate Exchange; the Law, Coal, and Iron Exchanges; Erie County Bank Building; Mooney Building; the several theatres; the churches, 184 in number; the park system of nine hundred acres; the stockyards and horse market at East Buffalo. These and many others afford a variety suited to the most diversified tastes.

JUNE WEATHER IN BUFFALO. — The United States weather reports during the last ten years for the days June 23-30 show an average temperature of 68° F.

THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, of Philadelphia, held its forty-ninth annual commencement exercises at the Academy of Music, Wednesday, May 12. Thirty-seven graduates received the degree of Doctor of Medicine. Only two of them were from New England.

BRITISH HOMŒOPATHIC CONGRESS. — The annual meeting of the congress will be held this year at Bristol on Thursday, the sixteenth of September. Further particulars will be announced in due time.

DR. J. HEBER SMITH has recovered from his recent severe illness, and purposes observing his office hours in the city several times a week during the summer, while he seeks strength and rest at the seaside. He has taken Dr. Chas. H. Thomas, of Cambridge, as his business associate.

DR. R. W. SOUTHGATE, of No. 2 Commonwealth Avenue, Boston, will be located for the summer at the Sunset Hill House, Sugar Hill, N. H., after June 15.

DR. WM. A. SEIBERT, of Easton, Pa., a graduate of Boston University School of Medicine, '85, has recently had the great misfortune to lose his wife by diphtheria, which she contracted from their youngest child, who also died from this dread disease.

SMALLPOX IN BOSTON. — Several cases of smallpox of a mild form have appeared in the city, and the Board of Health has thought it necessary to request the careful attention of physicians to all suspicious cases. As much vaccination and revaccination should be secured as possible, and all cases of chicken-pox should be immediately reported. It is impossible for the profession to exercise too much care in this matter.

PUBLISHERS' DEPARTMENT.

A BOOK FOR TRAVELERS. — At this season of the year, when people are hastening from the city to the country or the shore, and even people out of town are endeavoring to secure a little change of environment, would it not be well for the family physician to suggest to his friends and patients that each one of them should slip a copy of "Hints in Domestic Practice and Home Nursing" into the trunk or valise which holds the vacation outfit? This little book, from the press of Otis Clapp & Son, will surely increase every reader's faith in the common-sense treatment of simple affections to which all are liable, and which all especially desire to avoid, or prevent their further development, when away from the skilled care of the family physician. "Hints in Domestic Practice and Home Nursing" is not intended to take the doctor's place. It distinctly calls attention to the futility of endeavoring to combat disease without the help of the trained and experienced medical man or woman. It suggests, however, the proper application of a few homœopathic remedies, at the same time laying the greatest stress upon the means of preventing disease, and the treatment of simple ailments by intelligent hygienic measures. The publishers are confident that the profession on examining this little book will almost unanimously agree that it will extend and not contract the field of their labors, because it so impresses the advantage of professional care upon the invalid and the indisposed. Physicians may obtain copies of "Hints on Domestic Practice and Home Nursing" at special rates. Retail price, in attractive paper covers, 25c. Cloth, 50c.

"TWIXT SCYLLA AND CHARYBDIS. — "You see," said the old lady, who was rather ill, "my daughter Harriet is married to one o' these homeypath doctors, and my daughter Kate to an allypath. If I call in the homeypath, my allypath son-in-law an' his wife git mad, an' if I call in my allypath son-in-law my homeypath son-in-law an' his wife git mad, an' if I go ahead an' git well without either o' 'em then they 'll both be mad, so I don't see but I 'd better die outright." — *Chemist and Druggist.*

THERMOMETERS. — Clinical and bath thermometers can be obtained at Otis Clapp & Son's. They can also be ordered by mail. Prices for clinical thermometers range from ninety cents to \$3.75. A favorite is our tested, self-registering, magnifying thermometer at \$1.

It is hardly necessary to emphasize the well-known truth that no symptom is more to be relied upon, as an indication of health or disease, than the individual temperature.

Thermometers are easily broken, and it is well for the physician to supply himself with more than one in case an accident happens, or in case he wishes to leave a thermometer with a patient's family so that the invalid's temperature may be taken in the doctor's absence.

Bath thermometers are really the only reliable guide to the actual temperature of the water used in bathing. They are essential for the sick, and most desirable for the well. Their trifling cost (25 cents) should make their immediate introduction into every bathroom a foregone conclusion.

DIRTY THERMOMETERS. — Did you ever think how it would repulse you to have a thermometer which had been removed from another patient's mouth and not cleansed, thrust into your mouth? Then always call for a glass of water and cleanse your thermometer *in the presence* of your patient, that he may know you have not been neglectful. Most patients are too polite to say anything, but they do a great deal of thinking, which may not result to your advantage. — *Peoria Medical Journal*.

TREATMENT OF BEDSORES. — The great difficulty in treating and preventing bedsores arises from an ill-defined feeling that they are the result of supernatural influences. There can be no greater mistake. They are produced by long-continued irritation and pressure. They may be surely prevented by keeping the patient and his bedding cleaned, and seeing to it that pressure is not kept up too long on any one spot. In some cases a water bed is essential. When bedsores do occur, they must be treated on sound surgical principles. They require no special dressings of hypothetical occult powers, as cranberry or starch poultices, mild galvanic currents, etc. Like all sores, they must be kept clean; sloughs must be removed; they must be protected from pressure, and the dressings used must be such as are employed in other indolent ulcerations presenting like objective conditions. — *Hahnemannian Monthly*.

In this connection we would suggest that, where the skin remains unbroken, the reddened surface be washed twice a day with alcohol and water, — equal parts, — thoroughly dried, and dusted with powdered starch.

Where there is a lesion of the tissue, wash the affected part with.

Otis Clapp & Son's Antisepto, one part to ten of water ; dry carefully and apply Otis Clapp & Son's Calendulated Boric Acid.

OLD NOTIONS. — A great deal of harm, says the *Boston Medical and Surgical Journal*, comes from the popular knowledge that carbolic acid is an antiseptic. Surgeons, it remarks, have until recently regarded it as indispensable to have their instruments in a tray of carbolic solution, which, if strong enough to sterilize the instruments, destroyed the surgeon's hands for practical purposes, or if, as was usually the case, it was so weak as not to actually burn the hands, did no good as an antiseptic, — circumstances which were bad for the patient, the surgeon, and all concerned. The disadvantages of carbolic acid, however, can be best seen in out-patient clinics, whither patients continually come with the skin of their hands par-boiled and peeling off, exposing the raw subcutaneous tissue more or less eroded by the carbolic acid which a kind friend has advised them to use for a slight cut or burn or abrasion, but who become victims of listerism in its most popular form, for the desirability of ascertaining the strength of what they are using does not occur to them.

NEW TRUTHS. — It is for physicians to disabuse the minds of the laity of the erroneous idea that carbolic acid should be used as a disinfectant. We suggest that in discountenancing such tendencies the profession recommend a perfectly safe and far more effective liquid germicide, namely, Otis Clapp & Son's Antisepto. This preparation (formerly known as Antiseptic Spray) contains the essential properties of gaultheria, eucalyptus, mentha arvensis, mentha piperita, thyme, boric and benzoic acids, so combined that it can be used with absolute safety under all conditions. Its composition indicates its adaptability as a perfect means to a desired end — the prevention and destruction of bacteria. Its value to the profession can be limited only by the measure of its application. Antisepto should be placed in the hands of the laity as a disinfectant and deodorizer which can be safely and confidently used as a gargle, spray, mouth wash, and as an agreeable addition to the daily bath, as well as for the purposes to which a disinfectant is ordinarily applied.

THE FALL OF ADAM AND EVE. — This is a Frenchman's version of the fall of Adam and Eve : " Monsieur Adam, he vake up, he sees une belle demoiselle aslip in ze garden. Voila de la chance ! ' Bon jour, Madame Iv.' Madame Iv, she vake ; she hold her fan

before to her face. Adam put on his eyeglass to admire ze tableau, and zey make one promenade. Madame Iv, she feel hungry. She sees appel on ze arbre. Serpent se promene, sur l'arbre — make one walk on ze tree. 'Monsieur le Serpent,' says Iv, 'vill vous not have ze bonte to peek some appel? j'ai faim.' 'Certainement, Madame Iv, charms de vous voir.' 'Hola, mon ami, ar-r-retz, vous!' says Adam — 'stop, stop! que songes vous faire? Vat madness is zees? You must not pick zee appel!' Ze snake, he take one pinch of schnuff, he says: 'Au, Monsieur Adam, do you not know how zere is nossing proheebet ze ladies? Madame Iv, permit me to offer you some of zees fruit defendu — zeese forbidden fruit.' Iv, she make one courtesy — ze snake, he fill her parasol wiz ze appel. He says: 'Eritis sicut Deus: Monsieur Adam, he vill eat ze appel, he vill become like one Dieu; know ze good and ze evil — but you, Madame Iv, cannot become more of a goddess than you are now.' An' zat feenish Madame Iv." — *The Railway Surgeon.*

GRAPE SEEDS AND APPENDICITIS.— There has arisen in many localities such an absurd idea that the seeds of grapes will produce appendicitis that the sale of grapes has been greatly restricted. As an article of food no fruit is equal to grapes, and they can be eaten with absolute freedom by all persons. When converted into raisins they have a food value second to none among the dried fruits. The percentage of sugar is so great that as an article of diet they should find a place on every table. One is not obliged to swallow the seeds unless he so desires. Stewed with prunes or figs, raisins impart a delicate flavor which is greatly admired by those who have tried it. There are many ways to prepare raisins which, if generally known, would greatly increase the demand for them. Containing, as they do, upwards of thirty per cent of sugar, we have, bulk for bulk, a greater concentration of nutrition in raisins than in any other food. They are so cheap that every family can use them almost as freely as bread. — *Pacific Medical Journal.*

PURE GRAPE JUICE.— It is possible at the present day to obtain in a condensed form all those essentials of the grape which make it a true food. Otis Clapp & Son offer the profession and the laity a Pure Grape Juice, rich in dextrose or grape sugar, and containing the fruit acids and mineral salts which furnish in this combination an ideal food for a debilitated and depleted system. Such a food is easily digested and assimilated. It soon counterbalances excessive

tissue waste as in the rapid combustion occurring in febrile diseases. Its use is specially recommended where difficulty is experienced in finding a food which the stomach will retain, as in cancer of that organ where all ordinary forms of nourishment are so frequently rejected.

THE PROBABLE EXPLANATION. — *She* — Now, why could n't that conductor just as well have stopped at the corner where you asked him to stop?

He — Perhaps there was some one waiting to get on at that corner. — *Puck*.

PLANTAGO MAJOR. — A snake tamer divulged his secret of making rattlesnake bites harmless and showed upon himself the action of the drinking of the juice of the plantago major and the application of a poultice of the crushed leaves to the bitten part. In poisoned wounds from catfish horns, plantago applied acts excellently. The action of plantago in neuralgic earache, with pains going from one ear to the other through the head, as well as its local use in toothache in hollow teeth, and its use in enuresis should not be forgotten. — *Medical Record*.

PLANTAGO OIL. — Plantago oil will be found an effective application in affections of the skin characterized by constant and intense itching, pricking, and burning, and requiring mild stimulation. In cases of poisoning from rhus tox, try plantago oil. In this connection we would call attention to the fact that the poison ivy is a three, and not a five-leaved variety. The latter has often been mistaken for the former, and need not be avoided. Otis Clapp & Son's Plantago Oil, which is a specially smooth and agreeable preparation, has also proved of service in phlegmonous erysipelas, in ulceration of the rectum, and as a soothing and healing application after scalds and burns.

PLANTAGO AND BORIC ACID CERATE, prepared with pure boracic acid, and from the fresh leaves of plantago major. This cerate may be used to advantage in acute inflammation of the vagina and os, and also of the cervix uteri. It has been found of decided value in the treatment of otorrhœa, and has given great relief in many cases of pruritus vulvæ and pruritus ani.

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COMMUNICATIONS.

SOME REMARKS ON PROCTALGIA, WITH CASES FROM PRACTICE.

BY CONRAD WESSELHOEFT M.D.

[Read before the Boston Homœopathic Medical Society.]

There is no strong evidence that proctalgia, neuralgia of the rectum in its lower portion, surrounded by the sphincter, has ever been considered as a definite form of neuralgia without local, tangible lesions. Pepper in his text-book does not mention it; neither does Goodnow. Hare in his "Practical Therapeutics" does not mention it as a symptom; neither does Page in his "Practice of Medicine." Streumpel, when speaking of neuralgias of the region of the genitals and rectum, names only coccydynia, recommending amputation.

It appears from these incomplete references that proctalgia, while here and there mentioned as a symptom of other disorders, is not looked upon as a variety of neuralgia of a kind peculiar to itself. As such I must regard it; namely, as a neuralgia of the sentient nerves supplying the rectum. Its usual association with constipation has led to the conclusion that this is the cause of it, while a more circumspect view of neuralgic proctalgia permits the conclusion that the pain causes the constipation by preventing the patient from making an effort at defecation.

In the cases from which I derive this view there were no hard fecal masses; the stools when discharged, or if emptied mechanically, were soft and of normal consistency; nevertheless the pain following defecation was always intense and

agonizing, lasting from half an hour to several hours. In these cases it was the dread of the pain which accompanied or followed the act of defecation which restrained the patient from yielding to the desire to empty the bowel.

The cases which I have in mind were unassociated with any palpable rectal disease, such as hemorrhoids, fissure, ulceration, malignant or otherwise; and the recta, carefully inspected ocularly and otherwise, always appeared perfectly normal. In pure neuralgias of this kind there is no roughness nor swelling of the tissues, and all feels perfectly natural to the exploring finger. The only resistance encountered is the rigid contraction of the sphincter. To overcome this causes considerable pain, often rendering an examination without ether impossible. In cases of that kind, if any obstacle is encountered, it is the accumulation of fæces behind the sphincter. This is present in a minority of cases; in others the rectum is found empty and normal, except for the hyperæsthesia.

The following cases will illustrate some of these points. To begin with, I have to record an interesting case of proctalgia caused by the use of croton oil, demonstrating that such conditions are capable of being brought on by drug action; and also showing that such drugs are very useful in allaying the pains similar to those which they cause. The principal remedies I have found to be belladonna (or as I prefer to use it, atropia sulph.), nux vomica (strychnia sulph.), croton tiglium, and others. These medicines I use in the second to the fifth trituration or dilution, and aid their effect by appropriate diet, such as omission of excess of starchy food and meats; substituting more fruits and succulent vegetables. Cathartics and the habitual use of enemata, which are the frequent causes of proctalgia, are inadmissible.

It was during the war, while practising in Dorchester, that I saw a patient suffering from extreme rectal pain. This came on with such intensity after straining at stool that the patient, a woman, was in agony about three hours afterwards, with frequent tenesmus. Fearing these attacks of pain, the patient delayed all attempts to empty the bowels. At one

of my visits she showed me a dozen or more of powders, containing milk sugar saturated with an oily substance which had quite penetrated the wrappers. My suspicion that this was croton oil was readily confirmed by the patient, who said that that was just the name the doctor called it by. Of these powders she had been taking two or more every day for several days. This was stopped, milk diet ordered, and nux vomica given. The patient recovered in about a week, and expressed such an unusual degree of gratitude that the case impressed itself forcibly on my mind, not only on account of the patient's satisfaction, but chiefly in regard to the peculiar proctalgia, which was perhaps a marked pathogenic effect of the croton oil.

Cases of proctalgia of the pure neuralgic kind are not very common; if they were, allusion to them by physicians would certainly be much more frequent.

The effects of croton as described in Hughes' Cyclopedica furnish no strong evidence of the probable efficacy of that medicine in proctalgia, as the drug produces chiefly watery stools preceded by some griping, while rectal pains are not definitely mentioned. The use that I made of it was suggested entirely by a clinical case; nor can I say that it proved of more benefit than nux vomica or belladonna; and although the indications for it thus far are entirely empirical, I have no doubt that it is well to use it in such cases, especially if other more carefully selected remedies fail.

1888, May 18, Miss —, æt. forty-five, had for several weeks severe rectal neuralgia, supposed to be caused by piles. These were entirely absent, but there was intense rectal pain after each defecation, lasting for several hours. Examination disclosed a firmly contracted and highly sensitive sphincter, rendering the examination extremely painful. In this case the fæces were not dry and hard, but they were retained on account of the fear of the pain caused by their expulsion. The pain in this case was described as burning, pricking, involving the whole perineum and vaginal portion.

In this case strychnia sulph. gradually relieved the pain; but this was greatly assisted by atropia sulph., one tablet of

the 2 x trit. in one half tumbler of water, a teaspoonful every hour during the pain. Warm-water injections, not having been abused in this case, were also recommended here, so that by June 9 the patient reported great improvement and much encouragement from relief obtained. Daily stools were now the rule, and the subsequent pain quite endurable; still the last did not subside until June 19.

1891, June 18, Mr. — has well-marked rectal neuralgia, caused by the periodical abuse of injections, cathartics, and suppositories for what was supposed to be piles, causing constipation; but these were not present at all, the case being one of proctalgia. The pain begins twenty minutes after stool and lasts all day. This condition he has suffered from at intervals, the present attack having lasted three weeks after a period of comfort. The chief cause in this instance was obviously too much fresh bread and meat diet, all of which was changed, and cathartics and injections omitted.

The chief indications in this case were: painful contraction of the sphincter and ineffectual straining at stool; painful pressure in rectum before and after stool. These symptoms indicating *nux vom.*, this was given in the form of strychnia sulph. 3 x, one tablet every four hours during the day. In twelve days from this time the case had not perceptibly improved, so the medicine was changed to the 2 x trit., one tablet only every night and morning, with croton 3 x, ten drops in one half tumbler of water, one teaspoonful every two hours during the day.

On July 3 the patient reported that after taking the medicine as directed he had frequent urination and stools; then all became normal, and he had no more pain. This was not very good prescribing, but the case is reported chiefly on account of its pathological interest, and possibly the effect of croton, as strychnia had done no good before.

1892, January 27, Miss —, æt. thirty, presented a typical case of neuralgia of the rectum. The patient was a teacher, much confined to the house; she was of very healthy appearance, without the slightest neurotic taint, and generally well. For some months she has had attacks of severe rectal pain

after defecation, which she attributes to hemorrhoids; the pain lasted for half a day more or less, and was so severe as to disable the patient from fulfilling her duties. Of late the attacks came after every defecation, which, however, does not occur every day, owing to the patient's reluctance to yield to the desire to evacuate the bowels, although the fæces are neither dry nor hard; so the patient refrains from stool as long as possible in order to avoid the pain.

These symptoms were attributed to piles. These might or might not be associated with the proctalgia; therefore a rectal examination was made. This failed to reveal even a vestige of enlarged hemorrhoidal veins or thickening of the lower portion of the rectum, while the portion above the sphincter was entirely smooth, of normal calibre and unencroached upon by any hemorrhoidal tumors, but very sensitive to the touch. It was a case of rectal neuralgia without complications; and while the appetite and digestion were in good order, the constipation was due to reluctance of obeying the natural inclination to go to stool, and also to the inability to expel the fæces on account of the pain in the rectum.

The treatment and directions were to avoid active duties, to live on soups and light food, an orange every day, a glass of water on rising, avoidance of coffee and tea., etc. As medicines nux vom. and then belladonna were given, in this case without benefit. On January 29 croton 3 x was given, three drops to be taken in a tablespoonful of water every three hours. On the thirtieth there was no pain; but this was present again on February 1, after stool, and the medicine was continued. In ten days the patient came to report that she began to improve soon after beginning with the medicine, that she had stools daily, and less pain after them, so that on February 10 she reported herself quite well. She has since, and up to a late date, repeated the assurance that she has continued quite well.

1892, November 14, Mrs. —, æt. fifty-eight; this was a case of retained fæces owing to proctalgie pain. The patient was a small spare woman, living in a boarding house, and had been suffering for about three weeks with proctalgia, which

had now reached a point beyond endurance. Owing to this, she avoided defecation as much as possible ; what the patient attributed to piles and costiveness was chiefly due to very irregular meals, indolence, and absence of exercise.

Remembering at once the former favorable experience with croton, and in full reliance on this remedy, no rectal examination was made at the time ; but neither croton, atropia, nux vom. nor mercurius cor. alleviated the now almost constant tenesmus and aching pain in the rectum. I was deceived by the occurrence of an occasional small fecal evacuation of normal appearance, but this was always followed by severe proctalgia of a burning, cramplike character. Thinking it probable that a fecal accumulation might have taken place, notwithstanding occasional stools and scanty liquid food, a rectal examination disclosed a large fecal mass in lumps and nodules filling the rectum, and filling it high up to the sigmoid flexure. Etherization was required to empty the rectum, and in this way an unusually large quantity of fecal matter was removed manually.

This mass was perfectly normal in appearance, not dry or hard, but the result of accumulation for weeks, owing to the fear of the intense pain during and after defecation, which function the patient had learned to repress. In this case, as well as in the previous ones, there were no hemorrhoids or other abnormal conditions of the rectum, except the neuritis with its resulting pain. This was at once entirely relieved ; a certain amount of soreness following the distention by fecal matter and its manual extraction yielded to arnica 3 x. For four days there was no stool, but at the end of that time the normal tone of the bowel having returned, there were three normal stools, indicating that the whole accumulation had not been removed ; but from one to two perfectly normal and perfectly painless stools relieved that without the aid of any other medicine.

Much has been said of late of the value of distention or stretching of the sphincter. In this case no effort was made in this respect, and the amount of dilatation during the removal of the fecal mass was no greater than during a natural

stool, and at no time greater than to admit the index and middle fingers.

1894, October 9, Miss —, æt. thirty, whose occupation was that of a teacher, requiring many hours of standing without rest, about this time communicated by letter symptoms of indigestion, gnawing pains in the bowels, tiredness, and other varying sensations, indicating nervous exhaustion, approaching a neurasthenic condition, accompanied by constipation, supposed to be caused by piles. These had been fruitlessly combated by daily glycerine and other suppositories.

This condition culminated about December 8 in severe proctalgia, characterized by agonizing rectal pain and soreness after these forced stools, which are now delayed till every other day, the intervening day being one of comparative comfort, during which the patient dreads the next day with its hours of misery. *Nux vom.* and *croton* were sent by mail with the request to call for an examination. This was made on December 29 with a perfectly negative result as far as piles or any rectal abnormal condition were concerned, with the exception of very acute hyperæsthesia of the sphincter and of the portion just beyond. The bowel was capacious and smooth and perfectly normal higher up. *Croton 3 x dil.*, ten drops in one half of a glass of water, were continued, and later on *strychnia sulph. 3 x*, one tablet every night and morning.

This was continued with intervals of placebo until January 9, when the report by letter was that there had been a perceptible lessening of the pain after stools which as yet cannot be expelled for fear of pain and aching of the sphincter. This condition is relieved by enemata of but a few gills of warm water whenever there is a desire to evacuate the bowel; nevertheless the subsequent pain still lasted for eight or nine hours, but in much more endurable form than ten days ago. Sulphur, and later *pulsatilla* have no effect; but *atropia sulph. 2 x*, one tablet, dissolved in one half tumblerful of water, a teaspoonful at a dose every two hours, was followed by decided relief till January 17, when the report was, "I am still improving."

At this point the menstrual period interrupted progress (January 22) and demanded strychnia 3 x twice a day, after which improvement progressed again, so that on February 4 there was no more proctalgia after stools, although sluggish and irregular stools still persisted. A return of rectal pain on February 20 again subsided after atropia 3 x.

In this case croton and strychnia were followed by improvement, but atropia 2 x, and later 3 x were followed by complete relief. But in order to secure these results the patient was persuaded to give up work and to rest at home for two weeks during the last part of the treatment. During this period the diet was also much improved upon, as well as the regularity of meals, neither of which could be accomplished while the patient was boarding and teaching. It is expecting too much of medicine to produce cures without strict regimen, the enforcement of which is sometimes impossible, and always very difficult, unless the patient is near at hand, very patient and obedient. The necessary factors, intelligence, obedience, and ability to carry out the doctor's directions, are unfortunately not often found associated in one case.

The following is a case in point:—

1895, February 6, Mrs. —, æt sixty, was not of the kind depicted in the preceding case, but of a querulous disposition, not at all improved by running from doctor to doctor for the last ten years, to be cured of constipation. This had resulted in the habitual use of cathartics, complicated with periods of excessive proctalgia, the pain extending as high as the sacral promontory, especially on bending or after any motion. Attributing all this to uncured constipation, the patient had last night resorted to an ounce of castor oil, followed by a copious stool and now constant tenesmus, with severe rectal pain, extending to the lumbar region. There also was present considerable strangury, especially at night, with retention of urine which dribbles away in the daytime; the catheter found the bladder empty.

The treatment and directions, of course, consisted in excluding cathartics, recommending a reasonable diet, and

advising the free drinking of water ; but the consummation of these directions in this case involved one of the most severe battles ever encountered between the doctor and the object of his treatment, for the word "patient" finds no place here. Still the result at least was a truce, and a vague promise to try the medicine, which was atropia in water, a teaspoonful every two hours.

February 7 the report was a comfortable night with decided diminution of pain. But this patient, like many others, was governed by the inherited prejudice of more than a thousand years of vast medical progress, and had therefore taken another dose of castor oil, with resultant discharges of serous and mucous fluid ; for her bowels were empty of food, and now again she was tormented by constant tenesmus and proctalgic pain. She declared that she must have something done at once, and refuses to stop the cathartics, for she must keep the bowels open. Under such delusion she grew steadily worse. Still who could blame the poor deluded creature, who was only acting in accordance with the superlative wisdom of the dominant medical, so-called regular school? This can be summed up in a few words: A medical course of five years of lectures, clinics and laboratories, then ten to twenty years of practice, the resultant knowledge of which is: cathartics, opium, whiskey.

This pupil of fate and science demanded all three at once. This modest request implied more than even the most progressive homœopath could grant ; the written instructions of yesterday were read again with accentuated rhetorical emphasis, and the assurance of instantaneous withdrawal from the case unless these instructions were followed to the letter. Instead of being admonished to depart, I received the unexpected acquiescence in my advice, namely, to remain in bed, to eat only soup and gruel for two days, to drink water every two hours, and to avoid cathartics, opium, and whiskey. The prescription was atropia sulph. in water, as on the previous day.

On February 9 the severe aching was relieved ; patient passes more urine. The diet was continued, and strychnia

sulph. substituted for previous medicine on account of slight dizziness and headache. One pellet of the 3 x trit. was now given every night and morning, and every precaution taken not to disturb the now peacefully resting bowels after ten years of unparalleled abuse. Only once, on February 13, that is, only seven days after beginning the milder treatment, did the now slightly more tractable invalid yield to the temptation of taking a water enema for which there was no need, and the penalty was a violent attack of proctalgia, for which this time, for the purpose of testing its efficacy, croton 3 x was prescribed. The next report was that she had been very well for two days; but as is usual with hypochondriac neurotics, the very favorable statement of improvement was accompanied with constant worry about constipation, and clamoring for cathartics, which, of course, were withheld, and fortunately the patient for once yielded to reason, for she had no pain. The croton was continued during the daytime, and on the eighteenth a normal stool occurred, probably the first for many weeks. On the twenty-fifth there had been no pain for a week, and only normal stools had occurred. The patient eats properly, sleeps well, has no pain, and the bowels move regularly enough.

It might naturally be inferred now that this typical invalid was contented, and that she rewarded her medical slave by her smiles of gratitude. Far from it; this poor deluded being's last words were, "Something must be done for the constipation."

If a slight digression might be permitted, it would be to dwell for a moment on an aphorism of Thomas Carlyle — "As for humanity — mostly fools." I doubt the truth of this epigram as applying to humanity in general, but in a modified form it applies to that part of humanity seeking medical advice, a large majority of which consists of neurotics of a more or less marked degree. And when I describe a case like the preceding, far from intending to cast ridicule, I wish merely to emphasize the difficulty of treating patients whose reason and disposition are more or less removed from the normal standard. Were it otherwise, physicians would be more successful.

A glance at the deluge of pharmaceutical preparations, with their "eminent" indorsers, and the money paid in exchange for them, indicates the direction of what the people consider as medical practice. Such scrutiny also justifies the doubt that medical schools with their clinics and laboratories dominate in the medical treatment as practised to-day, and it supports the conclusion that doctors — which means teachers — have been remiss or very unsuccessful in supplanting the prevalent popular superstitions by more reasonable and gentler methods. More than that, the bad practices of the people are but a reflex of what is being — not taught — but practised by the majority of doctors.

Honest precept, and simple medical practice in all its purity as embodied in homœopathy, standing entirely upon its merits, can make only slow progress against the much more powerful opposition of traditional medicine with its course procedures, against advertising, and of pandering to the prejudices of ordinary humanity and its superstitions, older than the pyramids and destined to outlast them.

There are many more remedies capable of producing pain in anus and rectum. Those causing pain during stool are chiefly: ars., calc. c., capsicum, china, cocculus, merc. v., nux v., sulphur, etc.

Those causing pain after stool are chiefly: caps., merc. v., phos., sulphur, kali bi., puls.

The symptom of acute neuralgic pain before, during, and after stool, though scarcely mentioned as such, is compensated for by such symptoms of belladonna as these: retention of stool; constant urging and ineffectual straining; convulsive cramps (in various parts of the body, denoting the spasmodic tendency of belladonna).

The indications for nux v. more particularly are: protracted constipation (in our cases retention of stool on account of pain), ineffectual straining.

Arsenic has: burning pain in the rectum. (In the preceding cases the pain was always cramplike, contracting; also described as stinging and burning.) Lycopodium contains among its symptoms, also, cramps of the rectum.

Natrum mur. : burning in anus and rectum. (Salt eaters' proctalgia.)

T.13 PHYSIOLOGICAL BASIS OF THE DIETARY IN ORGANIC RENAL DISEASE.

BY F. P. BATCHELDER, M.D., BOSTON.

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

An acquaintance with the normal condition, anatomical and physiological, is the necessary basis of all knowledge and treatment of disease. Physiology gives us many important and reliable data, in studying the deranged body functions, upon which to found the solution of a complex disease problem. Our present knowledge of food materials, their destination and the form and mode of elimination of their ultimate waste products, stated briefly, is as follows :—

The three grand divisions of food materials are proteids, carbohydrates, and fats, to which may be added, as adjuncts, salts and water.

The immediate destination of all food material is to supply the body with energy-yielding substances, which yield either heat or mechanical work or both.

To-day physiologists believe that *all foods* are calorific, and Liebig's theory, that proteids were purely plastic, and fats and carbohydrates calorific, has passed into history as untenable.

In studying the needs of a healthy individual it is not an easy matter to determine their character and supply the demand. In the realm of disease the problem is often more difficult of solution, in fact, in incurable cases, apparently remains unsolved. The proteids of the food appear in the blood stream as serum albumin largely, for distribution to the body tissues. It seems probable that but a small part of such "coasting proteid" is actually built up into the adult body cells, since they wear out but slowly. The larger portion of the free proteid is utilized for the production of energy as heat and mechanical work. The chief nitrogenous waste product of proteid metabolism is urea, eliminated by

the kidneys. It is present in the blood in the proportion of $\frac{3}{100}$ to $\frac{15}{100}$ of 1 per cent.

The carbohydrates of the food appear in the blood stream as needed, in the form of sugar (dextrose glucose) in the proportion of $\frac{1}{10}$ of 1 per cent. Their ultimate waste products are CO_2 and water (H_2O).

The fat of the food appears as such in the blood stream, after undergoing digestive changes, in the proportion of $\frac{1}{2}$ to $\frac{2}{3}$ of 1 per cent, and its ultimate waste products are the same as from the carbohydrates. Both groups of food materials are very important energy-yielding bodies, though any surplus is stored up to provide for future needs.

Repeated tests show quite conclusively that urea is eliminated almost exclusively by the kidneys, both in health and disease. On the other hand, CO_2 is eliminated almost exclusively by the lungs, while water leaves the body by the kidneys, skin, and lungs. The amount of water formed within the body is necessarily unknown.

As to the functions of the normal kidney, we know to-day that to the Malpighian corpuscles (glomeruli) is referred the separation of the water of the urine and the inorganic salts, while the epithelial cells of the convoluted tubules, especially (and ascending limb of Henle's loop), eliminate the urea and allied bodies by their active secretory powers.

In nephritis the glomeruli may be chiefly involved, or the tubules on the other hand, and in very many cases the process involves both structures. When the tubular epithelium is extensively involved, or in any way prevented from performing its usual functions, the condition which has been termed uræmia obtains.

Urea is not a very toxic substance, even when injected directly into the blood stream of an animal. The researches of Bouchard of Paris have shed much light upon the toxæmia of nephritis. He defines uræmia as "Intoxication by *all* the poisons which, normally introduced into or found in the organism, ought to have been eliminated by the renal path, and are prevented from being so owing to the impermeability of the kidneys." The amount of urea eliminated by the

kidneys is apparently a good index to the degree of renal insufficiency and the consequent toxæmia. This, and not the amount of albumin passed in the urine, should be our basis of computation.

In this brief paper no attempt will be made to cover the details of the dietary in renal disease, but instead to call attention to certain facts, and make some interrogations which, it is hoped, will receive answers from those who can speak from clinical experience.

One of the fundamental principles in the treatment of disease is to remove, so far as we may, the burden from an over-taxed organ without detriment to the body generally. Preventive measures are usually considered superior to palliative ones.

In organic renal disease, with uræmia impending or present, one may well ask what dietary modifications can be adopted with benefit? To what extent can we supply our patient with food whose ultimate waste products are not urea and its related bodies? Will our patient do well on an abundant carbohydrate and fat diet, with but a small amount of proteid embodied, as, for example, the casein and lactalbumin of milk?

In the healthy body it is found that the nutritive processes suffer if proteid is excluded from the dietary, or is present only in small amount. Each case must be considered as a unit, and the foregoing statements are necessarily more applicable to cases of chronic than acute nephritis. In the latter group of cases, while milk seems to hold a large place in their dietetic treatment, can we not advantageously combine therewith carbohydrates, either in the form of thoroughly prepared gruels or semi-solid food substances? Certain it is, if such carbohydrate and fatty material be taken and digested, it will not add to the excretory burden of the kidneys, and we have supplied our patient with food which can be speedily and easily utilized for the production of energy.

In chronic nephritis, where solid food is not contraindicated, will not our patients do better on a carbohydrate and fatty diet with a minimum of proteid, and that in soluble or pre-digested form?

The human body possesses marvellous vital power, which in a diseased state it is our duty as physicians to conserve to the utmost, and it is in the dietary and other environments that we can preëminently exert a beneficial sway.

Many medicines must be looked upon as energy *regulators* only, while foods are energy *producers*.

In all these problems, thorough clinical tests and results must outweigh all theoretical considerations, and we as physicians must ever be open to new light on these difficult problems.

How often we hear milk referred to as a "perfect" food, and such the mother's milk is for her offspring. Is cow's milk equally adequate for the adult in health or disease? We all understand that in the healthy adult a large amount of milk, probably four or five quarts, must be ingested daily to afford the requisite amount of solids for a laboring man. Furthermore the carbon in cow's milk, as compared with the nitrogen, is deficient for the adult body needs. Since this is apparently true in the light of present physiological knowledge, ought we not to be very careful in restricting our cases to a milk diet, and especially a skimmed milk diet, lest from that they fail to receive the necessary amount of food material?

The well-being of cases of organic renal disease depends very largely upon a fairly adequate food supply, its proper utilization by the tissues, and the satisfactory elimination of the ultimate waste products.

The younger members of the medical profession are looking to their seniors to shed upon these problems the light from their extensive clinical experience and the keenness of their mature judgment.

A DISTINCTION WITH A DIFFERENCE. — *A* — Now, if I understand correctly, the first principle of socialism is to divide with your brother man.

B — Then you don't understand it correctly. The first principle of socialism is to make your brother man divide with you. — *Birmingham Post*.

THE DIFFERENTIAL DIAGNOSIS OF CAPILLARY BRONCHITIS AND CATARRHAL PNEUMONIA.

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

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

We are often told that "a little knowledge is a dangerous thing," and yet the title of this paper, which has been given me as my theme by the chairman of the committee, suggests that there is sometimes an awkwardness in knowing too much, especially if a part of this is "not so." For the medical student of to-day (or the recent graduate), who has studied certain text-books, will tell you that the two diseases mentioned above are synonymous, and that therefore there can be no differential diagnosis between them; while the more mature physician, who has been improving his opportunities and strengthening his bulwarks by the daily contact with disease and its continued study (to say nothing of those of us still further along whose hair, if any there be left, shows a marked increase of silvery threads), and who has hitherto been able from his much learning to demonstrate all the fine points of difference between the two diseases (theoretically, at least), now discovers that it is necessary for him to unlearn some of his knowledge. He must unload a part of his cargo and ship a part anew, which is often harder than putting a whole cargo into an empty ship. And yet in changing our ideas in this particular instance we discover that the new plan has its advantages after all, and saves a deal of hard work in trying to split hairs and to make distinctions which on some occasions refuse absolutely to be made.

The latest dictum of pathological anatomy is that capillary bronchitis never occurs alone.

Osler says: "Much confusion has arisen from the description of capillary bronchitis as a separate affection, whereas it is only a part, though a primary and important one, of broncho-pneumonia. . . . It is a superfluous refinement to make a diagnosis between capillary bronchitis and catarrhal pneumonia, for the two conditions are part and parcel of the same disease. . . . If during convalescence from measles or

whooping cough a child has an accession of fever with cough, rapid pulse and rapid breathing, and if on auscultation fine râles are heard at the bases or widely spread throughout the lungs, even though neither consolidation nor blowing breathing can be detected, the diagnosis of broncho-pneumonia may safely be made. I have never seen in a fatal case after diphtheria or measles a capillary bronchitis as the sole lesion."

The article on Broncho-pneumonia in Pepper's "American Text-Book of the Theory and Practice of Medicine" is written by Francis Delafield, who classes as synonymous with it capillary bronchitis, lobular pneumonia, and catarrhal pneumonia.

Dr. Wm. Pepper himself does the same in his article on the disease in Starr's "American Text-Book of Diseases of Children."

Dr. I. N. Danforth, of Chicago, likewise makes the same classification in his article in Wilson's "American Text-Book of Applied Therapeutics."

Some other recent writers occupy the same position, but not all. Musser, in his excellent work on Diagnosis, the second edition of which was published only six months ago, says about broncho-pneumonia:—

"The physical signs are those of bronchitis with here and there larger or smaller areas of consolidation, over which the râles are finer and closer set, the percussion note is dull and the respiratory murmur bronchial or broncho-vesicular. An entire lobe may be consolidated." Under Capillary Bronchitis or Suffocative Catarrh he adds in distinction:—

"The physical signs are those of bronchitis of the larger and smaller tubes. Sibilant and sonorous râles, if present at first, give way to fine subcrepitant and crepitant râles which speedily become moist and very abundant."

This is virtually the old distinction on which most of us were brought up. It was beautiful in theory and convincing. It could be applied in practice sometimes. The more expert the auscultator, the more small areas of consolidation were discovered. When these were beyond detection through their evidences, such as dulness on percussion, broncho-vesicular respiration, bronchophony, etc., the case was called one

of capillary bronchitis. One who was not specially skilled in auscultation, if honest, must have admitted that pretty much all of his cases were those of capillary bronchitis. For it is no easy task for anybody to discover a solidified patch the size of a small French pea in the little thorax of a terribly sick infant or young child, when its signs are almost drowned out by the full orchestra of a severe bronchitis affecting the larger as well as the smaller tubes; especially if it be so far beneath the surface that what there may be left of the healthy respiratory murmur above it aids this orchestra in still further obscuring its evidence.

When the solidified areas are larger on the other hand, and particularly if by coalescing they approximate in size a good portion of the lobe, as is possible, their detection becomes very easy to one who is versed in physical diagnosis.

In conclusion, I would suggest to those of our number (and they are the great majority) who are obliged to unload and reload a part of our mental cargo at this port, that perhaps the easiest and most graceful way to do it without too much violence to our feelings would be to regard these diseases as *synonymous*, as nominally *one*, but to become as expert as possible in detecting areas of solidified lung, and to think of the case where those areas exist as that *one* with *predominating* broncho or catarrhal or lobular pneumonia, and of the case where these areas are not discovered as that *one* with *predominating* capillary bronchitis or suffocative catarrh.

AN INTERNATIONAL CONGRESS ON LEPROSY.—The German Government is sending out invitations to an International Congress on Leprosy, to be held in Berlin in October, at which Dr. Koch, bacteriologist, will preside. The whole subject of leprosy and its attendant evils will come under consideration, and the report will be issued with a view of inducing the powers of the world to act collectively, if not in the hope of stamping out the disease, at least of keeping it within prescribed limits. — *Exchange*.

EDITORIAL.

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

DISPENSARY ABUSE.

The very fact that much is being written, not alone in the professional journals, but in the daily papers about the "dispensary abuse," the "abuse of public charities," etc., indicates at least that the conditions pertaining to the management of such institutions is far from satisfactory. What are the conditions that do exist and whence arises the necessity for some change or remedy?

Throughout all our large cities is established, under corporation and, to a large extent, in connection with some medical college or hospital, the free dispensary. Its object is twofold: first, to furnish medical and surgical attendance for those who are unable to pay; and, secondly, to provide clinical material whereby medical students may be instructed; the latter being, as it were, a sort of compensation for the service rendered and a price which the dispensary patient, as a rule, is very willing to pay under proper conditions.

Who constitute the people that do habitually frequent these worthy charitable institutions? They may, from our observation, be divided into three classes—the very poor, who with difficulty are able to find their daily bread and shelter; the mechanic or salesman or clerk, who earns sufficient to support himself and family moderately well as long as the misfortune of accident or sickness does not befall him; and a third class, by no means insignificant in number, well fed, well housed, well dressed, who seeing a chance of getting attendance gratis, with contemptible meanness avail themselves of it, and that, too, often with an air that is most intolerably offensive. The first two of these classes command our sincere respect, and to minister to their needs faithfully and skilfully is the desire and aim of every dispensary physician; the third class are intrinsically impostors, and should be

treated as such. This abuse has reached such proportions in the city of New York that legislative aid tending to its suppression has been invoked.

A bill has passed the Senate and Assembly of the State of New York, the provisions of which are: the definition of what constitutes a dispensary; that no person shall apply for treatment at any dispensary unless unable to pay a fee for medical attendance, and a certificate in writing to that effect shall be presented from "the owner or owners of the premises wherein such persons reside, or from the police captain or person in charge of the police of the district in which he or she resides, or from the alderman of the district, or from any charitable organization"; that no person connecting or connected with such dispensary shall receive any compensation.

Power is given under the bill to various medical societies to appoint one person each, such selections to form a "Medical Board for the Supervision of Dispensaries in the City of New York," who shall devise rules for the conduct of, and shall have general direction of all the dispensaries.

Any violation of these rules is punished by fine or imprisonment or both.

For some reason which, so far as we know, has not yet been made public, the governor of New York has refused to sign this, in general, excellent bill; an act which, according to the tone of the leading medical journals of New York, was entirely unexpected and much to be regretted. As yet there has been in Boston, so far as we know, no attempt toward legislative control of this abuse, but it must inevitably come, and soon, if something is not done on the part of the physicians themselves tending to its remedy; and that much may be done by them we believe. Not all the blame in this matter is by any means with the public. The physicians themselves, both specialists and general practitioners, help to maintain this imposition; the former by their desire to record a big clinic or to obtain abundance of clinical material for purposes of instruction, the latter by sending patients who are in need of special treatment or advice, but

who would feel it a burden to pay the fee for expert service in full, to the dispensary where they may get the advice for nothing. Such patients are not only frequently sent but often with letters of introduction from their attending physicians requesting a written opinion of the case and directions as to its management. Such request cannot be received or complied with graciously by the physician in charge, who gratuitously gives three or four hours one or more times a week for the relief of the poor, when the applicant is obviously well removed socially from that unfortunate class which every true physician is not only willing but happy to try to help. Let the medical instructor and dispensary physician then curb his desire for a clinic of whose numerical size he can boast, and let the practitioner who has a patient for whom he wishes special advice, but who is honestly unable to pay the usual fee, but is able to pay a moderate stipend, send such patient to the private office of the physician whose opinion he desires, with a note to the effect that the bearer can pay only a small honorarium, and the "dispensary abuse" will be much less.

EDITORIAL NOTES AND COMMENTS.

GOVERNOR WOLCOTT ON LOBBYING. — The activity of the employees of the State Board of Lunacy and Charity in securing the defeat of the bill relating to the establishment of a children's department was sharply rebuked by Governor Wolcott, May 28. In a letter to the board the governor says: —

To the Board of Lunacy and Charity: Complaint has been made both by members of the Legislature and by other reputable citizens of the Commonwealth that the paid employees of your board have been busy and conspicuous in favoring or opposing certain bills while under the direct consideration of the Legislature. The statement has been made to me with much circumstantiality that certain of these officials have spent the greater part of several consecutive days in or near the legislative chambers, making efforts by personal

solicitation to influence the votes of members of the Legislature ; in other words, doing what is expressed by the term "lobbying."

Without now inquiring whether this was done under the orders of your board or with its knowledge and assent, I feel that these statements are definite enough to warrant action on my part.

The case to which I now call your attention is not the only case in which similar conduct of paid officers of the Commonwealth has of late been criticised.

I fully recognize the right and duty of heads of departments and other officials of the State government, when summoned or invited to appear before Legislative committees, to present their views of proposed legislation with such weight as their experience and special knowledge may give. It has always seemed to me that after the committees have reported, this right and duty cease.

Such conduct as above alleged on the part of paid officials is in my opinion improper, especially so when it touches matters affecting the salaries, duties, and powers of the departments with which they happen to be connected.

I deem it my duty to call this matter to your consideration, and, unless my information can be shown to have been mistaken, I ask that your board take such action as shall prevent a repetition of such misconduct.

Very truly yours,

ROGER WOLCOTT.

Boston Herald, May 28.

The governor's rebuke to the State Board of Lunacy and Charity for lobbying on bills affecting that department of the government is deserved. The pity of it is that the governor's censure comes too late to wholly undo the mischief that the official lobbying has wrought. — *Editorial, Boston Herald, May 28.*

We note with satisfaction the reprimand of Governor Wolcott. His letter to the State Board of Lunacy and Charity will explain itself, and an editorial note from the *Boston Herald* of May 28 expresses our own feelings in the matter. For the last ten years the State Board of Lunacy and Charity has acted in an unfair and hostile manner to the Westborough Hospital. In the last two official annual reports of the State Board they have made untruthful statements against the trustees and the results of treatment in the hospital, and have been unwilling to explain their charges

or justify them before a committee of the Massachusetts Homœopathic Medical Society. Within the last few weeks we have endeavored to remove the care of the insane from the State Board of Lunacy and Charity as recommended by a special commission appointed by Governor Wolcott, who had investigated the State charities; and it is probably due to the lobbying of the paid employees of the State Board that our efforts, and also the efforts in the same direction made at the same time by members of the Massachusetts Medical Society, were unsuccessful.

We shall continue the fight against the State Board during the coming year, and shall continue until persons so unfit for the care of the unfortunate and insane shall be displaced by persons who are competent to judge of their illness, who believe that some advance has been made during the last centuries (as was denied by one of the members of the State Board of Lunacy and Charity), and by commissioners who will be fair to the Westborough Hospital, and who when writing official reports will simply adhere to the truth.

THE HORSE-CHESTNUT AS A REMEDY FOR HEMORRHOIDS.

—The *Therapeutische Wochenschrift* for April 18 attributes to Artault the discovery that the horse-chestnut, the seed of *Æsculus Hippocastanum*, in the form of a fluid extract, exerts a prompt remedial action in painful and hemorrhagic attacks of hemorrhoids. He has used it without a failure in twenty-one cases, and in only two was any unpleasant effect observed.

In those two a recurrence of the menstrual flow took place in about ten days after its cessation. The following formula is given:—

℞ Fluid extract of horse-chestnut . . . 1 oz.
Chloroform 5 drops.

M. S. Ten or fifteen drops to be taken, in a glass of wine or *eau sucrée*, twice a day, before eating.

If there is much hemorrhage, the following may be substituted:—

℞ Fluid extract of horse-chestnut . . . 5 drachms.
Fluid extract of hamamelis . . . 2½ “
Oil of peppermint 2 drops.

M. Dose, fifteen drops, twice a day. — *New York Medical Journal*.

This reported "discovery" will no doubt be of intense interest to all practitioners of homœopathy.

One of the very first things we were taught in homœopathic therapeutics, more than twenty-five years ago, was the beneficial effect of *æsculus* in cases of hemorrhoids where it is the proper *similimum*.

BOSTON UNIVERSITY SCHOOL OF MEDICINE. — The annual banquet of the Alumni Association was held at Hotel Brunswick on the evening of June 1. After the dinner the following program was observed:—

Presentation of Certificates of Membership to Graduating Class by the President, Professor Rockwell.

Toastmaster, Edward Beecher Hooker, M.D., '77.

Our Alma Mater John Preston Sutherland, M.D., '79

The Faculty Horace Packard, M.D., '80

The Graduating Class Solomon Carter Fuller, '97

The Medical Student Mary Elizabeth Hanks, '97

Homœopathy and Modern Medicine . Conrad Wesselhoeft, M.D.

The Physician's Higher Privilege . Julia Mortimer Plummer, '87

Liberality in Medicine Frederick Bosworth Percy, '80

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its semi-annual meeting at the College Building, East Concord Street, Thursday evening, June 3, 1897, at 7.45 o'clock, President George B. Rice in the chair.

The reading of the records of the last meeting was omitted.

John C. Shaw, M.D., of New Bedford, and Willard A. Paul, M.D., of Dorchester, were proposed for membership.

The amendments to the Constitution and By-Laws presented at the May meeting as desirable changes recommended by the Executive Committee were formally adopted by vote of the society.

The secretary presented the form of a revised application for membership as recommended by the Executive Committee, which was adopted by unanimous vote of the society.

Scientific Session.

Dr. J. P. Sutherland exhibited a lantern slide representing the microscopical appearance of eosinophile cells, leucocytes and gonococci from a case of pyo-salpinx, showing conclusively the gonorrhœal origin of this very typical case.

Section of Diseases of Children.

LUCY APPLETON, M.D., Chairman; GEORGE B. RICE, M.D., Secretary;
C. Y. WENTWORTH, M.D., Treasurer.

A nominating committee, composed of Drs. N. M. Wood, J. Herbert Moore, and Clara E. Gary, presented the following nominations for officers of this section for the ensuing year: Chairman, S. H. Blodgett, M.D.; Secretary, N. H. Houghton, M.D.; Treasurer, Mary E. Mosher, M.D. Confirmed by vote of the society.

PROGRAM.

1. Some Causes of Eczema in Infancy, A. H. Powers, M.D.
2. Food and Care of School Children, Mary E. Mosher, M.D.
3. Some Complications of Infectious Diseases, their Prevention and Treatment, N. M. Wood, M.D.
4. A Symphysiotomy, Maurice W. Turner, M.D.

Dr. Turner's paper may be briefly outlined as follows:—

Report of a case of symphysiotomy in a patient with a funnel-shaped pelvis in which induced labor at seven and a half months failed to secure a living child. When pregnancy again occurred labor was induced at seven and a half months; a marginal placenta prævia complicating. The symphysis was divided by the open method. Delivery was instrumental, and the child was born alive, weight four and a half to five pounds. Uneventful recovery of the mother. Bony union complete.

The paper was illustrated by the stereopticon, giving views of the pelvic brim and outlet in the case under consideration as compared with the normal and male pelvis; also showing the amount of space gained by separation of the bones and the relative size of the foetal heads and the length of the external wound. Mother and child are both alive and well six weeks after the operation.

Dr. John L. Coffin discussed the first paper and emphasized certain points cited therein. Predisposition is a factor never to be forgotten in these cases, though eczema *per se* is never inherited. The scrofulous child *par excellence* is one tending to eczema, almost invariably of a pustular type. Homœopathic medication can do much in such cases to prevent eczema.

Improper and too frequent feeding of infants are direct causes of eczema. Such cases are due not simply to nervous reflexes but to auto-infection through charging of the blood with toxic material from the digestive tract which is highly irritable to the skin. Careful experiments upon children fed with various kinds of diet show that dilute cow's milk is digested in two and one half hours, while no artificial food was digested in less than three hours. The results of too frequent feeding are obvious.

Another cause of eczema in infants is the bath immediately after birth. This procedure approximates crime. New-born babies should be rubbed with oil and bathing deferred.

In children and adults there are causes which we now call unknown.

In children eczema and asthma often alternate. The same dyscrasia is back of both these manifestations. Adults having hay fever almost invariably give a history of eczema in childhood.

Dr. E. P. Colby discussed the second paper. He emphasized the great importance of the rearing of children who are to be the future citizens of our country. There is in part a necessity for the difference between the food of our ancestors and that of children to-day. We cannot expect the same degree of hardihood from the changed food and

environment. We can select for our children that food which will promote growth of the whole body and of the nervous system in particular. The brain cortex requires the strongest proteid food of any part of the body. Sweets can do little in brain building. Proteid food is the greatest requisite in early life and must be presented in a digestible form.

Hurrying to school, with the attendant anxiety, is a marked disease factor and entails improper digestion.

The combination of study and social demands is too great a strain for most children to endure.

Curvature of the spine is often due to improper posture in the schoolroom and while studying at home. This state of affairs is hard to remedy, but we should do what we can by explaining to parents the things to be avoided and recommending proper exercise, sleep, food, etc.

Dr. J. P. Sutherland discussed the third paper. Since using anti-toxine he has had as many complications as formerly, but the mortality is less. As sequelæ of infectious diseases he has had a few cases of otitis, of pneumonia, of meningitis, and many of nephritis. Many cases of weak kidneys in adults are the results of infectious disease in childhood. The same is true of eclampsia where the albumin is slight, casts perhaps absent, and patient seems comfortable, but renal insufficiency exists and with the onset of labor convulsions occur.

In cases of scarlet fever and diphtheria it is important to note the quantity and quality of the urine. Few children escape renal complications. This may be due to insufficient drinking of water and the toxæmia from increase of waste products. If children will not drink, enemata may be given.

Dr. Percy G. Browne, in further discussion of the paper, cited authentic instances of second attacks of measles. Tuberculosis superadded to broncho-pneumonia is one of the sequelæ of infectious diseases. In scarlet fever Macewen says that ninety per cent of brain complications are due to otitis media. All infectious diseases affect the heart either

through the degeneration of muscle fibres or endocarditis. In the former the first sound approaches the second and becomes more valvular in character. One should watch the first sound as a key to stimulants.

Dr. George R. Southwick, in discussing the fourth paper, spoke of the frequent occurrence of minor pelvic contractions in this country. All data should be carefully collected, and while there is yet time before labor occurs select the operation best adapted to the case. Within the past three years symphysiotomy has become a rival of Cæsarian section, and craniotomy bids fair to become obsolete.

Dr. Horace Packard spoke highly of symphysiotomy in appropriate cases, and felt that it was a far less severe tax upon the mother than Cæsarian section.

The meeting then adjourned to the physiological laboratory, where a collation was served.

J. EMMONS BRIGGS, *Secretary.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The report of the quarterly meeting of the Worcester County Homœopathic Medical Society, received too late for the present issue of the *Gazette*, will appear in the August number.

HOSPITAL NEWS.

GRADUATING EXERCISES AT WESTBOROUGH.

The graduating exercises of the Training School for Nurses at the Westborough State Hospital occurred at the hospital June 2, at eight o'clock. We give below the program, together with Dr. Nichols' able address.

PROGRAM.

1. HYMN. *America.*
2. PRAYER. *Rev. M. A. Breed.*
3. VOCAL DUET. *Miss Mae Clark and Mr. H. Ross.*

4. REMARKS. Dr. George S. Adams, Superintendent.
5. ADDRESS. Dr. Charles L. Nichols.
6. SOLO. Mrs. H. E. Broderick.
7. REMARKS. Dr. John L. Coffin.
8. SOLO. Mr. Henderson Ross.
9. PRESENTATION OF DIPLOMAS by Colonel C. R. Codman, Chairman of the Board of Trustees.
10. SOLO. Miss Mae Clark.
11. HYMN. Doxology.

THE DUTIES OF THE NURSE.

AN ADDRESS DELIVERED BY CHARLES L. NICHOLS, M.D.,
JUNE 2, TO THE GRADUATING NURSES OF THE WEST-
BOROUGH STATE HOSPITAL FOR THE INSANE.

The characteristic of this nineteenth century is humanitarianism. The saying of Seneca, that stern old Roman of the first century, who after all had a warm human heart and was an especial friend of physicians, "I am a man, hence everything pertaining to mankind is of interest to me," is particularly applicable to this generation. Hence we see everywhere attention paid to the individual, to his comfort and to his needs. Our public parks, our houses, and our clubs with their luxurious appointments cater to the one; while the ills of humanity are cared for in dispensaries, hospitals, and sanitariums with a skill and a thoughtfulness never dreamed of in centuries gone by.

It has been stated that the three great bequests of this century to medicine are: the discovery of anæsthetics, by means of which pain is alleviated; the invention of Esmarch's bandage, by means of which blood is saved and shock prevented; and the development of antisepsis by Sir Joseph Lister, by means of which the innermost parts of the body are exposed for inspection and treatment with almost *perfect* safety.

In my judgment the new profession, or, as I should prefer to say, the noble calling of the trained nurse, should be placed above these three as the highest boon ever vouchsafed to suffering man!

In 1798 Dr. Valentine Seaman delivered a course of twenty-six lectures to a class of twenty-four nurses in the New York Hospital; hence the honor of originating the movement for better training belongs to him and to our country. But, as is always the case with great acts of all kinds, the world was becoming ready for it, and more than one mind saw the necessity for the reform; more than one country undertook to bring it about. In 1828 Elizabeth Fry, a Quakeress of London, who had labored for fifteen years in all branches of philanthropic work, began a course of lectures to the nurses of Guy's Hospital in that city.

Pastor Fliedner, a German minister at Kaiserwerth, about 1836, revived the biblical order of deaconesses, which became so famous and so widespread that in 1884 there were 60 institutes, 6,000 sisters, and 1,750 outside working houses.

But these examples were rare cases, and in the main the pen pictures drawn by Charles Dickens of Sarah Gamp and Betsy Prigg were too true to life and everyday experience.

Indeed, in the very hospital where Dr. Valentine Seaman delivered his lectures, and fifty years after he had pointed out a better training, it has been stated on good authority that in a fever ward of forty beds the only nurse was an old woman taken from the workhouse. There were no chairs with backs in the hospitals, the only seats being benches, and the pillows were made of chopped straw. In this ward the bathing conveniences consisted of one tin basin, a piece of soap, and a ragged bit of cloth which was passed from bed to bed.

It is not surprising, then, that this state of things should be followed by a still more marked effort at reform, and the establishment of the profession of the trained nurse. Florence Nightingale, who more than any other person has made this possible, says it is not a profession but a calling; mark the distinction, a calling! It is the art of nursing, not sickness, but the sick person.

Although possessed of social rank and of wealth, when a young girl Florence Nightingale gave up these things, studied at the Deaconesses' Home, founded by Pastor Fliedner,

and took charge of a home for diseased gentlewomen. When the Crimean War broke out, she was sent by the English Government to organize the work of nursing on the battlefield. On her return, so acceptable had been her labors that a large sum of money was presented to her in recognition of her valuable services. This money she at once used to establish at St. Thomas' Hospital in London a training school for nurses called after her name, where she for many years delivered the lectures, and has always shown an absorbing interest in its progress, and given definite direction to its growth by her wise counsel and systematic labors.

In 1861, in this country, the ladies of Philadelphia originated a course of lectures for nurses at the Woman's Hospital, and in 1872 established a training school. In the same year the New England Hospital founded its training school, and I believe a similar one was established in New Haven. From these beginnings, twenty-five years ago, has developed the present widespread system, including over 150 training schools, with nearly 5,000 graduated nurses. Of these, I regret to say, only three are training schools for male nurses, the Mills School of New York, founded in 1888, being the first and most successful. Every physician in practice to-day recognizes the difficulty of securing a good male nurse, and unless active measures are taken at once the profession will be closed to him. Even the expression trained nurse carries with it the thought female, not male, and it should not be so. The male nurse is a necessity in a large class of cases, more perhaps in hospitals than in private practice, yet often the home demands the physical strength and firm hand of man educated on the same lines as the woman nurse. There is no reason why this should not be. The same gentleness, thoroughness, and devotion exist in both sexes, and I am inclined to believe from my observation that the fault lies with the men who dislike to place themselves under the rules and discipline so cheerfully undergone by women and so essential to the proper training of the nurse of to-day.

The characteristic of this training and the keynote of its success is "obedience to orders founded on principle and

actuated by intelligent interest." This does not mean to follow in the footsteps of a woman, and unfortunately an intelligent one, who said, "I shall do just about half what the doctor said, because I always make a discount for each doctor's fad." It means absolute, almost unreasoning, obedience to the directions of the physician, and fidelity to the spirit as well as the words of his order.

This then is the foundation principle of your profession, and the lectures and clinical instruction given you make it possible for you to understand these directions, to execute them in the sick room, and to watch and record the results. It is not my intention to refer to the work you have carried out or the ground covered by your course of lectures. I desire to-night to call your attention to several points outside the line of these, and shall arrange them under three heads: your relations to the patient, to the doctor, and to each other.

And first of the relation of the nurse to her patient.

While it may be said of nurses, as of poets, that they must be *born*, not *made*, it is recognized to-day that the training obtained in school and hospital furnishes more and better nurses than we can obtain in the old-fashioned way.

Yet education means, not filling the brain with book knowledge alone or with rules and regulations, but drawing out and bringing into usefulness the qualities inherent in the human mind. If these qualities are not present, at least in a small degree, no amount of training will make a good nurse. You have all heard it said, "*That woman is a born nurse,*" and I have as often heard it added, "far better than any trained nurse." My reply invariably is, "What a pity she was not trained, for then she would have indeed been a nurse with intelligent direction to her natural energies."

The three essentials for a nurse are cleanliness, quietness, and cheerfulness.

Cleanliness to-day means not merely to wear the cap, apron, and sleeves as badges of your office, neat and becoming as these may be, while, if the doctor unexpectedly sees the bed linen, he will find soiled clothing there. It means

that you should remember the saying of a celebrated lecturer, "In the sick room we walk knee-deep in poison." The healthy person exhales from the body three pounds of moisture every day, and carbonic oxide enough to make half a pound of charcoal. The healthy person requires fifteen hundred feet of fresh air every *hour*, — which means a room ten feet square and fifteen feet high full of oxygenated air. Think then of the greater need in the sick room! Many devices have been invented for destroying the germs of disease, many chemical deodorizers have been placed in the market, and they may be good in a way, although the best are poor enough; but remember the remark of that famous lecturer who said, "Yes, fumigations *are* of essential importance, but it is because they make such an abominable smell that you are compelled to open the windows!"

Quietness is another essential. Quietness of manner, deliberation in every action. Many times have I been told by a patient convalescing from severe illness, that when she was too sick to move, her mind was taken up and her attention drawn away from herself by watching the quiet, deliberate, self-contained action of the nurse as she moved about in the exercise of her duties. This quietness should apply to voice as well as foot, but do not forget that whispering and walking on tiptoe in the sick room or at the door arouse the curiosity of the patient and are a serious evil at all times. Even in reading and talking this quietness and deliberation should be remembered. Houdin, the great magician, said, "If you wish to make a story interesting, tell it slowly." So in the sick room remember that the tired, weak brain thinks and comprehends slowly and is easily exhausted by rapid action or speaking.

Finally, there is nothing which so marks the natural aptitude of the nurse and shows the height of her training so well as the power to anticipate the slightest wish of the patient almost before it has been formulated in her mind. It is this power, and it may be cultivated, which draws the helpless invalid back to life and makes the calling of nurse seem almost divine. But another quality is essential to success in

your work, cheerfulness, that mental trait which must be made to shine out from your eyes, which fills the patient with renewed hope, which infects the whole household, and makes them feel that subtle power which governs the world at large as well as the narrow sphere of the sick room — reserve power and assurance of help in the hour of pain or need.

These three characteristics are essential to the success of the nurse in her relations with the patient. Many others are valuable, and much more can be said about each of these, but it is my desire to make them stand out in prominence by my brevity.

Of your relation to the physician, let me say at the outset that nothing, in my opinion, so tests the highest powers of a nurse as her faithfulness to the physician in charge of the case. Whether he is skilful or indifferent, whether he practises according to the principles of one school or another, it matters not; the nurse must be faithful to *his* instructions, and remember that she is placed there to carry out his directions and protect his interests as well as to perform her duties as nurse. It is this which is meant by the statement before made, that the corner stone of training is "obedience to orders founded on principle." The nurse, by listening to words of disparagement which are too often said of every physician by some one, and by thoughtlessly repeating them, is able to weaken his influence over the sick one and the family, and perhaps finally cause his dismissal; or by careful words and honorable conduct to strengthen him in the case, and at the same time gain his confidence and esteem.

With the present safeguards against irregular practitioners and the high standard of medical education, few physicians are called to cases of grave import without possessing some qualities which may command your respect. If this is not the case, it is better to withdraw at once than to become involved in discussions contrary alike to policy and to the honor of your profession.

The influence of the physician over his patients is so great that he may help or hinder to a large extent the popularity

of a nurse among his families according to the care she exercises in his behalf; but while this applies to favor, no nurse who is faithful to her duty and competent to discharge it in all its details can be excluded from work by any one or even several physicians for spite or insufficient grounds. Skill, intelligence, and honesty will eventually succeed, and each nurse will find her proper level in due time.

The relation of nurses to each other opens another wide field before us, but, as in the other case, the seeming difficulties are all smoothed away, the serious problems are each solved by the one word, *honor*.

Never speak ill of or hint at any delinquencies of other nurses, for *be sure* that the time will come when *you* will recall with bitter regret some error on your own part, involuntary at the time perhaps, but these things burn themselves into our hearts much more deeply than our successes.

Modesty in a nurse is just as becoming as with the physician, and it was Ambrose Parè, the great French surgeon of the sixteenth century, who said of one of his patients, "I dress his wounds; God heals them."

From your point of view there can be but one essential in case of sickness — the trained nurse; but while our cities are becoming overfilled with them, the number of families is still large who are opposed, and strongly, to those whose experience is gained solely in the lecture room or the hospital.

The success, then, of this profession which is still on trial before the bar of public opinion rests with you — how you conduct yourselves with your patients and towards each other. In my mind there can be no question as to the issue, for I have great confidence in the final triumph of skilled labor and intelligent care. There are three dangers, however, which to-day menace your profession. (1) Lest it become so much the fashion to have this training that all the earnestness will be lost out of it. (2) Lest it degenerate into a mere money-getting scheme. The nurse who labors day by day for the money she gets, and that alone, will never succeed. (3) Making nursing a mere profession, not a calling. The object of the Guild of St. Barnabas (and there are

in this country many branches and over seven hundred members), instituted for nurses, is "to assist its members to realize the greatness of their calling and to maintain a high standard of Christian life and work."

To-day the larger part of the nursing in Europe is done by the religious orders. Years ago it was entirely done by them, and noble work they have done and still do! Far be it from me to say one word against them and their consecrated efforts. There can be no question of motive or of faithfulness, but they are subordinate to their superiors and not the physician, and I claim that these religious orders are not necessary. Earnest effort, sincere purpose, persistent, unwearied labor, these traits can be illustrated in the lives of many women, yes, and men, too, who have done and are doing noble work, with no other consecration than that of personal decision guided by the highest ideals.

Look at Elizabeth Fry, at Florence Nightingale, at Pastor Fliedner, already mentioned, and see what they accomplished alone and unaided.

Another example, and one peculiarly appropriate for you to-night, is Dorothea L. Dix. Born in Worcester in 1802, she was early left an orphan and obliged to support herself. While a teacher in Boston, she was walking on Charles Street, and overheard two men speaking of the terrible condition of the prisoners in the Charles Street jail. Unable to forget it, she investigated the truth of their statements, and from that time began alone a series of reforms in the prisons and insane asylums of this country which in nine years enabled her to carry her reforms through the Legislatures of eleven States. At the breaking out of the war she was in Baltimore when our Worcester soldiers, among others, were wounded, followed them to Washington, ministered to their wants, and was finally appointed by Secretary Stanton superintendent of nurses of the war.

A similar story could be told of Miss Clara Barton, another Worcester woman, and her labors. A weak, broken-down invalid much of the time, whom I recall in my boyhood days as under the care of my father in her country home at Graf-

ton, who to-day is head and shoulders above every other woman in this world when work and experience in an emergency are needed.

These are striking instances of what consecrated lives, thoughtless of self, forgetful of gain, can accomplish. But it is not such examples alone that have shown heroism. Many a nurse whose name is little known have I seen act with heroism day after day, while her cheek grew blanched and her lips white, striving to be faithful to the trust placed in her, and receiving perhaps in addition to her own happy consciousness only such thanks as I could give. There is no life nobler than that of the trained nurse ; no reward more sure than the consciousness of work well and faithfully performed ; and no aim more lofty for her than that which Browning puts into the mouth of Paracelsus : —

“Know — not for the sake of knowing, but to become a star among men forever.”

REVIEWS AND NOTICES OF BOOKS.

THE PHARMACOPEIA OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Published by the Committee on Pharmacopœia. Boston. 8vo, pp. 674.

After many long years of waiting the patience of the profession has at length been rewarded by a really handsome and creditable volume, which being endorsed by the National Society becomes authoritative and the standard for this country. The variation in methods of preparing remedies, with a consequent variety in the strength of tinctures, has made all physicians long for some work which would insure uniformity. Beginning in the years soon after the war, the making of a pharmacopœia has dragged along. The present committee, with our lamented friend, Dr. J. P. Dake, as its chairman, was appointed some nine years ago.

The 674 pages describe over seven hundred drugs, and give plain directions for their preparation for administration. The various tests for securing the drug in a pure and reliable form seem to be precise and ample. This includes much valuable instruction as to the proper time at which vegetable substances should be gathered to be in their best

condition. The information given under the rubric "Habitat" will interest those who believe in the surroundings being a guide to the selection of a proper remedy, and there are probably many who do so believe. It is to be noted that due regard has been paid to the fact that some tinctures and solutions do not "keep well," and in such instances it is directed that they be freshly made, excluded from light, etc. These instructions are really valuable. The plan first formulated in the British Pharmacopœia is adopted. The moisture in the plant is estimated as so much inert solvent, thus making the weight of the dried root, leaf, or flower the quantity to be considered. This is one of the steps toward making tinctures and triturations correspond in strength. This method does not exclude the juices of fresh plants; it simply adds their bulk to the menstruum and as a part of it. The second step in securing uniformity of tinctures and triturations consists, in all instances where it is possible, in having the tincture represent one tenth of the strength of the crude drug if it were dry. Thus each minim of tincture of belladonna holds what is soluble in one tenth of a grain of belladonna plant when dried; furthermore, by this plan the tincture is really the first decimal attenuation, and is to be so estimated. This would make the first dilution from the tincture to be the real second decimal dilution. It is well to bear this in mind. Here we have an accurate correspondence between the tincture and the first decimal trituration, and this equality continues through all succeeding attenuations.

It is seen that the decimal scale has been decided upon; this will make possible intermediate strengths such as never were secured by the centesimal scale. In the more active poisons the "maximum dosage" is given. It may not have been necessary, but it is certainly convenient, and helps to make the work more complete. The descriptions of drugs are intended more for the physician than for the pharmacist, and in accordance with the instructions from the Institute that physicians as well as pharmacists should be provided for. The descriptions are quite full, and a glance at the references will convince any one that it is a work of great painstaking. In the text upon triturations a most important advance has been made. It has long been recognized that there was a great difference in the hardness and toughness of the many substances triturated, and while the "honest hour" might more than suffice for one drug, it would leave another in a very incomplete state of division, and the result of the time limit was not always satisfactory. By the method

now adopted the microscopic test is applied. In the first trituration the *largest* particles are not to measure more than $\frac{1}{100}$ inch in diameter, and the second not over $\frac{1}{2000}$, and the third not above $\frac{1}{4000}$. Directions are given for making the test, so that any physician with a microscope can be his own assayer. The tables of weights, measures, and abbreviations or signs, add to the working convenience.

A full list of the remedies with the accepted pronunciation will be welcomed, and it is hoped studied. Last but not least is a full index with cross references. A really good book with a poor index is like a tool without a handle; you can work with it, but it is awfully slow.

The editors are to be congratulated upon the thorough and complete way in which they have carried out the wishes of the Institute, and the profession can feel with no small degree of comfort that here is a work to which we can all look as an authority. It should be within easy reach of every homœopathic physician in the country.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1896. Volume XXXI. Edited by the Secretary, John L. Moffat, M.D., Brooklyn. pp. 503.

The thirty-first volume of the above-mentioned series contains many valuable and important papers and reports, and is further enriched by an admirable engraving of the president of the society, Dr. Edwin H. Wolcott, of Rochester, N. Y. An appendix to the Transactions gives a State directory of homœopathic physicians, and an index of all volumes issued during the last ten years.

ELEMENTARY BANDAGING AND SURGICAL DRESSING, WITH DIRECTIONS CONCERNING THE IMMEDIATE TREATMENT OF CASES OF EMERGENCY. FOR THE USE OF DRESSERS AND NURSES. By Walter Pye, F.R.C.S. Revised and in part rewritten by G. Bellingham Smith, F.R.C.S. Seventh edition. Philadelphia: W. B. Saunders. 1897. pp. 218.

Students and nurses especially will find this little manual serviceable, presenting much valuable information in a condensed form. The subject matter is arranged under three sections. Section I treats of Apparatus for Restraint and Support (bandages, splints, etc.). Section II, of the Simpler Ways of Dressing Wounds, Burns, and Scalds. Section III includes The Treatment in the First Instance of Accidents and Emergencies. This is an English book, and its several editions emphasize the popularity it has enjoyed.

A MANUAL OF THE PRACTICE OF MEDICINE, PREPARED ESPECIALLY FOR STUDENTS. By A. A. Stevens, M.D. Fourth edition, revised and enlarged. Illustrated. Philadelphia: W. B. Saunders. 1896. pp. 511.

A manual of this kind is always open to the criticism of attempting to furnish that manifest impossibility — a short cut to true knowledge. Such a work is often misleading to the not too industrious student, as limiting his attention to the broader outlines of a subject to the exclusion of the no less important details. Of the book in question, however, many things in its favor may be said. The writer knows what he wants to say, and how to say it clearly, if concisely. The arrangement of subjects is excellent, the indexing complete, and the paper and type satisfactory.

DISEASES OF THE MALE URETHRA. By R. W. Stewart, M.D., M.R.C.S. New York: William Wood & Co.

The author of this book has set himself the task of covering the large subject of urethral diseases in the short space of 218 pages, and although evidently written for the general practitioner rather than the specialist the book contains a chapter on urethral endoscopy. We do not feel inclined to quarrel with the author for recommending the Gruenfeld or Klotz endoscope with the head mirror in preference to the more exact urethroscopes with electric illumination, of which, by the way, he never mentions the best, as he seems to be satisfied with the old Leiter and Otis instruments; but we do think that our author makes a hazardous statement when he asserts that "the necessary tact" to insert a straight endoscopic tube as far as the vesical orifice of the urethra "is easily acquired." Even Oberlaender's endoscopes made with a particular curvature for the posterior urethra are unsatisfactory and dangerous instruments, for the reason that they cause hemorrhage so easily and hence obscure the field of vision. How, then, should a straight endoscopic tube accomplish what the curved fails to do?

The great value of this book consists in the attempt of the author to place before the profession the proper relationship between gleet and stricture. In America, where the ideas of Otis are still cherished and every gleet is thought to be dependent on stricture, the refreshing statements of the author, long current with the best genitourinary surgeons of Europe, should find a welcome hearing. Every practitioner must learn that stricture follows gleet, and not gleet fol-

lows stricture. On the other hand, it is difficult to concede that "there are undoubtedly cases of gleet that are not gonorrhœal in origin."

As regards the electrolytic treatment of stricture our author says that it "has been tried and found wanting," and no genito-urinary surgeon will gainsay him. However, no genito-urinary surgeon will follow his advice of strapping the testicle in epididymitis when he can lay his hand upon Langlebert's dressing. We also miss a mention of Guyon's treatment of posterior urethritis when ample space is given to Ultzmann's.

It is to be much regretted that the names of such well-known men as the genito-urinary surgeon Géza von Antal and the anatomist Mueller should be persistently misspelled throughout the book.

Nevertheless if all the books to be published in the Medical Practitioner's Library are as readable and helpful as the one now under review, the publishers of this Library will deserve the support and commendation of the profession. — *J. K.*

AN ATLAS OF NORMAL AND PATHOLOGICAL NERVOUS SYSTEMS. By C. Jacob. Illustrated. New York: William Wood & Co. pp. 322.

There has been quite a large issue of works upon nervous diseases written the past few years, and the field is quite thoroughly occupied. Most of these more pretentious volumes are chiefly occupied with text descriptive of diseases, their diagnosis and treatment, leaving but little room for the anatomy and physiology of the nervous system.

In this little manual, however, two thirds of the pages are given to the anatomy both normal and morbid, to which description and treatment of disease are added in a supplementary kind of a way.

It is profusely illustrated and, where it would be made more plain to the eye, colors are used. There are seventy-eight plates, giving nearly two hundred illustrations, many of which are from original drawings or photographs. In size and clearness of detail they are not quite up to the standard of some of the more expensive volumes, but when one considers the cost of illustration and the moderate price of this manual there is but little cause for fault-finding in this particular. The subject of diseases is but very briefly considered, and the text upon treatment is reduced to the minimum. With our present definite knowledge of nervous therapeutics this is really no great disadvantage.

One paragraph in the treatment of *neurasthenia* is well worth the price of the book: "No morphine, no excessive medication." The work can advantageously be used by every student or practitioner who has occasion to read up nervous disorders in text-book or serial. — *E. P. C.*

PROMAINS, LEUCOMAINS, TOXINS, AND ANTITOXINS; or, The Chemical Factors in the Causation of Disease. By Dr. V. C. Vaughan and Dr. F. G. Novy, Professor and Junior Professor, respectively, of Hygiene and Physiological Chemistry in the University of Michigan. Third edition, revised and enlarged. Philadelphia: Lea Brothers & Co. 1896. One vol., pp. xii, 604.

The first edition was issued in 1888, the second in 1891; while this, the third, was published in 1896.

The issuing of the different editions shows both the demand for the book and the growth of the subject.

It is a book that should be in every doctor's library, as it treats of subjects that are not as well understood as they should be by the busy practitioner; it will be of vast assistance in studying disease from a modern and scientific standpoint. The bibliography at the end of the volume is very full, and is of value to those who wish to consult the original articles from which quotations have been made. — *F.*

THE RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. Edited by James Braithwaite, M.D., London, assisted by E. F. Trevelyan, M.D., B.Sc., M.R.C.P., London. Vol. CXLV. January, 1897. New York: G. P. Putnam's Sons. 1897. pp. 435.

"Braithwaite's Retrospect" are well-known words in many medical households, and this series is doubtless of value for reference as giving in a compacted form the gist of numberless articles on topics of paramount interest to the profession.

Every six months a volume is issued, and it may be said of the latest one that it compares favorably with its predecessors in the quality as well as the amount of matter.

It is unfortunate, however, that the general impression in turning its pages should be that of undue crowding. Better spacing and wider margins would add much to the reader's comfort and to the appearance of the series, while a little of this condensed mental *babulum* might perhaps be spared.

REPERTORY OF TONGUE SYMPTOMS. Arranged by M. E. Douglass, M.D., Baltimore, Md. Philadelphia: Boericke & Tafel. 1896. pp. 190.

A very careful and exhaustive study of tongue symptoms has been made by Dr. Douglass in this little volume, and the arrangement is such that immediate reference can be made under almost any heading that suggests itself. In addition to a general repertory of tongue symptoms, covering 163 pages, eight pages are devoted to a consideration of mouth and tongue symptoms in typhoid cases, and eighteen pages to a comprehensive grouping of the leading remedies indicated.

REPRINTS AND MONOGRAPHS RECEIVED.

Strophanthus: A Clinical Study. By Reynold W. Wilcox, M.D., LL.D. From *The American Journal of the Medical Sciences*, May, 1897.

Cancer of the Rectum. By James P. Tuttle, M.D. From *The Journal of the American Medical Association*, March 27 and April 3, 1897.

Should the State take Action to Regulate the Administration of Anæsthetics? By H. J. Boldt, M.D. From *Medical Review of Reviews*, April, 1897.

Sir Astley Cooper. The Norwich Pharmacal Co.

Appleton's Popular Science Monthly. June. New York: D. Appleton & Co.

GLEANINGS AND TRANSLATIONS.

TWO SURGEONS AND THEIR FEES. — Alfred Louis Velpeau, the greatest French surgeon of his time, says the *Indian Medical Record*, had a severe lesson read to him by the mother of a patient, a young girl whose life he had saved in a critical case of croup. The mother, brimming over with gratitude, went to see the famous surgeon, an abrupt and somewhat disagreeable person at the best of times, and reputed to be afflicted with inordinate greed. "I have come to thank you for what you have done for us, and to offer you

this as a token of our obligation," she said, placing a beautifully embroidered purse on Velpeau's table. Velpeau scarcely took the trouble to look at it. "I accept, madame," he remarked in his ungracious way; "but, of course, this is without prejudice to my honorarium, which comes to three thousand francs." Thereupon the lady took up her present. "I am afraid I made a mistake then," she laughed; "there are five notes of one thousand francs each in there. This makes us right, then, monsieur;" and pocketing two out of the five slips of blue paper, she bowed, "I have the honor to wish you good morning." Sir Astley Cooper was wiser in his generation. The largest fee he ever received was in a less delicate but more original manner. He had been attending in his capacity of surgeon a West Indian millionaire, named Hyatt, with Dr. Lettsom and Dr. Nelson as physicians. The treatment was most successful, and in his joy Hyatt bestowed three hundred guineas on each of the doctors. "But you," exclaimed the grateful patient, addressing Sir Astley, "you shall have something better." With this he flung his nightcap at the eminent operator. "Sir," replied the latter, "I'll pocket the affront." And he slipped the "affront" into his pocket. It contained a draft for one thousand guineas. — *New York Medical Journal.*

CUBA A PLAGUE SPOT. — Dr. Walter Nyman, surgeon general of the marine hospital service, advocates the annexation of Cuba as a sanitary measure necessary to the welfare of the United States, because it is the worst plague spot upon the map and the source of nearly all our epidemics. From the beginning of the century until now there have been only nine years in which this country has been free from yellow fever. It has been proved that in twenty-three of the eighty-five years the disease came from Havana direct, and in twelve cases from elsewhere in Cuba. The source of its infection in many other years is believed to have been the same, but there is no positive evidence. Since 1862 there have been twenty-six invasions of yellow fever. The sources of nineteen are absolutely known — sixteen from Havana,

two from elsewhere in Cuba, and one from Honduras. Since 1893 there has been no yellow fever in the United States, which is due to the extraordinary precautions taken by Dr. Burgess, the United States inspector at Havana, who will not give a certificate of health unless he is sure that it is correct, and without his certificate no passenger can leave Havana for this country. — *Exchange*.

BOARD OF HEALTH RULES IN INDIANA. — In accordance with the special rules of the Indiana State Board of Health governing physicians and health officers when visiting persons sick with contagious diseases, the physician is required to clothe himself in a specially provided linen duster, oil clothes, or rubber coat, and a tight-fitting cap made of silk, linen, oilcloth, or rubber, fully covering the hair. He shall clean his hands and face with antiseptic soap and water and use a disinfectant upon hands and face; the equipment thus used to be carried in a special glazed leather valise, together with a pad of cotton which is to be kept wet with formaldehyde.

By another rule every case of sore throat shall be considered as a case of diphtheria until the contrary is proved.

Penalties are provided for noncompliance with these rules. — *Exchange*.

ANENT HYSTERIA. — Induce your nervous patients to live at a less high pressure; repress their ambitions; teach them the wisdom of saying, "Give me innocence, make others great," in the ceaseless struggle for riches or power; or the prayer of Agur, "Give me neither poverty nor riches," and you have administered a strong preventive. In other words, attack the beginnings; the remedy is applied too late when the disease has grown strong through neglect. — *Denver Journal of Homœopathy*.

CALABAR BEAN IN CONSTIPATION. — Calabar bean, administered to an animal, produces tetanic spasm of the muscular tissues of the bowels, resulting in expulsion of the intestinal contents per anus. This fact suggested to Dr.

Schaefer the idea that the drug might prove useful in obstinate constipation, due to atony of the muscular coats of the intestine, such as is often observed in women and old men. The results are reported as satisfactory. Take Ext. Calabar Bean, O. 05 (about 1 gr.); Glycerine, 10 (about 2½ drachms). Six drops to be taken every three hours during the day. Under this treatment constipation has been overcome in twenty-four hours. — *Berlin Klin. Woch.*

PERSONAL AND NEWS ITEMS.

DR. GEORGE W. BUTTERFIELD, of Ashland, Mass., has sold his practice to Dr. D. G. Trembley, formerly of Lowell.

DR. HATTIE C. VAN BUREN, of Chatham, N. Y., has removed to Brooklyn, N. Y.

DR. H. L. SHEPHERD, of Springfield, Mass., has recently bought the practice of Dr. S. N. Springer, of Woburn.

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ARNICA OIL. — In stiffness and soreness of the muscles the result of overexertion from bicycling, football, golf, or other exercise, great relief will be experienced by massaging the affected parts with arnica oil. Its use will also be found very beneficial, locally, in rheumatism brought on by exposure to damp, wet weather or from getting wet.

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REMARKABLE IF TRUE. — "To be disposed of, a small phaeton, the property of a gentleman with a movable headpiece as good as new." — *Advertisement from a London Daily.*

STAMFORD HALL. — *A residence near the seashore advisable for patients with nervous and mental diseases.* It is a well-known fact that a residence near the seashore is beneficial and often curative with nervous disease and certain forms of mental trouble. Stamford Hall, at Stamford, Conn., is composed of cottages and is beautifully located on a hill overlooking the city and Long Island Sound. Dr. Givens, the proprietor and resident physician, was formerly at the State Hospital at Middletown, New York, and later assistant physician at the Westboro' Insane Hospital, and is well and favorably known. The place combines home comforts with the special care required in each case.

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COMMUNICATIONS.

EXPERT MEDICAL TESTIMONY.

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

[*Read before the Hughes Medical Club.*]

The meaning of the term "expert testimony" is so well understood that but few words are needed in explanation. An expression of opinion given under oath regarding certain features of a case at issue, by a person whose education and experience render him capable of adding to the knowledge of the court or jury or both, is of this nature. If this opinion is upon the condition of the body or mind of some real or supposed person or persons; it is medical expert testimony. This may mean that the one giving such an opinion has devoted much time and study to cases similar to the one under consideration, and has had ample opportunities for particular observation of this phase of mental or bodily disorder; or it may be only the opinion of some physician in general family practice, and based only upon such knowledge as every reputable medical graduate is certified by his diploma to possess. The value of this opinion must be decided by the court or jury to the best of their ability, both being sworn to judge impartially. While thus the value of the testimony may vary, by reason of the features of the case, or the capacity of the witness, the basic fact remains that it is expert in character. We find medical opinion demanded in various causes: In trial of criminal cases; in those where the testamentary capacity of a person deceased is

involved, or where the point at issue is the capacity of a living person for conveying or controlling property. Still more numerous at the present day are instances where some party claims to have been injured by the negligence on the part of some second party. As more plainly illustrative let us take as an example a case of the latter type. Some person claims that he has been injured by the negligence or carelessness of some other person or persons, while he himself was exercising due care according to the best of his knowledge. Naturally one of the first persons called to see him after the occurrence is the family medical attendant. He examines him and gives immediate treatment, he closely watches the progress of symptoms from the beginning, and gives his professional attention as often and as long as the case demands. He hears the story in the plainest and most disingenuous terms when the patient's mind is chiefly occupied with his sufferings. As he watches the case progress he must form opinions of no small value as to the extent of injury. This may be changed or modified by the development of the disease. He observes all the conditions and results during the formative stage, and throughout the case no one else competent to judge sees so much of it as he. It would be a manifest injustice to the patient if the physician were not allowed to state the facts, and give his opinion founded upon observing these facts. Here then is the first expert witness. It very commonly happens that the regular attendant feels that the good of the patient requires some advice from a colleague who has paid special attention to the class of diseases from which the patient is suffering, and a specialist meeting these requirements is called in and gives an opinion, after due examination, as to the nature and extent of the injury and the subsequent treatment.

Or, on the other hand, the patient having consulted counsel as to the legal features of the cases, the lawyer, wishing a further opinion, suggests some physician to be called in consultation. The defence, desiring a full knowledge of the same nature, ask that a specialist of their choosing be allowed to examine the patient in their behalf. He is

usually some one who has examined for them before, and the general trend of whose opinions is well known. If the number of experts is increased, it is in much the same way. When the family physician is first called he is often not aware that a legal suit is impending; but, as a rule, he is informed as soon as possible after it is instituted.

But both specialists examine with a distinct understanding that they are liable to be called for testimony, and they are expected to examine and make notes with this in view. It might seem that with the confidential relations existing between the patient and family physician, it would give the latter a great advantage over the other witnesses, and to a certain extent it does; but this is in part offset by the knowledge of facts regarding the accident furnished the specialist who examines, at the call of the defence, facts which are withheld from the patient.

This is particularly true where the defendant is a company well educated in such cases by more or less frequent experience. It is well to admit at the outset that each of the physicians has an opportunity to be prejudiced; but in most cases it is equally true that with a reputable physician this is held well in check by a due regard for his professional standing. There may be a degree of sympathy on the part of one or all the witnesses, one physician honestly believing in the reality of the sufferings and disability of the patient.

In point of fact his presence in the case on trial goes a great way to show that he does believe in them, for from his opportunities to judge of the merits of the case from confidential relations, he would, did he doubt the genuineness of the symptoms, advise the counsel on that side to omit calling upon him to testify, and counsel would be rashly foolish in not heeding this advice.

Per contra, it may be possible that the expert called by the defence has more than once seen the person or company mulcted in heavy damages which he considered out of proportion to the real injury received, and thus his sympathy for the second party is enlisted. The danger is probably not great in either instance. There may be a few unfortunate

examples where a less honorable feeling is influential, but I believe these are few, and especially so when compared with other classes of expert testimony. When they do appear they should be frowned upon by the whole profession.

The real cause of the differences between medical experts is due to the manner in which they look upon disease in general; one believing that they are severe and lasting, while another takes a more optimistic view, and considers them less severe and more quickly recovered from after the anxiety and supposed incentive are removed by a judicial decision. This difference would be likely to exist under any method of selecting experts.

Unfortunately, medicine is not yet an exact science, and in any given case of ordinary illness it is not easy to find several physicians who will view the case exactly alike. It is a matter of education and of individual experience, controlled to a great extent by the personality of the man. This cannot be avoided until medicine is reduced to the exactness of mathematics,—a desirable end, but far in the future in its consummation. The obstacles previously mentioned are but slight in most cases when compared with one yet to be mentioned.

The time-honored methods of eliciting and giving testimony are such that the answers are anything but free and complete. The questions are asked by the lawyer for his own and his client's particular interest, and they are asked in such a way as will, in his opinion, best further this interest. The cross-questioning is usually for the evident purpose of making the witness say something which contradicts, or at least nullifies, some previous expression, which if it stood would be damaging to the side which the questioner represents. Nor is the witness allowed to state his position in a full and lucid manner; lucidity is not the object. The question is considered "shrewdly put" if it is so framed as to make the previous answer appear wrong or doubtful. Often it is a leading question which must be answered by *yea* or *nay*, and no other reply will be accepted, yet it has often occurred that this answer unexplained leads the re-

spondent to support a theory in which he does not believe, and may be exactly contrary to an answer previously given to a similar but not quite parallel question. Any attempt to modify or explain is met by the all-potent "one moment." I do not for a minute suppose that what one or all of us may say in the way of objection will in the least vary the hoary-headed method of examination and testimony; but it certainly does seem that physicians giving expert opinions should not have all the blame laid at their door when the greatest cause for criticism is elsewhere. If the object of expert testimony is to furnish knowledge for the action of the court or jury, it is certainly of the utmost importance that the physician testifying should have ample opportunity to give his opinion in a free, intelligent, and intelligible way, to the end that his opinion and meaning may be made clear, and that it should not be confined to such answers as will best forward the ends of the examiner. A rapid series of cross questions, evidently intended to confuse the witness, is but a poor way of arriving at "the truth, the whole truth, and nothing but the truth." It has been urged that greater latitude would encourage such prolixity as to protract the trial and unnecessarily add to the expense. Such an objection will bring a smile to the face of any one who has watched hours occupied in the argument of objections made to prevent just this free expression. It is not the bias of the witness, but time-honored rules of testimony which act as a block to the wheels. It is freely admitted that a better condition of things than that which now exists is much to be desired, and several plans have been suggested to take the place of present methods. Among other plans it has been advised that in all cases of this nature the medical examination should be made by one or more of a corps of expert witnesses, appointed by the court or executive, who should alone give professional opinions in court. In the first place, this would exclude the expression of an opinion by the one who has watched the case most closely and most continuously, the family physician. To exclude him would be a great injustice to the patient; in fact it would be a violation

of his or her rights as a citizen, and the peer of any or all concerned. With this witness admitted, it would not seem just that the other side should not be allowed an expression of opinion by some physician of their own selection, and in whom they had confidence. I think it might be claimed as a right. Secondly, we have seen how physicians honestly disagree in their view of even the most simple malady; therefore, to choose an expert from a selected body of men would often leave the character of the complaint to the chance of the general personal bias of the man. If two are selected, what is to prevent the same clashing of opinion which now exists? They could not be made to agree unless muzzled by some active command to do so, and this would make of them provisional referees, and not witnesses. Furthermore it would give a small number — one to three — such an influence that it would be practically dictatorial. Another suggestion provides that a tribunal be established consisting of physicians of experience and good repute, who should examine all cases, and make a written report, this combined report to be eventually handed to the jury for their enlightenment and governance. A fatal objection to this scheme lies in the fact that it would require the jury to decide upon a case in which they had not heard all the testimony; in reality they would have been excluded from hearing a most important part of it, a part upon which often hinges the whole merits of the cause. If there were no minority report allowed by the tribunal, it would usually be a compromise return, and a compromise in which neither party interested had any choice, as they would in an agreement to leave it to arbitration.

To abolish expression of expert opinion altogether would leave the subject in the hands of twelve men, "good men and true," honest, intelligent, and sworn not to admit prejudice, but none of them educated in this particular branch of knowledge. Their decision would necessarily be greatly affected by the capacity of the plaintiff for expressing his suffering and disability in moving terms. This would be the most unfair of all plans. Until there can be brought about

that improbable thing, a change in the methods of examination, I can see no better way than to endure the state of affairs at present existing. The most we can do is to lend our influence to support those who go upon the stand, and honestly express their convictions in accordance with their oath, so far as the court and counsel will allow them to do. They must differ as the minds of people must differ, but if their opinions expressed — as far as permitted — and their beliefs correspond each one has done his duty as a witness, as a citizen, and as a physician. As for the legal profession in general, they are undoubtedly acting in strict accordance with custom and tradition ; but it does suggest itself to one, that if we treated cases of sickness in accordance with rules remarkable chiefly for their antiquity, our patients might as well have lived in the age when the lancet and hot iron pierced the flesh and tortured the soul.

This is not an appropriate time to discuss with any minuteness methods of settling differences by means other than that of trial by judge or jury. There is, however, but little reason to doubt that, after all, the most satisfactory conclusions are arrived at by mutual agreement. The gross amount received by the plaintiff is often less than that accorded by jury, but the expenses of trial are avoided and the person who complains is saved the mental and physical strain inseparable from a trial. The defendant also avoids many expenses, and can well afford to offer a much larger sum, with an ultimate net gain to both parties. Unfortunately this method is not universally applicable, as if such procedure became a rule it would appeal to the cupidity of frail human nature. If mankind were perfect, it would be the ideal course to adopt.

THE WORLD'S BIRTH AND DEATH RATES. — It is estimated that the death rate of the world is sixty-seven a minute, and the birth rate seventy a minute, and this seemingly light percentage of gain is sufficient to give a net increase of population a year of almost 1,200,000 souls. — *Exchange.*

FOOD FOR NERVOUS CASES.

BY ELLEN L. KEITH, M.D., FRAMINGHAM, MASS.

[Read before the Massachusetts Homoeopathic Medical Society.]

The rapid loss of flesh in acute nervous or mental cases, together with increasing failure in strength, demands attention and prompt action on the part of the physician.

Often this condition is marked before a physician sees the patient. The appetite has failed, the effort to prepare or even partake of food has become a burden, and the easier course of letting it alone altogether, or very nearly so, is adopted. Friends notice this, and after a time an attempt is made to induce the person to take more food, but by this time all desire for it is gone, and the reply is, "I am not hungry, and do not need anything."

The condition has now become serious, and forebodes a more or less severe breakdown of the nerves, if not of the brain.

One person, who afterwards came under my care, was allowed to go without food for over three weeks, while still performing her household duties and preparing meals for her husband. Many take very little nourishment for shorter periods of time before their friends interfere to any extent. They seem to think that appetite should be the sole guide for eating, instead of its often being a most unreliable and untrustworthy one.

It would be easy to enumerate many instances where complete nerve exhaustion, which probably might have been averted, has followed this lessening of the amount of food. To be sure, the incipient nervous disorder is the primary condition, but it can often be arrested by close attention to the diet. It is sometimes difficult to do this while the patient is at home, nursed by relatives whose wishes are by no means always law to a neurasthenic. Still, wherever the patient is, food must ever be the first consideration in the treatment.

Usually, rest is of almost equal importance, and an increased diet can be borne much better while the patient is in

bed than most persons think. The food given should be such as is easy of digestion, very nourishing, and palatable to the patient.

For many the milk diet meets the need, but other foods often do as well or better. What is known as Salisbury steak is a valuable addition to the diet of a neurasthenic. The effort of masticating is lessened and the meat better prepared for digestion. Eggs served in various ways, and often raw, are invaluable. Cocoa is not only a non-stimulating drink, but also a fattening food, and usually agrees with nervous cases. Some vegetables are desirable, and with good bread added to milk, meat, eggs, and cocoa, given often and in sufficient quantities, almost any case of pure nervous exhaustion or simple melancholia ought to be cured.

Both solid and fluid meat preparations, as well as proprietary grain foods, may be employed as aids to digestion or as stimulants to the appetite, but, if not carefully watched, they will be depended upon as substitutes for ordinary food, and as such they are wholly inadequate. Concentration of food can be carried only to a limited extent, and a person may be practically starving while depending on these foods.

It must not be taken for granted that the amount or kind of food needed for many other acute conditions will meet the need of a neurasthenic. While a limited diet may be the salvation of the former, it will prove detrimental to the latter.

Anstie says that "neuralgic patients require, and greatly benefit by, a nutrition considerably richer than that which is needed by healthy persons."

Fats, oils, butter, cream, salads, and such foods, though not always acceptable to the taste of a neurasthenic, are what is needed, and, if to the nerve exhaustion is added an anæmic condition, a good amount of nitrogenous food must be used.

The nutritive value of milk has been compared to that of other animal foods at different prices, with the conclusion that, at even twelve cents per quart, it is the cheapest of all. To use a great amount of milk with a hearty meal of other foods is unnecessary and often a waste, but as an article of

diet, complete in itself, it is especially adapted to the need of nervous cases.

The rapid increase of flesh possible and frequently seen when acute cases have been kept in bed, freed from business or family care, and fed with nourishing food, is often amazing to those who have not tried this treatment. Perhaps a gain of seventy pounds in an adult weighing sixty-five pounds, during a few months, by nasal feeding of only milk, eggs, and vegetable broths, is as marked as any case of forced feeding.

Another of interest is that of a young lady who was brought to the Westborough Hospital some years ago, wrapped in blankets and weighing only sixty-seven pounds. This was in April. When she left the hospital, in the following January, recovered from the attack of melancholia, she weighed one hundred and fifty pounds.

I have seen it stated that if a person loses one half his body weight he must die. In both these cases the weight was more than doubled. The latter case was fed by nasal tube only a few times before her appetite became keen, and she took food in large quantities. A rapid gain of from thirty to sixty pounds is not uncommon.

St. Paul of old saw the need of telling the people of Thessalonica that "if any would not work, neither should he eat." The physician of to-day more often has need to say to his patients that if any will not eat, neither shall he work.

This transposition of St. Paul's statement has long been a pet saying of mine to such patients as insist on working when they cannot eat properly, but it was only recently that I heard of the rule being applied in business relations. Richard A. Proctor, in an essay on "The Use and Abuse of Food," says: "The man who lives on less than the average share of flesh-forming food is doing less than the average amount of work; the man who is unable to eat an average quantity of flesh-forming food is *unable* to do an average amount of work." He then narrates the following incident:—

"'On what principle do you discharge your men?' a physician once asked a railway contractor. 'Oh,' he said, 'it's

according to their appetites.' 'But,' said the physician, 'how do you judge of that?' 'Why,' he replied, 'I send a clerk round when they are getting their dinners, and those who can't eat he marks with a bit of chalk, and we send them about their business.'"

If physicians would mark "with a bit of chalk" such patients as are poor eaters, and make it their special business to care for them, it might lessen the number to drift into neurasthenia and melancholia.

SELECTED CASES OF DISEASE OF THE MIDDLE EAR TREATED BY VIBRATORY MASSAGE.

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

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

In reports which I have hitherto made upon the results of treatment of the ear by vibratory massage, I have dwelt fully as much upon the failures as upon the successes of this mode of treatment. I have, also, never heretofore reported any individual cases in detail, but only condensed summaries of many cases. The possibilities of this treatment, therefore, in those individual cases to which it is best adapted, have never been in any way emphasized or even made apparent in these reports. Should this appear like excess of modesty on my part, the presentation of the following cases may, perhaps, seem sufficiently boastful to cover any previous lack in that direction.

Case 1. Recent catarrh of the middle ear.

November 14, 1893. — The patient, a young man of sixteen, has been quite deaf for the past three months—the result of a series of heavy colds. Occasional tinnitus of a roaring character is noted upon the left side. Had scarlet fever some years ago, at which time there was deafness, but no discharge from the ears. The tympanic membranes are thickened and greatly depressed, especially upon the left side. The fork on the vertex is heard best on the left side, and bone conduction is the best upon both sides. The throat and nose are catarrhal. Hereditary tendency to deafness

exists. Measurement by a watch, which should be heard normally at forty inches distance, gives :—

H. D. R. w. = 3'' = 6'' inflation = 7'' Vibrometer 3 min.

H. D. L. w. = 2'' = 7'' " = 8'' " 3 "

Give merc. dulcis 3x internally.

Taking the measurements at the first treatment in each month for the sake of condensation and brevity, although the treatments were given once and sometimes twice a week, we find the record in December 2 to be :—

R. w. = 18'' = 23'' inflation = 25'' Vibr. 3 min.

L. w. = 16'' = 18'' " = 20'' " 3 "

Nux 3x internally.

January 3, 1894.

R. w. = 33'' = 41'' inflation = *id.* Vibr. 3 min.

L. w. = 25'' = 30'' " = 38'' " 3 "

Bry. 3x internally.

February 7.

R. w. = 37'' = 41'' inflation = 45'' Vibr. 3 min.

L. w. = 40'' = 42'' " = 42'' " 3 "

Continued bry. 3x.

February 28.

R. w. = 45'' = 48½'' Vibr. 2 min.

L. w. = 47'' = 53'' " 2 "

Case dismissed.

This patient received in all twenty treatments, and the time required to bring the hearing from $\frac{2}{40}$ and $\frac{2}{40}$ to $\frac{4}{40}$ and $\frac{4}{40}$ was three and one half months.

Case 2. Chronic catarrh of the middle ear.

March 22, 1893. — Miss —, age about twenty-two, in fair general health, has noticed deafness for nearly three years past, which has gradually increased and is accompanied by a tinnitus of buzzing character. Deafness is not a family trait. Tympanic membranes thick, depressed, and lustreless. Fork best by bone conduction upon both sides. Nose and throat catarrhal, but naso-pharynx free. For forty-inch watch :—

H. D. R. = 5'' = 8'' inflation.

H. D. L. = 11'' = 14'' "

Merc. dulcis 6x.

March 29.

R. w. = 6'' = 10'' inflation = 20'' Vibrometer 2 min.

L. w. = 12'' = 15½'' " = 21'' " 2 "

Continued merc. dulcis 6x.

April 5.

R. w. = 9'' = 12'' inflation = 14'' Vibr. 2 min.

L. w. = 13'' = 15'' " = 13'' " 2 "

No tinnitus for a week. Continued same medicine.

May 3.

R. w. = 16'' = 18'' inflation = *id.* Vibr. 2 min.

L. w. = 15'' = 13'' " = — " 2 "

Tinnitus only rarely. Same remedy continued.

June 1.

R. w. = 19½'' = 20½'' inflation = 22'' Vibr. 2 min.

L. w. = 17½'' = 21½'' " = 20½'' " 2 "

Tinnitus wholly ceased. Same medicine.

July 5.

R. w. = 23'' = 25'' inflation = — Vibr. 3 min.

L. w. = 13½'' = 15'' " = — " 3 "

Merc. bin. 3x.

August 8.

R. w. = 29'' = 30'' inflation = + Vibr. 2 min.

L. w. = 19½'' = 20'' " = + " 2 "

Kali mur. 3x.

September 15.

R. w. = 22½'' = 30'' inflation = 33'' Vibr. 2 min.

L. w. = 19'' = 20½'' " = 22'' " 2 "

Merc. dulcis 6x.

October 13.

R. w. = 22'' = 26'' inflation = 29'' Vibr. 2 min.

L. w. = 21'' = 24'' " = 26'' " 2 "

Merc. dulcis 3x.

November 14.

R. w. = 24'' = 28'' inflation = 31'' Vibr. 2 min.

L. w. = 22½'' = 26'' " = 30½'' " 2 "

Kali mur. 3x.

December 18.

R. w. = 28'' = 32'' inflation = 35'' Vibr. 2 min.

L. w. = 23½'' = 27½'' " = 29'' " 2 "

Continued kali mur. 3x.

January 17, 1894.

R. w. = 25'' = 34'' inflation = 35'' Vibr. 2 min.

L. w. = 29'' = 34'' " = 35'' " 2 "

Continued same medicine.

February 14.

R. w. = $31\frac{1}{2}''$ = $32''$ inflation = $33\frac{1}{2}''$ Vibr. 2 min.

L. w. = $33''$ = $36''$ „ = $37''$ „ 2 „

Continued same remedy.

May 19.

R. w. = $36''$ = $39''$ Vibr. 2 min.

L. w. = $41\frac{1}{2}''$.

Case dismissed.

This patient received twenty-five treatments in fourteen months, the hearing being restored almost completely to the normal standard upon the right side and a little above the normal standard upon the left.

Case 3. Consequences of chronic suppuration of the middle ear.

May 1, 1893. — The patient, a boy twelve years of age, had long-continued suppuration in both ears some years ago. The right one has since remained dry, the cicatricial drum-head exhibiting a round healed perforation. The left ear has discharged again within a month on account of a recent attack of measles, but is now dry and healed and highly cicatricial. Nasal respiration is free and the throat and nose are only slightly catarrhal. The sound of the fork vibrating upon the vertex is not referred to either ear especially, and bone conduction is better than air conduction upon both sides. Measurement by a watch, which should be heard at a distance of forty inches, gave:—

H. D. R. w. = $1\frac{1}{2}''$ = $2''$ inflation = + Vibrometer 3 min.

H. D. L. w. = $1''$ = $1\frac{1}{2}''$ „ = + „ 1 „

Merc. dulcis 6x.

Treatments have been given once a week. The measurements June 3 are:—

H. D. R. w. = $1\frac{1}{2}''$ = *id.* inflation = *id.* Vibr. 6 min.

H. D. L. w. = $2\frac{1}{2}''$ = — „ = $4''$ „ 1 „

Same medicine.

After continued weekly treatments the measurements are:—

July 1.

H. D. R. w. = $3''$ = $3\frac{1}{2}''$ inflation = $6''$ Vibr. 7 min.

H. D. L. w. = $6\frac{1}{2}''$ = $8''$ „ = $10''$ „ 2 „

Same remedy.

August 4.

R. w. = 8'' = 9'' inflation = 9½'' Vibr. 7 min.

L. w. = 17'' = 18'' ,, = 18½'' ,, 2 ''

Same remedy continued.

September 2.

R. w. = 9'' = 12'' inflation = 14'' Vibr. 7 min.

L. w. = 18'' = 21'' ,, = 21½'' ,, 2 ''

Same remedy.

October 7.

R. w. = 14'' = 15'' inflation = 16'' Vibr. 5 min.

L. w. = 23'' = 25'' ,, = 25½'' ,, 2 ''

Continued merc. dulcis.

November 4.

R. w. = 20'' = 21'' inflation = + Vibr. 7 min.

L. w. = 28'' = 29'' ,, = + ,, 2 ''

Continued merc. dulcis.

December 2.

R. w. = 25'' = 27'' inflation = 29'' Vibr. 3 min.

L. w. = 27'' = 29'' ,, = 29'' ,, 3 ''

Medicine discontinued.

January 6, 1894.

R. w. = 37'' = 37½'' inflation = 37'' Vibr. 3 min.

L. w. = 33'' = 34'' ,, = 30'' ,, 3 ''

No medicine.

February 3.

R. w. = 31'' = 39'' inflation = 39'' Vibr. 3 min.

L. w. = 30'' = 38'' ,, = 39'' ,, 3 ''

Slight cold. Resume merc. dulcis 6x.

March 10.

R. w. = 27'' = 31'' inflation = 32'' Vibr. 3 min.

L. w. = 28'' = 32'' ,, = 33½'' ,, 3 ''

Another cold. Continued merc. dulcis.

April 14.

R. w. = 26'' = 31'' inflation = 32'' Vibr. 3 min.

L. w. = 35'' = 35½'' ,, = *id.* ,, 3 ''

Has had malaria and receives medicine from his family physician.

May 5.

R. w. = 28½'' = 31'' inflation = 35'' Vibr. 3 min.

L. w. = 30'' = 34'' ,, = 40'' ,, 3 ''

Has resumed merc. dulcis 6x.

June 9.

R. w. = 40'' = 41'' Vibr. 1 min.

L. w. = 40½'' = 41½'' ,, 1 ''

Case dismissed.

This surprisingly favorable result was attained after a course of fifty treatments, extending over thirteen months; by the aid of inflations, to be sure, and, I believe, of the internal remedy as well, but *chiefly*, I feel convinced, by means of the vibratory massage which was so persistently employed.

CAUSES OF APPENDICITIS. — The scybala, or roundish concretions which are found in the cavity of the appendix, cannot be regarded as direct causes of irritation or perforation; they are simply agents of obstruction and compression. The active rôle in appendicitis is taken by the microbes. Emmerich's bacillus, the bacterium coli commune, and other pathogenic, pus-producing microbes are found in the digestive tract from mouth to anus, and being inoffensive in conditions of health may become virulent in all morbid conditions of the bowels, such as constipation, obstruction, strangulation, inflammation, and diarrhœa. According to many writers and bacteriologists the bacterium coli can produce not only inflammatory lesions, but suppuration also, and to-day it is claimed that most of the pathogenic microbes are capable of producing pus.

Age is a predisposing cause of appendicitis. The disease is rare in early infancy and old age. According to statistics the greatest number of cases occur between the ages of two and forty. — *Journal of Practical Medicine.*

GROWTH OF POPULATION. — At the present rate of growth of population France will have only 40,000,000 at a time when Germany will have reached 100,000,000 and Russia 200,000,000.

EDITORIAL.

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

LOBBYING.

As a result of the correspondence between His Excellency the Governor and the State Board of Lunacy and Charity, to which we referred in our last issue, a hearing was held before the Board on charges preferred by the governor against the agents of the Board for lobbying, both sides being represented by counsel.

From a perusal of the reports of the hearing it would certainly appear that some members of the Board, at least, were desirous that as little should be told as possible rather than as much, and that their agents were to be protected from exposure rather than investigated for wrongdoing.

It does appear, however, that during the time that the legislation, concerning the changes in the management of the State institutions, was being considered by the Legislature, the agents of the Board were summoned from all over the State to Boston; one was sent to find out how the delegation from one city was to vote, another was held in leash for a few days, neither he nor anybody apparently knowing what for. Others were at and about the State House during the whole time this business was pending talking with the members. They did *not solicit votes*, but were *probably* giving information to the various members, regarding the necessity of maintaining the present Board, at whose crib they fed, in existence as heretofore. For upon no other ground would it seem necessary for these men to talk, as information concerning the necessity of the legislation had already been obtained and reported upon by a commission appointed by the governor for that special purpose. All this was done at the expense of the State, at the bidding of one of the employees of the Board, who testified that he did this on his own responsibility, without any instruction from the Board, but he does not say without their

knowledge. Whether the Board knew it or not is immaterial, in either case they were responsible and culpable.

The whole investigation of this matter has undoubtedly shown that legislation necessary to the welfare of a large number of the citizens of the State was seriously impeded and postponed, lest a few men in the State's employ should lose their present positions. There is but one way to remedy such a state of affairs, and that is for every citizen to see to it that he uses his personal influence to the utmost to persuade men to undertake the burdens of legislation who are above being influenced by such appeals as prevailed in the present instance, and furthermore by enacting and enforcing such legislation as will preclude the possibility of any employee of the State using his personal influence for or against any pending legislation.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The fifty-third annual meeting of the American Institute of Homœopathy was held at Buffalo, beginning June 24. Meeting was called to order by the president, J. B. G. Custis, of Washington, D. C. After prayer had been offered by Rev. Thomas R. Slicer, an address of welcome was given by Dr. A. R. Wright, chairman of local committee of arrangements, to which the president fittingly responded. At the evening session Mayor Jewett, of Buffalo, extended to the members of the Institute the freedom of the city in a short but felicitous speech. Dr. Custis, the president, then delivered the annual address, which interestingly showed the growth of homœopathy to the present time. The following closing paragraphs furnish great encouragement : —

I saw the smile when I gave notice that we would determine the time of our admission into the army and navy, and I repeat it. Is it asked how such admission shall be secured? I answer, by the great force which put the asylum at Middletown and the asylum at Collins Farm in the care and under the control of the homœopathists ; the same force which gave our school an examining board of its own in this State, in common with many others, and by the great

force which first gave our colleges equal rights and privileges with other similar institutions.

As I have previously said, prior to the last twenty years the advance in our school was due entirely to the efforts of the physicians themselves. Since then the public has been liberal in furnishing hospitals and dispensaries. While we appreciate the necessity for these institutions, we feel that we are justified in asking for endowments for our colleges rather than for new hospitals. It is to our educational institutions and the men connected with them that we owe our position to-day, and it is to the educational institutions that the public must look for all that they receive from our profession.

Some of the interesting papers presented were as follows :

"A Remedy Suggested for Some Vital Differences of Opinion in Pharmacology," by Dr. Elbridge C. Price, of Baltimore.

"The Practical Side of Materia Medica," by Harvey Dale, of Oshkosh, Wis.

"Some Uncommon Uses of Pulsatilla," by B. G. Clark, M.D., of New York City.

"Oxalic Acid," by Dr. Dewey, of Ann Arbor.

"A Study of *Scutellaria Laterifolia* with New Proving," by Dr. George Royal, of Des Moines.

"Purification by Means of Comparison with Normal Standards," by Dr. W. A. Dewey, of Ann Arbor.

"Does Critical Analysis of Drug Proving by the Chart Method Mean too much Elimination?" by J. B. Sutherland, M.D., Boston, Mass.¹

"Is the Method of the Baltimore Investigation Club qualified to Fulfil its Purposes?" by Elbridge C. Price, M.D., Baltimore, Md.

SANITARY SCIENCE SECTION.

"Summary of Recent Sanitary Thought," by Dr. B. W. James, of Philadelphia.

"General and Local Requirements for the Prevention of the Inroad and Spread of Epidemic and Contagious Diseases. Needed Measures for their Permanent Annihilation," by Dr. Joseph P. Rand. Discussed by Drs. Pemberton Dudley, Philadelphia, Pa.; R. N. Tooker, Chicago, Ill.; C. B. Kinyon, Rock Island, Ill.; and H. E. Beebe, Sidney, Ohio.

"Special American Climates and Diseases they aid in Curing,"

¹ To be published in next issue of the *Gazette*.

by Dr. Edward B. Hooker, was discussed by Dr. R. Hall, Providence, R. I.; W. Lawrence Woodruff, Phoenix, Ari.; A. R. Wright, Buffalo, N. Y.; and A. K. Crawford, Chicago, Ill.

"Food Adulteration and Medicinal Adulteration as Affecting Human Life and Health," by Rollin H. Stevens, M.D., Detroit, Mich.

"Healthful Food as a Factor in Preserving Health and Prolonging Life," by Sarah J. Millsop, M.D., Bowling Green, Ky.

Sectional Address, "The Limitations of Therapeutics in Gynæcology," by James C. Wood, M.D., Cleveland, Ohio.

"Renal Disturbances Incident to Puberty," by E. S. Bailey, M.D., Chicago, Ill.

"Gynæcological Experiences," by J. M. Lee, M.D., Rochester, N. Y.

"A Study in Vaginal Hysterectomy," by W. E. Green, M.D., Little Rock, Ark.

"Some of the Compensations for the Operative Craze in Gynæcology," by R. Ludlam, M.D., Chicago, Ill. Discussion opened by Horace Packard, M.D., Boston, Mass.

"Rebuilding the Perineum," by J. H. McClelland, M.D., Pittsburg, Pa.

"Points from Gynæcological Cases," by J. K. Sanders, M.D., Cleveland, Ohio. Discussion opened by Alonzo Boothby, M.D., Boston, Mass.

"Menstruation," by H. E. Beebe, M.D., Sidney, Ohio.

"Necessity for an Early Diagnosis in Malignant Diseases of the Uterus," by Maurice P. Hunt, M.D., Columbus, Ohio.

"Gonorrhœa in Women," by M. Belle Brown, M.D., New York, N. Y.

"The Causes of Gynæcological Diseases," by Alonzo Boothby, M.D., Boston, Mass. Discussion opened by W. S. Smith, M.D., Boston, Mass.

"Diagnosis of Typhoid Fever," by Dr. W. H. Vandenburg, of New York.

"Pathology of Typhoid Fever," by Dr. J. S. Mitchell, of Chicago, Ill.

"Intestinal Antisepsis of Typhoid Fever," by Dr. C. K. Crawford, of Chicago, Ill.

"Nervous Symptoms of Typhoid Fever," by Dr. Richard Kingsman, Washington, D. C.

"Typhoid Fever in Infancy and Childhood," Dr. William Geohegan, Cincinnati, Ohio.

"Treatment of Typhoid Fever," by Dr. W. W. Van Baun, Philadelphia, Pa.

"Therapeutics of Typhoid Fever," by Dr. A. M. Linn, Des Moines, Iowa.

"Dietetics of Typhoid Fever," by Dr. C. R. Hunt, New Bedford, Mass.

"Symptomatology and Materia Medica of Typhoid Fever," by Dr. O. F. Menninger, Topeka, Kan.

"Materia Medica of Typhoid Fever," by Dr. Sarah Smith, Council Bluffs, Iowa.

"Climatology ; Its Effects upon the Convalescent Typhoid Patient," by Dr. J. C. Hanchett, Salt Lake City, Utah.

"Sequelæ of Typhoid Fever," by Dr. Henry F. Spalding, Boston, Mass.¹

"The Public Sanitation of Typhoid Fever in Epidemics," by Dr. C. S. Middleton, Philadelphia, Pa.

"Typho-Malarial Fever," by Dr. Julia Holmes Smith, Chicago, Ill.

"Mountain Fever ; Its Relation to Typhoid Fever," by Dr. James M. Walker, Denver, Col.

"Yellow Fever ; as Compared with Typhoid in the South," by Dr. C. R. Mayer, New Orleans, La.

"Southern Fevers ; as Compared with Typhoid," by Dr. J. C. Daily, Fort Smith, Ark.

"Appendicitis," by Dr. W. B. Van Lennep, of Philadelphia. Discussed by Drs. W. C. Goodno, of Philadelphia, and W. E. Green, of Little Rock, Ark.

"Gallstone," by Dr. George E. Shears, of Chicago. Discussed by Dr. Horace Packard, of Boston, and Dr. A. K. Crawford, of Chicago.

"Experiments in Surgery of Arteries and Nerves," by Dr. Howard R. Chislett, of Chicago.

One of the most interesting reports was that of the National Association of State Homœopathic Medical Examiners. We give a portion of it : —

During the past year four States have enacted examining and licensing board laws ; namely, Idaho and Indiana, in which single

¹ To be published.

boards have been established, and the District of Columbia and New Hampshire, in each of which three boards have been provided.

The States in which this improved system has been adopted now number, in the aggregate, twenty-seven, in sixteen of which the diploma from a recognized medical college is a prerequisite.

At a meeting of the National Confederation of State Examining and Licensing Boards, held in Philadelphia, May 31, Dr. W. W. Potter, of Buffalo, in his presidential address, dwelt at length on the desirability of reciprocity in the indorsement of the licenses issued by the several State examining boards; pointed out its advantages, and described the methods by which it may be secured.

An informal meeting of members of the New York and Pennsylvania boards was subsequently held, at which various suggestions of a practical nature were proposed, the effect of which, when embodied in slight amendments of existing laws, will, in the near future, secure reciprocity between States having substantially the same standards of requirements.

A delegation of representatives of the Pennsylvania and New York examining boards recently visited the secretary of the New York Board of Regents, in order, as far as possible, to prepare the way for the removal of the present barriers to interstate indorsement of licenses, the result being that a proposition was formulated providing for an amendment of existing medical laws so as to secure an equal rating on all professional subjects. This proposition provides for an examination, by the board from which a second license is desired, of the examination papers, questions, answers, and ratings under which the first license was issued.

Dr. J. M. Lee, of Rochester, N. Y., presented an extended and carefully prepared report, as delegate to the recent meeting of the National Confederation of Members of Examining and Licensing Boards. The report described at length the present standards that have been adopted by the New York and Pennsylvania boards, showed the minor points of disagreement, and pointed out practical methods by which these may be harmonized, and reciprocity may be secured, as far as regards a mutual recognition of the licenses of these two great States.

The following officers were elected for the ensuing year:

President, A. R. Wright, of Buffalo; Vice-President, W. E. Green, Little Rock, Ark.; General Secretary, Eugene H. Porter, New York; Recording Secretary, Frank Kraft, Cleveland, Ohio; Treasurer,

E. M. Kellogg, New York ; Censor, Millie Chapman, Philadelphia. An executive committee was added to the list of officers. It is composed of the president, secretary, Dr. A. Thorndorfer, of Philadelphia ; Dr. A. S. Crouch, of Fredonia ; and Dr. E. B. Hooker, of Hartford, Ct. After considerable discussion, Omaha, Neb., was selected as the place of meeting of the Institute next year.

EDITORIAL NOTES AND COMMENTS.

THE NEW NEW HAMPSHIRE LAW TO REGULATE THE LICENSING AND REGISTRATION OF PHYSICIANS AND SURGEONS. — The following enactment in New Hampshire will be of much interest to the profession at large, but especially so to medical men in New England. So far as the Granite State goes, at least, the rights of the properly qualified physician bid fair to be properly protected. The charlatan who wishes to pose as a reputable doctor of medicine will find little encouragement in this very comprehensive law.

SECTION 1. No person shall hold himself out to the public as a physician and surgeon, or advertise as such, or use the title of M.D. or Dr. (or any title which shall show or tend to show that the person using the same is a practitioner of any of the branches of medicine) in New Hampshire after September 1, 1897, unless previously registered and authorized, or unless licensed and registered as required by this chapter ; nor shall any person practise medicine and surgery whose authority is suspended or revoked by the regent of a State board.

SECT. 2. Within sixty days after the passage of this act, the governor and council shall appoint three separate State boards of medical examiners, of five members each, so appointed that the term of office of one member shall expire each year, and the members thereafter appointed shall hold office five years, or until their successors are appointed and qualified. One board shall represent the New Hampshire Medical Society, one the New Hampshire Homœopathic Medical Society, and one the New Hampshire Eclectic Society. Each of these societies shall nominate annually twice the number of examiners to be appointed in that year on the board representing it. The names of such nominees shall be annually transmitted, under

seal, by the president and secretary, to the governor and council, who shall appoint from such lists the examiners required to form the boards and to fill any vacancy that may occur from expiration of office or otherwise. Each nominee, before appointment, shall furnish to the governor and council satisfactory proof that he has received the degree of doctor of medicine from some registered medical school, and that he has legally practised medicine in this State for at least five years. If no nominees are presented from a society to the governor and council, they may appoint from members in good standing in such society without restriction. The governor and council, upon recommendation of the board, may remove any examiner for misconduct, incapacity, or neglect of duty.

SECT. 3. Every medical examiner shall receive a commission of appointment from the State, and before beginning his term of office shall file with the secretary of state the constitutional oath of office. Each board, or any member thereof, may take testimony and proofs concerning all matters within its jurisdiction. Each board may make any by-laws and rules, not inconsistent with law, necessary in performing its duties.

SECT. 4. The superintendent of public instruction, *ex officio*, shall be the regent of the State boards of medical examiners, and shall perform such duties as are herein specified.

SECT. 5. From the fees provided by this act, the regent may pay all proper expenses incurred by its provisions except compensation to medical examiners; and any surplus at the end of any year shall be apportioned equally among the three boards; and the State shall not pay the expenses of said boards, or either of them, or compensate them, or either of them, for services rendered under their commissions.

SECT. 6. Each board shall annually elect from its members a president and a secretary for the year, and shall hold one or more meetings each year pursuant to call of the regent, who may also call joint meetings of the three boards or of their officers. At any meeting a majority shall constitute a quorum, but questions prepared by the boards may be grouped and edited, or answer papers of candidates may be examined and marked by committees duly authorized by the boards.

SECT. 7. The regent shall admit to examination any candidate who pays a fee of ten dollars and submits satisfactory evidence, verified by oath, if required, that he —

1. Is more than twenty-one years of age.
2. Is of good moral character.
3. Has graduated from a registered college ; or satisfactorily completed a full course in a registered academy or high school ; or had a preliminary education considered and accepted by the regent as fully equivalent.
4. Has studied medicine not less than four full school years of at least nine months each, including four satisfactory courses of at least six months each in four different calendar years in a medical college, registered as maintaining at the time a satisfactory standard. The regent shall accept, as the equivalent for any part of the third and fourth requirements, evidence of five or more years' reputable practice, provided that such substitution be specified in the license.
5. Has either received the degree of bachelor or doctor of medicine from some registered medical school, or a diploma or license conferring full right to practise medicine in some foreign country.

Students who matriculate in a New Hampshire medical school before January 1, 1898, on the prescribed study of medicine, shall be exempt from this preliminary education requirement.

SECT. 8. Each board shall submit to the regent, as required, lists of suitable questions for thorough examinations in anatomy, physiology, and hygiene, chemistry, surgery, obstetrics, pathology and diagnosis, and therapeutics, including practice and *materia medica*. From these lists the regent shall prepare question papers for all these subjects, which at any examination shall be the same for all candidates, except that in therapeutics, practice, and *materia medica* all the questions submitted to any candidate shall be chosen from those prepared by the board selected by that candidate and shall be in harmony with the tenets of that school, as determined by its State board of medical examiners.

SECT. 9. Examinations for license shall be given at Concord in this State, and at least twice annually, and shall be exclusively in writing and in English. Each examination shall be conducted by the regent or a competent examiner appointed by him, who shall not be one of the medical examiners. At the close of each examination the regent or examiner in charge shall deliver the questions and answer papers to the board selected by each candidate or to its duly authorized committee, and such board, without unnecessary delay, shall examine and mark the answers and transmit to the regent an official report signed by its president and secretary, stating the stand-

ing of each candidate in each branch, his general average, and whether the board recommends that a license be granted. Such report shall include the questions and answers and shall be filed in the public records of the regent. If a candidate fails on first examination he may, after not less than six months' further study, have a second examination without fee. If the failure is from illness or other cause satisfactory to the boards, they may waive the required six months' study.

SECT. 10. On receiving from a State board an official report that an applicant has successfully passed the examinations and is recommended for license, the regent shall issue to him a license to practise medicine. Every license shall be issued by the regent under seal and shall be signed by each acting medical examiner of the board selected and by the regent, and shall state that the licensee has given satisfactory evidence of fitness as to age, character, preliminary and medical education, and all other matters required by law, and that after full examination he has been found properly qualified to practise. Applicants examined and licensed by other State examining boards registered by the regent as maintaining standards not lower than those provided by this chapter, and applicants who matriculate in a New Hampshire medical school before January 1, 1898, and who receive the degree M.D. January 1, 1903, may, without further examination, on payment of five dollars to the regent and on submitting such evidence as may be required, receive an indorsement of their licenses or diplomas conferring all rights and privileges of a regent license issued after examination.

Before any license is issued it shall be numbered and recorded in a book kept in the regent's office, and its number shall be noted in the license. This record shall be open to public inspection, and in all legal proceedings shall have the same weight as evidence that is given to a record of conveyance of land.

SECT. 11. This chapter shall not be construed to affect commissioned medical officers serving in the United States army, navy, or marine hospital service while so commissioned; or any one while actually serving on the resident medical staff of any legally incorporated hospital; or any legally registered dentist exclusively engaged in practising dentistry; or any manufacturer of artificial eyes, limbs, or orthopædic instruments or trusses in fitting such instruments on persons in need thereof; or any lawfully qualified physician in other States or countries meeting legally registered physicians in this State

in consultation ; or any physician residing on a border of a neighboring State and duly authorized under the laws thereof to practise medicine therein, whose practice extends into this State and who does not open an office or appoint a place to meet patients or receive calls within this State ; or to the regular or family physicians of persons not residents of this State when called to attend them during a temporary stay in the State, or to the hotel physician regularly employed by the landlord of the summer hotel in the care of his guests or employees ; neither shall the provisions of this act apply to clairvoyants, or to persons practising hypnotism, magnetic healing, mind cure, massage, Christian science, so called, or any other method of healing if no drugs are employed or surgical operations are performed ; *provided*, such persons do not violate any of the provisions of this act in relation to the use of M.D. or the title of doctor or physician.

SECT. 12. Any person who, not being then lawfully authorized to practise medicine within this State and so registered according to law, shall hold himself out to the public as a physician and surgeon, or advertise as such within this State, without lawful registration or in violation of any provision of this chapter ; and any person who shall buy, sell, or fraudulently obtain any medical diploma, license, record, or registration, or who shall aid or abet such buying, selling, or fraudulently obtaining, or who shall practise medicine under cover of any medical diploma, license, record, or registration illegally obtained or signed or issued unlawfully or under fraudulent representations or mistake of fact in a material regard ; and any person who shall append the letters M.D. to his or her name ; or shall assume or advertise the title of doctor (or any title which shall show or tend to show that the person assuming or advertising the same is a practitioner of any of the branches of medicine) in such a manner as to convey the impression that he or she is a legal practitioner of medicine or of any of its branches without having legally received the medical degree or without having received a license which constituted at the time an authority to practise medicine under the laws of this State then in force, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not more than one hundred dollars or imprisonment for three months for the first offence ; and on the conviction of any subsequent offence by a fine of not more than two hundred and fifty dollars or imprisonment for not less than six months, or by both fine and imprisonment.

SECT. 13. Every person who is a practitioner of medicine and surgery in this State prior to the passage of this act shall be, upon satisfactory proof thereof to the regent and upon the payment of a fee of one dollar, entitled to registration; and the said regent shall issue to him a certificate signed by himself and the chairman and secretary of such board of medical examiners as the applicant may elect; and said certificate shall state the facts and the cause of said registration, and shall entitle the said person to practise medicine legally in the State of New Hampshire.

SECT. 14. The first meeting of the boards may be called by any one of the members by a notice in writing, stating the time and place of meeting, sent by mail to each of the other members at least one week prior thereto.

SECT. 15. This act shall take effect on its passage.

MINNESOTA STATE HOSPITALS. — The following very interesting results of treatment in Minnesota State hospitals has kindly been forwarded to us by Dr. N. Emmons Paine:—

Name of Hospital.	1891-1892		1893-1894		1895-1896	
	Per cent Recoveries to Discharges.	Per cent Deaths to whole No. Treated.	Per cent Recoveries to Discharges.	Per cent Deaths to whole No. Treated.	Per cent Recoveries to Discharges.	Per cent Deaths to whole No. Treated.
ST. PETER	28.06	9.02	28.83	7.25	36.12	6.10
	179.638	142.1573	171.593	111.1531	177.490	93.1505
ROCHESTER	33.65	3.07	32.21	9.82	23.34	6.01
	176.523	52.1390	220.683	171.1741	109.467	82.1363
		6.22				5.50
		85.1367				72.1310
FERGUS FALLS	55.26	2.81	53.42	5.07	47.38	4.44
		4.142				41.922
(Homœopathic.)	42.76	4.31	117.219	57.771	181.382	3.93
		13.301				40.1018

Bold-face figures show percentages. Small figures show numbers taken from official reports, from which percentages have been computed, so that any one may verify percentages. For example, in the first space 638 is total number discharged, and 179 is number discharged recovered, which, divided by 638, gives 28.06 as percentage of recoveries to total number discharged. In the next space, 1573 is the whole number treated, and 142 is the number of deaths, which, divided by 1573, gives 9.02, the percentage of deaths to whole number treated. Where two sets of numbers appear in one space, they are results for each of two years, as the numbers for the biennial period could not be obtained.

SOCIETIES.**WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.**

The quarterly meeting of the society was held Wednesday, May 12, 1897, the vice-president, Dr. J. F. Worcester, presiding.

The report of the secretary was deferred, and the chairman of the bureau of Gynæcology and Obstetrics took the chair.

The first paper was given by Dr. G. F. Forbes, on Puerperal Eclampsia. He first compared the theories of several leading physicians with their conflicting points, drawing the conclusion that there really was little if any disease of the kidney, but a profound irritability of the nervous system during gestation, and that emotions of melancholy, grief, anger, or fright might be the cause of the convulsions; also that all agree that defective elimination of urine is an important if not an essential cause of eclampsia. Of convulsions after parturition, the doctor spoke of their exceeding gravity as showing a profound depression of the system; the exhaustion being either nervous and analogous to the shock, which constitutes the most fatal form of puerperal fever, or vascular, resulting from excessive hemorrhage during and immediately after labor. He then reported two cases, and of the treatment said that *verat. vir.*, chloral, or morphine would give relief, as far as the convulsions are concerned, in every case that is amenable to any remedy now known to the profession. A case associated with small, weak, rapid pulse and cold extremities cannot be relieved by *veratrum* in any size dose, and without the timely use of active stimulant the patient will die quickly. Morphine or chloral is the remedy for such a case, and *veratrum* when there is a full, strong pulse. Cases with small, weak pulse generally have less coma, but more gastric derangement, and are relieved by hypodermic injections of three eighths grain of morphine or twenty grains chloral injections, filling the place of stimulant and relaxant.

Dr. E. D. Fitch, in the discussion of the paper, dwelt on the different theories of ætiology, as the structural change of the nerve centres and envelopes, spinal congestion, reflex nervous irritation from uterine pains, uræmia, cerebral anæmia.

The temperature is an important factor in albuminuria, steadily increasing during convulsions, while in uræmic poisoning it decreases even subnormal. Of the treatment he dwelt on the prophylactic, the strict milk diet, the chloral hyd., medicinally. The important question of premature labor was discussed in all its bearings.

The next paper was given by Dr. S. E. Fletcher, on Hydramnion, with report of a case.

After considering the ætiology the doctor dwelt on the differential diagnosis as between ascites, twin pregnancy, and ovarian tumor, and the risks to the patient of the withdrawals of the amniotic fluid, and of premature labor. He then reported the following case:—

Mrs. G. H., age 26, nervous temperament, weight 120 pounds, pregnant with second child, expecting confinement in April. The patient at the end of sixth month was larger than the average woman at full term, waistband measuring forty-six inches. She suffered greatly from pressure upward, could not walk, or turn in bed without help, and was obliged to sleep in half-sitting posture; the vulva was œdematous, and the limbs were somewhat swollen. Early in January the patient was confined to the bed with a severe attack of laryngitis, with dyspnœa, hard cough, rawness and pain on coughing or swallowing, complete aphonia, and unquenchable thirst. The temperature 2° or 3° above normal, pulse 124 per minute. The laryngeal difficulty continued with great persistence for a month, during which time patient continuously lost ill-spared strength. The abdomen continued in its abnormal growth, though less rapidly than before. Repeated chemical and microscopical examination of the urine showed no albumen or casts, save for a period of a few days, when a slight quantity of albumen was found by chemical tests. The general appearance of patient was far from promising; pale, weak,

emaciated, skin dry, and the pallid hue suggesting nephritis. Consultation was called, but it was thought best to wait awhile longer, being prepared to interfere if symptoms of a critical nature should supervene. Efforts were made by warm baths, by aperient and diuretic waters, by apocynum, digitalis, and theobromin, to reduce the excess of fluid, but with indifferent success. On February 25, while at stool, without pains or other warning, about a quart of a brownish watery fluid escaped from the vagina. The patient immediately experienced some relief of the dyspnoea and could turn in bed with less difficulty. On standing the fluid showed a brownish-red sediment, which on being agitated gave a muddy appearance to the whole. No odor was observed save that of normal amniotic fluid. For several days small quantities were discharged, the patient becoming more and more comfortable. The amount lost in that period was estimated at over a quart. On March 3 regular pains appeared, and about noon the membranes ruptured spontaneously. An enormous amount of the same brownish fluid gushed forth, and while the quantity could not be accurately measured, there must have been fully ten quarts. The child, a male of six months' development, immediately followed; the puerperium beginning under fairly favorable conditions. On the fifth day following delivery a slight chill was experienced, followed by rise of temperature to 102.6° , and two days later an examination of the urine showed albumen and casts in alarming quantities. The fever continued, the urine lessened in quantity, vision became impaired, and a continuous frontal headache with black spots before the eyes.

The patient was placed upon exclusive milk diet with apis and fer. phos. as remedies, with Buffalo Lithia water, which the patient had drunk almost continuously for three months.

Under these remedies, aided by merc. cor. and phos., the patient improved steadily. The urine, at first scanty, later became excessive in quantity and gradually normal in amount, sp. gr. at first 1008, later 1014; the casts, though still discoverable, were less in number. The patient seems fairly upon the road to a full restoration to health.

This paper called for general discussion.

The report of secretary was read, the censors reporting favorably upon the name of Dr. Thomas E. Kirby, of Upton. He was elected to membership.

The afternoon session opened with a paper by Dr. G. H. Wilkins, on Kephalhæmatoma. He spoke of the phenomenon as rare, occurring about once in two hundred and thirty-five births. It consists of an effusion of blood, upon or within the cranium of the newborn infant. There are several varieties, according to the location of the effusion; the most common being the sub-pericranial, in which the periosteum is separated from the cranial bone by the effusion; the location being usually on the parietal bone, not extending beyond the suture, the size varying from that of a walnut to an orange. The cause is obscure, usually attributed to injury during labor, but as it occurs in breech presentations, pressure cannot be the sole factor. The conditions liable to be confounded with this are caput succedaneum and encephalocele. The former occurs at birth and pits on pressure, while kephalhæmatoma develops two or three days after birth and does not pit on pressure. The prognosis is good almost invariably, although suppuration may occur, with necrosis of cranial bone, in which case the prognosis is grave.

The treatment should be expectant, as most cases tend to recovery if left entirely alone; but should suppuration occur free incision should be made; and if symptoms of severe pressure occur the tumor should be aspirated.

The doctor reported an interesting case, and the paper was generally discussed.

The meeting was one of exceptional interest, every member present participating in the discussion of the papers; the interchange of thought being especially helpful to the younger members present.

Drs. Amanda C. Bray and George A. Slocomb were elected delegates to the American Institute at Buffalo.

A cordial invitation, extended to the society from Drs. Worcester and Havey, to hold the August meeting at Clinton, giving the members an opportunity to look over the Metro-

politan Water Basin and works at Clinton, was unanimously accepted.

The meeting adjourned at 4 o'clock.

AMANDA C. BRAY,
Secretary.

MASSACHUSETTS SURGICAL AND GYNÆCOLOGICAL SOCIETY.

The nineteenth semi-annual meeting of the Massachusetts Surgical and Gynæcological Society was held at the Castle Square Hotel, Boston, June 9, 1897. President J. W. Hayward, M.D., in the chair.

The records of the last meeting were read and approved.

Lucy A. Kirk, M.D., of Dorchester, was unanimously elected to membership.

George B. Rice, M.D., and C. R. Hunt, M.D., were appointed delegates to represent the society at the next meeting of the American Institute of Homœopathy.

J. P. Rand, M.D., Jane K. Culver, M.D., and B. L. Dwinell, M.D., were appointed delegates to the Rhode Island Homœopathic Medical Society.

Horace Packard, M.D., was appointed to read a paper on the Progress in Surgery, and Elizabeth B. Cahill, M.D., was appointed to read a paper on the Progress in Gynæcology at the next meeting.

F. W. Elliott, M.D., and Samuel Calderwood, M.D., were appointed a committee to draw up resolutions on the death of Samuel H. Jackson, M.D.

Clara E. Gary, M.D., and Helen S. Childs, M.D., were appointed a committee to draw up resolutions on the death of Emily A. Bruce, M.D.

The following resolutions were presented and adopted in memory of the late F. E. Crockett, M.D. : —

Whereas, It has pleased an all-wise Providence to remove from among us Dr. F. E. Crockett, of West Newton,

Resolved, That this society is duly sensible of the loss of an earnest and faithful member whose conscientious discharge of every duty

incumbent upon the physician was an example worthy of the emulation of all.

Resolved, That the sympathy and condolence of the society be forwarded to the family of the deceased in the form of these resolutions, and that a copy be entered upon our records.

GEORGE E. MAY, M.D.,

S. A. SYLVESTER, M.D.,

Committee.

Scientific Session.

SUBJECT FOR CONSIDERATION : SURGICAL DISEASES OF THE JOINTS.

1. Wounds, Injuries, and Loose Bodies. Winfield Smith, M.D.

Discussion by George E. May, M.D., and Alonzo Boothby, M.D.

2. Acute Diseases other than Tubercular. N. W. Emerson, M.D.

Discussion by A. H. Powers, M. D., and W. J. Winn, M.D.

3. Chronic Diseases other than Tubercular. Horace Packard, M.D.

Discussion by H. A. Whitmarsh, M.D.

4. Tubercular Disease. George H. Earl, M.D.

Discussion by J. Emmons Briggs, M.D., and J. P. Rand, M.D.

5. Osteomyelitis. J. K. Warren, M.D.

Discussion by J. P. Sutherland, M.D.

Dr. Smith first considered the anatomical structures composing the joints which are largely lymphatic in their nature and therefore peculiarly susceptible to septic diseases and their results. He next spoke of injuries.

A contusion is the simplest form of injury. It is due to direct violence and is treated by rest, hot or cold applications, and elevation of the limb, if it be a lower one.

A sprain is the second form of injury and is due to indirect violence. The treatment consists of rest, soaking the limb in hot water, from twenty minutes to half an hour, three or four times a day, with hot applications of wormwood and rum between times. In some cases, strapping the joint with

surgeon's plaster will give sufficient support to allow the patient to go about in a fairly comfortable manner. In the severest cases, after the treatment by wormwood and rum, it is often advisable to put a plaster bandage on the part and absolutely fix it to protect it.

Loose bodies of the joints are in a large measure due to inflammatory changes of the synovial membrane. In structure they present considerable variety, but the cartilaginous bodies constitute the largest group. They are treated by removal, provided the operation can be done under suitable circumstances and with exact technique.

Dr. May considered that there is a tendency to employ fixation less frequently in treating sprains, and that the ambulatory treatment seems to be gaining ground. He described the treatment of sprains in football players as follows: The limb is immersed in hot water for fifteen minutes, then fifteen minutes in cold water; then a firm bandage is applied and the man is encouraged to walk. This is left on during one day, and the next day the water treatment is repeated and the limb massaged.

Dr. Hayward's method is to put the joint in a hot pack by using several thicknesses of cloth wrung out in hot water with oiled silk on the outside; keep the patient in bed; renew the pack in twenty-four hours, and in three or four days the parts are comfortable. Now the hot pack is removed and the plaster splint is used. The limb is kept quiet for three or four days more, then the patient is instructed to make light movements.

Dr. J. H. Sherman described a case of his own where the limb was showered with hot water and the next day he went about on crutches.

Dr. Halsey spoke of a recent case of sprain where the hot-water treatment and massage were instituted in the very beginning and the time of confinement was reduced to ten days.

Dr. Whitmarsh believed the secret of treatment lay in the maintenance of a free circulation. Circulation is at the base of nutrition. Hot water is preferable to cold, and motion is desirable.

Dr. Packard's paper treated especially of a class of cases which have been described under different names, such as dry synovitis, gonitis sicca, chronic arthritis, etc., and which have for their most prominent symptoms creaking, grating, crepitus, pain, inability to use the limb, deficiency of synovial fluid, and atrophy of the ligaments and muscles entering into relation with the articulation.

Dr. Packard has observed this condition but once in a male, it occurring almost exclusively in women. He considers that this disease is always caused by traumatism, sometimes so trivial as not to be noticed; also, that attending nervous symptoms are a result of the disease rather than a cause.

Dr. Packard's method of treatment is as follows: All voluntary motion is prohibited, but passive motion with extension is daily instituted. An expert masseur, with an assistant to keep up counter extension sufficient to separate the articular surfaces, is employed not only to give deep general massage, but also to put the limb through all its natural movements. In case of the shoulder joint, the arm is kept in a sling; and in case of the knee joint, a Sayre extension knee splint is used to insure rest.

Dr. Krauss mentioned a case of a woman fifty-four years old who fell from a plank into a hole, and one year later was admitted to the Malden Hospital complaining of lameness and pain in the hip joint. The operation revealed a double fracture of the femur with ulceration of the head.

Dr. Earl contrasted the treatment of tubercular disease of the joint with the treatment of other diseases of these parts, and especially emphasized the necessity of rest and conservative mechanical treatment. Fixation will often absorb an abscess such as one in the groin or back resulting from Pott's disease.

Dr. Briggs' remarks related especially to the pathology of tubercular diseases of the joints. In one way the disease originates in the bone and gets into the joint by process of extension, while another way is for it to originate in the synovial membrane and extend into the bone. In the treat-

ment of tubercular abscess he recommends aspiration, washing out with antiseptics and injections of a ten per cent solution of iodoform and glycerine, and immobilization of the joint.

Dr. Rand discussed tendency and susceptibility to tubercular diseases, and thought that in securing rest and immobility we may often interfere with nutrition, which is equally an important factor in the treatment. Patients should be put in the best hygienic position possible.

Dr. Elliott related three cases of abscess which he had treated by injecting a solution composed of balsam Peru, one fourth drachm, and castor oil, one ounce.

Dr. Ruggles related a case where iodoform was used and symptoms of iodoform poisoning resulted.

Dr. Tobey testified to the beneficial results of administering calc. fluor. internally.

Dr. J. K. Warren, in speaking of osteomyelitis, said that this disease is considered a germ disease; is located primarily in the medullary tissue of the bone, and may be caused by traumatism or a sudden cold. Its symptoms are chill, pain, fever, extreme tenderness, and rapid course. It may be confounded with acute rheumatism and tubercular disease. The treatment consists in free incision and cleaning out all diseased bone.

Dr. Packard. Osteomyelitis undergoes rapid formation. Tubercular disease is slow. Tubercular abscess should be aspirated.

Dinner at 7 o'clock. Adjournment at 8 o'clock.

N. H. HOUGHTON, M.D.,

Secretary.

OLDEST MEDICAL PRESCRIPTION. — The oldest known example of a medical prescription is in the British Museum. It is written in cuneiform and is, so far as discovered, the only specimen of an Assyrio-Babylonian one. This prescription, which is probably 4,000 years old, is a specific for the cure of cutaneous eruptions.

REVIEWS AND NOTICES OF BOOKS.

HOPKINS POND AND OTHER STORIES. By Robert T. Morris. New York : G. P. Putnam's Sons.

This little book of short stories, "penned in spare moments to please the little coterie of friends who gather about my open fireplace in the long winter evenings," adds another gem to the collection of brief tales of which so many have been published during the past few years. The diction is pure, the descriptions of scenery graphic, and what seems to us unique in this volume is the abundant instruction in natural history and hunting and fishing lore, held together by enough of the narrative to make it extremely interesting.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, AND ALL OTHER LOOSE EVACUATIONS OF THE BOWELS. By James B. Bell, M.D. Fourth edition. Philadelphia : Boericke & Tafel. 1897. pp. 316.

In his preface to this new edition Dr. Bell very truly says : "It would seem that this little work is now as complete as it can well be made for at least some time to come. Homœopathy is not making that kind of 'progress' that renders a whole medical library obsolete every ten years, but instead of that, is all the time laying up in its storehouse treasures old and new."

The careful study and intelligent application of a reasonable number of well-proven remedies is more likely to be fruitful of good results than the feverish attempts so frequently made to secure the exhibition of drugs of insufficiently proved homœopathic value.

In Dr. Bell's book the remedies and the indications for their use are limited to those which clinical experience alone has verified ; and for this reason, if for no others, this little volume should prove of practical service to the physician.

THE LIVER OF DYSPEPTICS. By Dr. Emile Boix. Translated by Paul Richard Brown, M.D. New York : G. P. Putnam's Sons. 1897.

This translation of 133 pages will well repay careful perusal. The object of the writer is to show that organic disease of the liver, more especially cirrhosis, by no means always is caused by alcoholism, but may result from auto-infection from chronic dyspepsia, especially that form characterized by dilatation of the stomach.

Part I treats of auto-intoxication of gastro-intestinal oxygen, the poisons generated in the alimentary canal, and the conditions favoring their development.

Part II treats of the liver of dyspeptics; the poisons of the liver; congestion of the liver caused by gastro-intestinal troubles and confirmed cirrhosis during the course of dyspepsia, with illustrative cases and autopsies.

Part III is devoted to an account of previous and personal experiments.

The results of this author's study and experimentation, as shown in this work, are original and extremely interesting, and should shed much light on some cases of chronic gastro-intestinal disease, the definite causes of which have hitherto been obscure.

THE PRINCIPLES OF THEORETICAL CHEMISTRY, WITH SPECIAL REFERENCE TO THE CONSTITUTION OF CHEMICAL COMPOUNDS. By Ira Remsen, Professor of Chemistry in the Johns Hopkins University. Fifth edition. Thoroughly revised. Philadelphia: Lea Brothers & Co. 1897. pp. x, 326.

The author expresses himself as having been tempted, in preparing this new edition, to change the book fundamentally. He decided, however, to retain the original title and character of the work, inasmuch as the previous five editions within a comparatively short time, and its translation into German and Italian, so signally attested its popularity.

The principles of theoretical chemistry, as well as the present exponent of them, are so well known in this country that a discussion of the contents of the book seems uncalled for. Thoroughly revised, and in every way brought up to date, it is a work that can be read by every doctor with pleasure and profit, not only as a review of his college course in chemistry, but also as a valuable supplement, posting him as to the latest theories of the composition of organic bodies so largely used in medicine. F.

THE YEAR BOOK OF TREATMENT FOR 1897. A Critical Review for Practitioners of Medicine and Surgery. Philadelphia and New York: Lea Brothers & Co. 1897. pp. 480.

The present volume of the "Year Book of Treatment" is the thirteenth of the series. As its name indicates, it is a brief chronicle of the therapeutic work of the past twelve months.

The staff of contributors includes men well and favorably known to the profession, and the results of their labors will undoubtedly prove of service to many busy practitioners who cannot keep the run of all the important articles presented by the leading medical journals of this and other countries.

CLINICAL LESSONS ON NERVOUS DISEASES. By S. Weir Mitchell, M.D. Philadelphia: Lea Bros. 1897. pp. 305.

Anything from the pen of this author makes interesting reading, and when the subject is nervous diseases his expressions have the weight of authority. But few of the cases cited in this work are commonplace, nor such as will be found described in the usual textbooks, and herein lies the chief value of the book.

It will be a valuable aid in solving an occasional diagnostic problem. Among the many good things there is a very complete study of the troublesome condition known as erythromelalgia, a disease brought to the knowledge of the profession by Dr. Mitchell, and the pages upon this subject will be accepted as standard. Under the appropriate heading, and also scattered throughout the text, will be found much instructive matter regarding some forms of that great pathological "understudy," hysteria. It is doubtful if two or three of the illustrative cases will be accepted by every one as purely hysterical. If they are wholly functional symptoms, it is certainly much a matter of chance when we make a diagnosis of organic nervous disease. What is said upon the treatment of sciatica is made interesting by the stress laid upon position and absolute rest of the limb. The advice appeals to reason and is of great value, but the feeling still remains that a little more credit might have been given to internal medication had the author carefully tried our method of selecting and prescribing the appropriate remedies. The "Lessons" will be useful for many years to come, and particularly so to those whose work lies chiefly in treating nervous maladies. E. P. C.

ORGAN DISEASES OF WOMEN, NOTABLY ENLARGEMENTS AND DISPLACEMENTS OF THE UTERUS, AND STERILITY, CONSIDERED AS CURABLE BY MEDICINE. By J. Compton Burnett, M.D. Philadelphia: Boericke & Tafel. 1897. pp. 156.

It is not to be expected that every practitioner will agree with the author in the premises taken, that organ diseases of women are for the most part curable without surgical interference. It is due to Dr. Burnett, however, to note that his arguments on the efficacy of

medicinal treatment are supported by reports of many instances in which perfect recovery ensued.

Cases reported include hypertrophy of the uterus, hypertrophy with subinvolution, displacement, sterility, and leucorrhœa.

Much food for reflection is furnished by many of the author's views on incidental subjects, notably his remarks on pessaries and vaginal douches. Anent the former he says: "A pessary is only a makeshift of a highly objectionable nature; . . . a pessary cures nothing, and it not only cures nothing, but it tends to render the big heavy organ bigger and heavier still."

And again concerning douches: "I hold very strong opinions on the question of intro-vaginal injections; they are altogether damnable and pernicious, shallow in conception, wrong in theory, and harmful in practice."

As opposed to medicinal treatment, Dr. Burnett says of the surgeon's work: "The manifold operations on women are, for the most part, absolutely useless, often harmful, and not seldom fatal. How can any one cure the quality of a person by cutting a piece off her? *Omne ignotum pro magifico*, of course, else hysterectomy and oöphorectomy would be called mutilating and maiming."

Such opinions contain undoubtedly much of truth, but a more temperate and dignified exposition of the author's conclusions would certainly add to, rather than detract from, their weight and forcefulness, as would also a greater regard for and appreciation of the conscientious, skilful, and scientific labors of representative surgeons of to-day.

OBSTETRIC SURGERY. By Egbert H. Grandin, M.D., and George W. Jardin, M.D. Philadelphia: The F. A. Davis Company. 1894.

As announced in the preface, the keynote of this volume is *Election* in obstetrics. The fact that the practice of obstetrics is essentially surgical, in all that pertains to asepsis and antiseptis, is well brought out. Directions for the preparation of the operator, assistants, instruments, room, and patient are *practical*. The aim of the authors is evidently to furnish a book which shall be a clinical assistant, and they have succeeded most admirably. Examination and measurement of the pelvis before delivery receives the attention it deserves. The indications and directions for each operation are clearly and concisely put, and the book is "meaty" throughout.

G. H. E.

HYPNOTISM AND ITS APPLICATION TO PRACTICAL MEDICINE. By Otto Georg Wetterstrand, M.D. (Stockholm, Sweden.) Authorized Translation by Henrik G. Peterson, M.D. New York and London: G. P. Putnam's Sons. 1897. pp. 166.

Hypnotism is the one method of treating diseases by mental influence about which we know something definite. That is, the methods of its induction, and also the fact that a large majority of persons, excluding the hysterical, the feeble-minded, and the insane, can be influenced and helped by it.

Dr. Wetterstrand's work is valuable in presenting extended clinical experience, with hypnotic suggestion, in a wide range of diseases. He readily cures functional affections such as insomnia, neuralgia, neurasthenia, and habitual headaches, that often resist other medical treatment, and he relieves the suffering of such diseases as phthisis, organic paralysis, and heart disease, while not claiming to stay the inevitable termination of these diseases.

The writer's small experience with hypnotism is in agreement with Dr. Wetterstrand's. The work of the translator, Dr. Peterson, is well done, and his own papers are thoughtful, and that on "Suggestive Treatment in Reform Work" is especially good. What we call vice is very often disease, and whatever helps to cure disease is a valuable addition to our therapeutics.

G. S. A.

REPRINTS RECEIVED.

The Hygienic, Educational, and Symptomatic Treatment of Pulmonary Tuberculosis, with a Plea for Sanatoriums for the Poor. By S. A. Knopf, M.D. From the *Medical Record*, February 13, 1897.

Should We treat Pulmonary Tuberculosis as a Contagious or as a Communicable Disease? By S. A. Knopf, M.D. From the *Southern California Practitioner*, May, 1896.

EFFECTIVE TREATMENT FOR HEMORRHOIDS. — A simple and it is said effective treatment for itching piles is the application once daily after defecation of a few drops of collodion on absorbent cotton. — *Exchange*.

GLEANINGS AND TRANSLATIONS.

THE EYE IN RAILWAY SURGERY. — An injury to the eye is the most common accident in the whole list. Hot cinders and molten metals frequently burn quite deeply into the conjunctiva. After they have been removed under cocaine and thoroughly cleaned with a bland antiseptic, a small quantity of sterilized vaseline or olive oil dropped into the eye is very soothing and grateful. It is usually best not to bandage an eye thus injured, but the lid should be frequently bathed in warm borax water, and the eye flushed with a saturated solution of boracic acid every three hours. Cocaine should not be prescribed as an anodyne. Iced compresses will usually relieve the pain if applied when the pain is continuous.

In our shops and factories all over the world employees are daily jabbing at the cornea with sharpened sticks, pocket-knives, horseshoe nails, and other improvised instruments, in attempting to remove pieces of stone, steel, emery, etc., which are innocent as compared with the instruments and methods employed. If these offending particles are not deeply imbedded in the cornea, they may usually be removed without the slightest trouble by simply wiping them away with a little swab made by twisting some cotton on the end of a toothpick or something like it. — *International Journal of Surgery*.

SEX IN APPENDICITIS. — In regard to sex, the elaborate statistics of Reginald Fitz show that out of 246 cases of appendicitis 197 were males, or eighty per cent, and 49 females, or twenty per cent. We can, therefore, conclude that appendicitis is more frequent in the male than in the female in the proportion of four to one. — *Journal of Practical Medicine*.

RECOGNIZED IN ENGLAND. — The American degree of M.D. is recognized in England if the physician holds a diploma from a recognized medical college, and after the title M.D. adds U. S. A.

PERSONAL AND NEWS ITEMS.

DR. F. M. BENNITT, who has just returned from a nine months' sojourn abroad, has resumed his practice at Chicopee Falls, Mass.

DR. GEORGE R. SOUTHWICK is spending the summer in hospital work abroad, studying more especially the recent operations in gynecology and obstetrics and the early diagnosis and treatment of cancer.

DR. NATHANIEL W. EMERSON has removed his office and residence to "The Cluny," Copley Square. The doctor confines his attention exclusively to surgery.

EXTENSIVE CHANGES. — The operating department of the Massachusetts Homœopathic Hospital is undergoing extensive changes with a view to meeting the requirements of this scientific age which demand perfect asepsis. The floor of the operating amphitheatre is to be removed and one of stone substituted. Wood furniture will be exchanged for iron. Other changes, in accordance with those mentioned, will also be made. The amphitheatre will be ready for use about October 1. The small operating room will also receive much attention, but will probably be in condition for use by the middle of August.

THE MATERNITY HOSPITAL at 40 West Newton Street, which is to serve as a valuable extension of the work of the Massachusetts Homœopathic Hospital, was opened for the reception of private patients July 1. Dr. Walter Wesselhoeft is the physician in charge.

AMERICAN PUBLIC HEALTH ASSOCIATION. — The secretary has issued the following circular concerning the annual meeting: —

CONCORD, N. H., April 1, 1897.

The twenty-fifth annual meeting of the American Public Health Association will be held at Philadelphia, Pa., October 26, 27, 28, 29, 1897.

The Executive Committee have selected the following topics for consideration :—

- I. The Pollution of Water Supplies.
- II. The Disposal of Garbage and Refuse.
- III. Animal Diseases and Animal Food.
- IV. Car Sanitation.
- V. Steamship and Steamboat Sanitation.
- VI. The Prevention of the Spread of Yellow Fever.
- VII. The Transportation and Disposal of the Dead.
- VIII. The Relation of Forestry to Public Health.
- IX. Nomenclature of Diseases and Forms of Statistics.
- X. Cause and Prevention of Infectious Diseases.
- XI. Public Health Legislation.
- XII. Cause and Prevention of Infant Mortality.
- XIII. Transportation of Diseased Tissues by Mail.
- XIV. River Conservancy Boards of Supervision.
- XV. The Period during which each Contagious Disease is Transmissible, and the Length of Time for which each Patient is Dangerous to the Community.
- XVI. Sanitation, with special reference to Drainage, Plumbing, and Ventilation of Public and Private Buildings.
- XVII. Some Method of International Arrangement for Protection against the Transmission of Infectious Diseases.
- XVIII. Disinfectants.
- XIX. Existing Sanitary Municipal Organizations of the Countries belonging to the Association, with a view to a Report upon those Most Successful in Practical Results.

Upon all the above subjects special committees have been appointed. Papers will be received upon other sanitary and hygienic subjects also.

An announcement will be made in ample time before the meeting giving full particulars regarding reduced fares on railroads, hotel rates and accommodations, special entertainments to be arranged by the local committee, et cetera.

All communications relating to local matters should be addressed to Dr. Benjamin Lee, Chairman Local Committee of Arrangements, No. 1532 Pine Street, Philadelphia, Pa.
Per order. IRVING A. WATSON, *Secretary.*

PUBLISHERS' DEPARTMENT.

PINUS PUMILIO. — This is a dwarf pine found in the Black Forest of Germany and elsewhere in Europe. A concentrated extract of the fresh needles is used in making a pinus ointment; an ethereal extract is also made which is inhaled for throat and lung troubles, asthma, etc. The extract is said to be an excellent germicide, and when administered internally has a specific action upon the urinary organs. A dull pain in the region of the kidneys, scanty, bloody, dark urine, painful urination, etc., are some of the symptoms produced. It is claimed that the ointment is invaluable in the treatment of skin diseases. — *Homœopathic News.*

CERATES IN TUBES. — The maximum of cleanliness and economy is obtained by using cerates in collapsible tubes. Otis Clapp & Son now offer to the profession and the laity such well known and widely used cerates as belladonna, arnica, calendula, hamamelis, æsculus and hamamelis, pinus pumilio, etc., in this convenient form.

These tubes are specially adapted to the use of travelers and to the needs of the physician's bag. They also furnish a satisfactory and attractive method of dispensing cerates to patients.

Tubes may be ordered singly or by the dozen from Otis Clapp & Son.

	Price (retail)	½ ounce, each	15 cents.
"	"	I " "	25 "
"	(to physicians)	½ ounce, each	12 cents.
"	"	" I " "	20 cents.
"	"	" I dozen,	½ ounce, 75 cents.
"	"	" I " "	\$1.25.

OUR JUBILEE POEM.

There was a good queen that lived over the sea,
 So nice that they gave her a big jubilee;
 For sixty long years had she been a good queen —
 The nicest old lady that ever was seen.
 And they had a procession all gallant and gay,
 And they had a great frolic for many a day,
 And the world came to London from over the sea
 To see the good queen and the big jubilee.

— *James Bartlett Wiggin.*

CELLULOID A SUBSTITUTE FOR PLASTER PARIS. — Devices for relief of patients multiply. Professors Louderer and Kirsch have found celluloid an excellent substitute for plaster of Paris in bandages and jackets. The celluloid is first dissolved in acetone (one part celluloid, chipped fine, and four parts acetone by volume). The solution

is made in a close-stoppered bottle, and is stirred from time to time to assist the process.

Gauze or crinoline bandages are used. After each layer of bandage is applied some of the celluloid is rubbed thoroughly into it, the hand being protected by an ordinary kid glove. From four to ten layers are applied and rubbed full of the celluloid mixture, according to the strength desired. The outer surface is coated with celluloid. A jacket made in this way weighs about one fourth that of plaster of Paris. It is very elastic, easily kept clean, and is, of course, impervious to moisture, urine, feces, etc. To provide ventilation any number of small holes may be punched through it. It dries more slowly than plaster, requiring three or four hours to become thoroughly solid, and is rather more difficult of application; but once made, such a bandage is very comfortable, and may be worn for months without breaking. — *Cent. f. Chir.*

FROM THE NURSERY. — *Dude* (posing for a bold, bad man) : How does water taste, Miss Belasys?

Miss B. : You don't mean to say they've brought you up all this time on milk ! — *Life.*

STERILIZED MILK. — Many babies must be "bottle fed"; but at least the feeding bottle can contain pure cow's milk freed from germs by sterilization. To do this effectively a good sterilizer is a necessity. We recommend the Chamberlin, which is so arranged that bottles of freshly prepared milk can be set within it and heated sufficiently to deprive their contents of all bacteria. The day's supply of milk may be thus treated, and the sealed bottles opened one at a time as needed.

This sterilizer is simple in construction, easily operated, and reasonable in price. It requires practically no watching, as a whistle indicates when the water is getting low, while a water gauge shows the quantity added. Each sterilizer is furnished with eight bottles set in a convenient rack. Each bottle is graduated to show drams and ounces and holds half a pint. The price of the Chamberlin Sterilizer is \$3.25. For one additional dollar a steam cooker is furnished, by means of which the major part of a household's culinary operations may be performed with a minimum of labor and a maximum of hygienic and appetizing results.

Otis Clapp & Son, at 10 Park Square, Boston, will be pleased to show the Chamberlin Sterilizer to any one wishing to see it, or will promptly fill orders for the same.

LIFE ON THE OCEAN WAVE. — *Sympathizing Steward*: Lights bother ye, mum?

Very Sick Passenger: N-no. I think it's my liver. — *Exchange*.

PHYSICIANS aware of the great advantages to be derived from a universal acceptance of the rules laid down in the Pharmacopœia of the American Institute of Homœopathy for the preparations of medicines' will be glad to learn that all of Otis Clapp & Son's preparations are now made entirely by those rules.

The efforts of the American Institute to bring to completion this valuable work on pharmacy should receive such recognition and appreciation by the profession as to lead every physician to supply himself with a copy of the Pharmacopœia. Many perplexing problems heretofore existing between the characteristics of the crude drug and those exhibited by the varying preparations of the same will now be satisfactorily solved by the combined presence of the Pharmacopœia of the Institute upon one's desk, and a supply of remedies prepared according to its rules within one's vials.

COMPENSATIONS. — "If we annex Hawaii," remarked the casual caller, "we acquire several islands, a debt of \$4,000,000, two volcanoes, and thousands of natives thrown in." "Well," replied the editor, "if the natives are to be thrown into the volcanoes, I'll withdraw my objection to annexation." — *Pittsburg Chronicle Telegraph*.

WIGMORE'S PHONETOSCOPE. — Instead of using a stethoscope use Wigmore's Phonetoscope. It is entitled to a careful examination, an immediate adoption, and an extended application, because of its superior effectiveness to other instruments of the kind.

It is characterized by its adaptability to all surfaces, its property of excluding sounds foreign to those of the organ examined, and the possibility of obtaining satisfactory results from its use even when clothing intervenes.

It has an extremely sensitive single disk for all-around work, and a similar disk *with a hollow post* for intercostal work. The hollow post concentrates and thus increases the volume of sound attainable. The flexible transmitters are of pure gum tubing, terminating in curved hard rubber ear pieces, made long enough to prevent twisting of the tubes. The price of Wigmore's Phonetoscope in a nickel-plated brass box is \$2.00; in a pasteboard box, \$1.75. It will be sent by mail on receipt of price.

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COMMUNICATIONS.

DOES CRITICAL ANALYSIS OF DRUG-PROVINGS BY THE CHART METHOD MEAN TOO MUCH ELIMINATION?

BY JOHN P. SUTHERLAND, M.D., BOSTON, MASS.

[Read at the *Materia Medica Conference of the American Institute of Homœopathy*, June 23, 1897.]

“Investigation of the morbid power of drugs,” to use a phrase from the *Organon*, or, in more modern phraseology, “the study of drug pathogenesis,” must be looked upon as the *sine qua non* of homœopathy. It is as the very foundation stone of the entire edifice; the one essential and indispensable principle without which the application of the therapeutic formula of similars is impossible. “The curative power of medicines depends alone upon their power of altering the state of health of the human organism, and this power is revealed only in the observations made upon the latter.” (From § 108 of the *Organon*.)

It is a well-established historical fact that Hahnemann was the first to systematically pursue the study of drug pathogenesis with the distinct and recognized purpose of ascertaining the curative power of drugs. Inspired by his noble example, and imbued with his spirit of earnest investigation, many followers have patiently trod the path his perception and ingenuity made comparatively easy to travel. Implicitly following the rules laid down by Hahnemann, his disciples in the course of about three quarters of a century

accomplished a great task in proving a vast number of drugs. They worked with honesty of purpose, with diligence, earnestness, and enthusiasm, and with the sincere desire to advance the cause of homœopathy, to develop a reliable materia medica, to unveil the dynamic curative virtues of drugs. They should be honored for their faithfulness, commended for their industry, and gratefully remembered for so courageously facing relentless opposition and for establishing a system of practice that has stood the test of time and proven itself a blessing to humanity. As a monument to their industry in drug-proving we have upwards of 6,400 (6,434) somewhat closely printed pages in "The Encyclopedia of Pure Materia Medica," compiled and edited by our chairman, Dr. Timothy Field Allen.

If, then, the work done by Hahnemann and his followers in drug-proving in the course of three quarters of a century is of such value to humanity,—if "investigation of the morbid power of drugs" is to be considered one of the most important duties of the physician,—it is well for us to ask ourselves at this time, a time set apart for the special consideration of the subject: Why has the proving of drugs apparently ceased? Why is it that we no longer hear of new provings or of reprovings? What has happened that within the last score of years this all-important duty of the physician has been neglected? Have all drugs been proven? Do we know all there is to be known of the morbid power of drugs? Have we exhausted Nature's curative resources?

Without attempting to answer these questions in any detail, I may be allowed to refer to the chief factors which inhibited the function and interrupted the pursuance of the duty alluded to, and brought about a suspension of drug-proving.

First. The introduction of the "control" or "counter test," by means of which it was demonstrated that the use of inert substances produced occasionally sets of symptoms indistinguishable in severity and therefore in so-called value from the symptoms produced by the "drug" itself, or, perhaps more correctly, from the preparation of the drug that was being used in the experiments.

Second. The publication of "The Encyclopedia of Pure Materia Medica" testified eloquently to the fact that if drug-provings according to the original plan were continued we should soon have a mass of literature so ponderous and unwieldy as to be practically valueless.

Third. In addition to the two influences briefly referred to might be mentioned the advancement in general knowledge, and the increasing reliability of methods utilized by investigators in other departments of science, which were factors in the development of the feeling, not at once recognized, of distrust of the methods hitherto made use of in drug-proving.

Whether due to these influences or not, it is a fact that about a score of years ago there arose a cry for the revision of our Materia Medica. There arose a certain distrust of, and dissatisfaction with, the records of drug pathogenesis which were available. As we read in the Introduction to the "Cyclopedia of Drug Pathogenesis":—

"It has been felt throughout the homœopathic body that the time has come for revising our pathogenetic material—for making an attempt, upon definite principles, at such sifting as shall retain only that which is genuine, while the dubious and the worthless shall go to their own place." It was in response to this growing feeling that something was wrong with the Materia Medica as it existed, that the "Cyclopedia of Drug Pathogenesis" came to be. The Cyclopedia, as we all know, represents in fact a *revision* of the Materia Medica in accordance with a set of rules adopted by the British Homœopathic Society and the American Institute of Homœopathy.

Allen's "Encyclopedia of Pure Materia Medica" may be looked upon as the most perfect representative of the materia medica which must naturally result from a literal application of the Hahnemannian rules for the proving of drugs. It must always be remembered that Hahnemann was a pioneer in the study of drug pathogenesis; that the rules he invented for the study of morbid power of drugs were new and had not been tested by experience previous to his own;

that the application of his rules must be followed by results imperfect in proportion to the imperfection of the rules themselves; that his rules were founded on conclusions some of which are not supported by the scientific knowledge of to day; that his rules were a vast and enormous advance upon the crude, the theoretical, and the empirical methods in vogue during his lifetime in the study of drugs; and that these rules may at any time be "revised" and amended so as to be brought into harmony with the improved scientific technique of our own day.

It would transcend the purposes of this paper to pass judgment upon the revised materia medica represented by the "Cyclopedia of Drug Pathogenesis," which, by the way, I have always heartily endorsed, or to attempt to point out the errors or imperfections which, in common with other human works, exist in the homœopathic materia medica as represented fully only by Allen's "Encyclopedia." The chief purpose of the writer is to demonstrate if possible the virtues of a method by which errors and imperfections may be detected in any work on materia medica.

Before plunging into this task, however, I felt impelled to acknowledge my obligations and pay tribute to my predecessors, who overcame enormous difficulties and worked honestly and faithfully to establish our present knowledge of drug pathogenesis. It is well also to call attention to the ever transitory condition of human knowledge, for what we think is established to-day, on the morrow, possibly, may be proven to have been imperfectly constructed.

With these thoughts in mind, with the avowed desire to be just to all honest workers, we are brought face to face with our task. The question which forms the subject for discussion may itself be subjected to careful scrutiny before being answered. It would be well certainly to have a definite understanding as to what meaning shall be attached to the different terms composing the question.

"Critical analysis," for instance, stands for something more than "revision." It signifies the resolution of something into its component parts or elements, and the estima-

tion of the value of these component parts according to some definite standard. It is a sort of "Higher Criticism" of provings, which makes a detailed inquiry into the origin, integrity, authority, and reliability of the symptoms comprising the proving as opposed to the more "Textual Criticism" of a revision. It means a minute dissection of a proving and a careful weighing of the merits and value of each element found. Prejudice and fault-finding are not to be considered as any part of the critic's outfit. The critical mind should be impartial, closely scrutinizing, reasonable, sympathetic, and just.

It is in keeping with the spirit of the age to subject the provings constituting our materia medica to close and exact questioning before giving them our unqualified approval or accepting them as established truths or facts upon which a system of therapeutics may reasonably be founded. Anything so seriously affecting patient, family, friends, and society as illness, suffering, and death surely demands of those who attempt to prevent illness, mitigate suffering, and to heal the sick, that they shall KNOW (not guess or believe) something of the means with which they work. The physician therefore is justified in subjecting his materia medica to a "critical analysis," if a high ideal of his duty does not actually compel such a study.

As to the *necessity* for the analysis of drug-provings, enough may have been said already. As testifying to the necessity, however, may be cited the cessation of drug-proving and the causes which led up to it; the detection of errors of various sorts and degrees in the most complete compilation of provings extant; and the publication of a revised and reconstructed materia medica under the authority of the largest and most influential homœopathic societies in existence. The *necessity* being acknowledged, the question of method remains to be decided. This question is a most important one, for choice has to be made between more or less arbitrary, unjust, theoretical, and uncertain methods and methods whose satisfactory application in other departments of medical and general science has obtained for them a

recognized value. It is in behalf of one of these latter methods that I appear before you, my use and advocacy of the plan being a matter of ten or more years' duration. This plan is known as the "Chart Method," a method which is simplicity itself and may easily be made to speak for itself.

One kind of a chart is defined in the Standard Dictionary as "A sheet showing facts graphically, or in tabular form." It is one of the most forcible and impressive methods of illustration and demonstration known. It is used alike by lecturers, teachers, statisticians, political and social economists, advertisers, and, in a word, by all who wish to show at a glance the relation or proportion existing between certain facts. We are all accustomed to, and daily use in practice, a chart showing graphically the relation existing between pulse respiration and temperature, and at the same time showing the progress a disease is making. A chart may show clearly, emphatically, and instantaneously more than can be expressed by the best verbal descriptions. From this standpoint a chart is economical. The convenience of tabulated charts has long been recognized, as in "differential diagnosis" tables. A chart may be a small sheet presenting, for instance, only two parallel columns, or it may be large enough to cover the walls of a large room. A chart is simply a method of arranging certain data so they may be conveniently studied by comparison and contrast. My first chart used in the study of drug-provings was made in 1884-1885 at the suggestion of my friend, Dr. C. Wesselhoeft, with whom at the time I was making provings of *merc. vivus* and *curare*. We found then what has been demonstrated since to our satisfaction, that a *materia medica* chart is a most convenient method of arranging in parallel vertical columns the symptoms of many provings, so that one proving may be compared and contrasted with others. The charts have been made more effective by having the symptoms in the different columns arranged according to the Hahnemannian schema, so that on the horizontal lines all the symptoms occurring in a certain organ or region of the body may be quickly compared, studied, and summarized.

By way of illustration I show you a part of the chart made and used by the Hughes Medical Club of Boston in analyzing the provings of belladonna as fully recorded in Allen's "Encyclopedia." The chart, or rather series of charts, contained the record from 245 sources (voluntary provings, overdosings, poisonings, etc.), and presented 2,682 symptoms for comparison.

Let me repeat that the "chart method," as applied to the study of drug pathogenesis, is simply a convenient method of arranging symptoms for analysis. The *purpose* for which the method is used is to demonstrate the presence or absence of congruence and concordance in the provings subjected to comparison or analysis. The *object* of the *analysis* is to estimate and determine the value, reliability, and integrity of provings in accordance with an accepted standard;—the standard being the axiom,—"To similar causes there are, in those similarly constituted, similar modes of physiological and pathological reaction," and the axiom,—"At the mouth of two or three witnesses every truth shall be established."

It needs no extended investigation to prove that the principles underlying the chart method are made use of in various departments of medicine and general science in establishing the reliability of observations and experiments. In the differentiation and classification of diseases, in the determination of etiological factors, in pathology, in diagnosis, in therapeutics and in surgery, tabulations and comparison of data are constantly referred to for the support of theories and establishment of facts. For instance, as late as the seventeenth century, measles and smallpox were supposed to be but different degrees of the same affection. Measles and scarlet fever were undifferentiated till 1792. Typhus and typhoid were not recognized definitely as different diseases until 1849. Pleurisy and pneumonia were described as one disease until the time of Lærmec. The differentiation and classification of these diseases were established only by close analysis and comparison of their symptoms.

Acceptance of the modern doctrine concerning pathogenic

micro-organisms, namely, that a special germ is responsible for the existence of a special disease, is based upon repeated confirmation of the results of experiments.

(To be continued.)

CHRONIC DISEASES OF THE JOINTS OTHER THAN TUBERCULAR.

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

[Read before the Massachusetts Surgical and Gynecological Society.]

Diseases of the joints of this class are either the sequelæ of acute diseases, such as rheumatic affections, traumatic arthritis, and osteomyelitis, or more or less obscure derangements resulting from displaced cartilages, pendulous fibro-lipomatous tissues which have developed from the normal structures of the joint. Those of rheumatic origin and from traumatism, while often met as chronic, and resisting almost all methods of treatment, I shall not dwell upon in this paper. The sequelæ of osteomyelitis, also likely to become exceedingly chronic, are outside the scope of this paper. The chronic sequelæ of displaced cartilages, also sometimes known as loose bodies, must also be excluded for a similar reason.

I have left, then, to present for your consideration only a class of joint diseases to which I can give no adequate name, since, as far as I know, they have received no classification and no special treatment in any text-book, and only now and then passing comments in the columns of medical journals.

I can best illustrate my subject by presenting to you a clinical picture of the same.

Case I. Miss C., an adult, in the course of a drive in the country, had occasion to raise her hand to the upper portion of the carriage in which she was riding to make an adjustment of the curtain, or something of that description. In so doing she felt a comparatively slight slip, or twinge, or unusual sensation in the shoulder joint. This gave her no anxiety at the time, and she dismissed it from her mind.

She became conscious, however, a few days later, of slight impediment in the usual flexibility of the shoulder articulation. Even this gave her no concern, for she deemed it a slight sprain from which spontaneous recovery would in a short time ensue.

Weeks went by, however, with a persistence and gradual increase of difficulty and discomfort, until on extreme flexion a grating could be felt as the articular surfaces slipped over each other. The arm was finally relegated to a sling and given entire rest.

Some three or four months after the beginning of the trouble I had opportunity to examine the case, when I found atrophy of all the shoulder muscles, almost complete false ankylosis between the head of the humerus and the scapula. I mean by this that there was very little movement possible of the humerus except by corresponding movement of the scapula. There was no swelling about the tissues of the joint, and never had been. Such independent movement of the humerus as still existed elicited a grating sound.

Case II. Mrs. F., an adult, from unknown cause began to be conscious of discomfort during movement of the right shoulder joint. This followed a history much like that outlined above, with finally grating, or crepitation, and loss of use.

Case III. Mrs. X., an adult, whose occupation necessitated much locomotion, especially in going up and down stairs, gradually experienced deterioration in functional efficiency of the right knee, with moderate painful sensation in walking. Examination disclosed little if any difference in contour between it and its fellow. There was slight sensitiveness over the inner aspect of the joint on pressure. Knee caps, splints, and crutches were resorted to, without producing material change. After a persistence of the difficulty for about fifteen years, at no time getting much worse and never free from discomfort, the trouble gradually disappeared.

Case IV. Mrs. W., an adult, from unknown cause began to experience discomfort in her right knee when walking.

There was no swelling, only slight tenderness, yet finally there ensued limited flexion and crepitation on motion. Local applications of all description, immobilization with splints, and the use of crutches failed to cure. She was finally told to discard all treatment, to use her knee fearlessly in all necessary locomotion. She did this and in six weeks was fully recovered.

PATHOLOGICAL CONSIDERATIONS.

I know of no more difficult task than to afford a satisfactory explanation of the phenomena in the cases above delineated. That pathological changes do take place is, however, unquestioned. The crepitation, creaking or grating sensation which occurs in these cases, shows conclusively that some portion of the articular surfaces has become denuded of cartilage. It is very apparent also that the ligaments, connective tissue, and muscles entering into relation with the articulation become atrophied and inflexible. These latter changes may be considered as secondary, and due to the partial or complete immobilization which the patient involuntarily or purposely maintains.

It will be observed that this joint affection occurs in women almost exclusively. In fact, I can now recall but one case of joint affection resembling in character this under consideration which has occurred in the male sex.

The interesting question arises as to whether the derangement begins as a neurosis. There is evidence, early in the progress of the disease, of a marked deficiency of the synovial fluid. It is quite within reason to believe that this may occur as a result of inhibition of nerve stimulus. It is equally reasonable to suppose that it may be purely a result of functional inactivity of the joint itself.

CLINICAL NOMENCLATURE.

This troublesome affection of the joints has been known under the terms, dry synovitis, simple synovitis, hysterical joint (neuromimesis), Charcot's knee, gonitis sicca.

COMMENTS AND DEDUCTIONS.

From a careful study of a series of cases of this class of joint disease, it is my opinion that the nomenclature as it now exists is misleading. It is my impression that in all cases there is a traumatic origin, possibly often so trivial that it is unnoticed by the patient. I think that facts do not warrant the assumption of a nervous origin in these cases. It has been my observation that nervous derangements occur as a result of the affection, rather than preceding it. It is not inflammation in the light of our present ideas of inflammatory process.

Assuming then that there be a traumatism always as the exciting cause, the pertinent question arises, how can such trivial traumatism cause such prolonged and persistent disability? Two reasons may be assigned for this: First, the physical conditions in a joint are unfavorable for repair, in that with the constant use to which every articulation of the body is subjected in the ordinary requirements of life, the parts get no rest.

Second. If immobilization for a considerable time be instituted, the functional inactivity as a direct result of this eventuates in muscle atrophy, deterioration of flexibility of ligaments, tendons, and all connective tissue relating to the joint; also deterioration of functional activity of the synovial membrane, lessened secretion of synovia, and deterioration of the articular cartilages.

Examination of this articular surface will convince one of the facility with which little portions of the articular cartilage may be chipped away through slight traumatism. We know that cartilage does not readily undergo repair. Does it not seem more than reasonable to assume that even a small area thus injured, but subjected thereafter daily, and perhaps hundreds of times daily, to the attrition of the opposing cartilaginous surface will result in the denudation, creaking, grating, crepitus, pain, and disuse which characterize these cases?

TREATMENT.

Based on the etiology and pathology as above outlined, I have successfully managed a number of cases. Unfortunately we do not often see these cases in the beginning; hence we are obliged to grapple with them after much injury has been done through indiscreet persistency in the use of the joint in the weeks immediately following the initial symptom, and equally indiscreet complete immobilization which is usually resorted to after other means have failed. The principles of treatment are as follows: First, prevent all voluntary motion, but resort daily to passive exercise with extension so instituted that the articular surfaces shall not impinge upon each other. Thus the activity of the muscles, ligaments, and other tissues entering into the joint are kept in a state of functional activity; at the same time the articular cartilage surfaces are prevented from grinding upon each other. It is absolutely essential, to secure satisfactory result, that such cases be placed in the hands of an expert *masseur*, to whom explicit instructions are given by the surgeon. In case of the shoulder joint, the arm between the times of treatment is carried in a sling, and all voluntary movement prohibited. In the treatment the patient should be placed in a prone posture near the edge of a couch or bed, with an assistant to place his arms about the thorax, just below the axilla for counter extension. The *masseur* exercises gently increasing traction upon the arm sufficient to separate the articular surfaces from impingement upon each other. Movements then of adduction, abduction, and rotation are slowly but methodically gone through with, and repeated over and over. This is followed by general deep massage of all the shoulder muscles and tissues.

The knee joint is a more difficult articulation to manage. The course which I have followed, however, is as follows: A Sayre extension knee splint is adjusted to separate the articular surfaces, and to keep the joint at rest. All use of the leg for locomotion is prohibited, movement is permitted on crutches. The extension apparatus is removed daily, and

the joint subjected to exactly the same treatment by a *masseur* as outlined above for the shoulder.

SEQUELÆ OF TYPHOID FEVER.

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

[Read before the American Institute of Homœopathy, 1897.]

All prolonged and debilitating diseases, especially if they are febrile in character, have a long train of ills which may follow at a period more or less remote from the time of the subsidence of the initial disease. They may supervene as the result of simple debility, aided by defective hygienic influences; or by the asthenia simply opening the way for the rapid progress of inherited or acquired diseases that were already present, though dormant, in the system. Moreover, many febrile diseases have in addition sequelæ that, from their frequency, are peculiar to themselves. Of this latter class is typhoid fever.

Were it otherwise desirable, the prescribed limits of this paper will only permit me to consider such sequelæ as are typhoid *sui generis*. Neither shall I attempt to depict the treatment, for that must, in the main, be governed by the same therapeutics and surgery as would pertain to the like pathological conditions arising from other causes.

It is quite possible that in the circulatory system may be found the invasion field of nearly or quite all of the disorders that go to make up the sequelæ peculiar to typhoid. We have, to begin with, a weakened heart. Not infrequently at the climax of the disease there may be discovered a marked extension of dulness toward the right side, which may continue well into the post-convalescent period and disappear only gradually. Autopsies have revealed marked dilatation of the right ventricle, rarely of the left, accompanied by muscular degeneration. This weakened circulation may doubtless alone account for many of the cases of anasarca of the extremities, which is one of the most frequently observed and more simple sequential troubles of typhoid. Before the

recently acquired knowledge of bacteriology, this was looked upon as the sole cause of endocarditis, arteritis, and phlebitis with their attendant thrombi. It is now, however, proven that the typhoid bacilli, accompanied by pyogenic cocci, are the more potent cause of these diseases. It is, moreover, pretty definitely shown by Fränkel and others that suppurative changes of tissue may be produced by the typhoid bacilli unaided, they being found, but no streptococci or staphylococci.

If it is a fact that they can thus unaided produce active suppuration, it is probable that, aided by the weakened circulation, they may set up an irritation of the intima, and, disturbing the nutrition of the endothelium, form rough spots on the inner surface of the blood vessels. Leucocytes gather at such a point, until there is a more or less homogeneous mass which becomes the nucleus of a thrombus. That the weakened circulation is an adjunct in the development of these troubles may be inferred from the fact that they are mostly found in those organs where the blood current is slow, like the marrow of the bones, in the glomeruli of the kidneys, in the liver and spleen, and in the veins of the lower extremities. In the latter, thrombi are most commonly found after the patient has so far recovered as to assume the upright position, thus further retarding the flow of the venous blood.

Fragments of venous thrombi may become detached and find their way into the pulmonary arteries, to be arrested in the lung capillaries, there forming a new source of infection in the shape of suppuration, the product of which may thence find its way into the general arterial system. Or, without a resulting pulmonary abscess, very small thrombi may pass through the lung capillaries, as these vessels are much larger than in other capillary systems, and thus swept along in the arterial current become arrested in the capillaries of remote organs like the kidneys, liver, spleen, brain or bones, in each instance forming a nidus for suppurative action.

A primary arteritis may be set up with resulting arterial thrombi. That thrombo-arteritis is not of more frequent

occurrence is doubtless due to the fact that the denser walls, as compared with the veins, and the rapid current do not favor the development of thrombi. Without doubt minute thrombi swept along with the arterial blood current, or the bacilli themselves attacking the arterioles, aided by pressure upon the part, are the chief cause of the bed sores that so often retard convalescence, and sometimes result in death, long after the fever itself has subsided, it being impossible to check the spreading of the gangrenous slough. That simple pressure, together with weakened vitality, is not the sole or prime factor in producing the slough, is shown by this suppurative process occasionally taking place in portions of the body not subjected to pressure. These cases are, however, confessedly rare. I can recall but one such under my own observation. A young woman in the third or fourth week complained of pain on the outer side of her right thigh. Near together, and well below the skin, were several dark-colored spots, at first hard and tender to the touch. They gradually coalesced and softened, forming a sloughing sore that healed but slowly as convalescence advanced. Liebermeister¹ reports the case of a young girl recovering from typhoid in whom a large portion of the septum between the rectum and vagina sloughed off in one piece. A circumscribed gangrene of the skin of the toes is not of specially rare occurrence, and the destructive process occasionally extends to deeper structures. Extensive gangrene following typhoid is of rare occurrence. Cases have, however, been recorded, and a notable one by Quervain.² Following a light attack of typhoid, in a young man, there began a severe pain in the right leg. This was followed by pallor, coldness and diminished sensibility in the feet and lower extremities. Then succeeded complete loss of sensation and motion, cyanosis and gangrene of the right leg. Thigh amputation was performed, and an examination of the amputated limb showed a firm thrombus in the popliteal artery and many of its branches. The thrombo-arteritis of the right leg was accompanied by a phlebitis of the left, but which developed

¹ Ziemssen's Cyclopedia, Vol. I., page 184. ² Centralbl. f. innere-Med. No. 33, 1895.

first is not reported. In a list of ninety cases collated by Dr. Mettler¹ sixty-two were males and twenty-eight were females. Thus it would seem to be more common in the male sex. In ten of these cases arterial obstruction was proved to be present in the lower extremities, one in the left carotid, one in the left cheek, and one in the mesenteric vessels. While thinking that mechanical forces may be auxiliary factors, he concludes that in the majority of cases there is an endarteritis producing arterial thromboses with the resulting gangrene.

Periostitis, as shown by pains, and sensitive areas and nodules, usually in the long bones, is a frequent sequel of typhoid. This periosteal inflammation may end in resolution or suppuration. The tibia is the bone most frequently attacked, and next to that the ribs and clavicle. It is quite probable that the initial point of the local inflammation is in the medulla, for when the periostitis results in suppuration, the bone marrow is also found in a suppurative state. Ebermaier advocates this theory, and thinks that the germs find their way to the periosteum through the Haversian canals. Experiments upon animals show that typhoid bacilli find quick access to the medulla of the long bones. A pure culture of typhoid bacilli was injected into the veins of the ear of several rabbits. In half of the cases the bacilli were found in the medulla of the tibia in from twelve hours to ten days. As already indicated, minute arterial thrombi may be brought from some distant point and, being arrested in the medulla, set up a primary suppuration which may extend to the periosteum. The channel for contamination may be through the Haversian canals, as already suggested, or along the epiphysial line. The fact that in the very young the extremities of the bones are most frequently attacked suggests the latter, and a glance at the structural anatomy of the tissues separating the epiphysis from the shaft shows how it may be brought about. In growing bones, there is connected with the epiphysial cartilage a highly vascular and spongy layer of newly formed tissue, which is neither cartilage nor bone. At this point the medullary canal is very vascular, and numerous

¹ *New York Med. Jour.*, March 9, 1895.

canals through this interlayer of spongy tissue open easy communication to the periosteum.

As already mentioned, there seems to be pretty conclusive evidence that the suppurative process may be set up by typhoid bacilli without the aid of pyogenic cocci, and the remarkable resistance power of the typhoid bacillus is shown by the study of these cases of bone infection. They have in numerous instances been found during the two years following an attack of fever, and Sultan¹ reports a case of osteomyelitis, with a sequestra of the clavicle, where the bacilli were found in an active state at the end of six years. During this time there had been repeated outbreaks of bone suppuration at this point and at the angle of the ribs of the same side.

While there are no obtainable statistics to prove it, there is little doubt that disease of the bones has been much less frequently a sequel of typhoid under homœopathic than under allopathic treatment, and since the adoption of a conservative or expectant treatment by the allopaths it has been more rare with them. My theory for this is that in the old treatment, they, as a rule, used mercurials, often to the degree of salivation. The disposition of mercury to produce osteomyelitis and destruction of bone tissue provides a fertile field for the destructive action of the typhoid bacillus.

A condition closely analogous to bone disease was described by Gibney in 1889 under the name of "typhoid spine." In the absence of fever or true neuralgia there is great pain on movement of the spine either forward or laterally. He believes that there is an inflammation of the periosteum and the fibrous tissues which connect the vertebræ. It may appear early or late in the convalescence, or, indeed, after apparent full recovery. Ostler is inclined to the belief that many or most of these cases are neurasthenics, and that the condition may more properly be termed an "hysterical spine," there being no real periostitis but an exaggerated condition of spinal irritation.

When we consider the serious involvement of the nervous

¹ *Deutsch. med. Woch.*, August 24, 1894.

system while the fever is running its course, we must naturally expect that perverted nerve function may be more or less prolonged and perhaps result in permanent disability. Dr. Voinot,¹ of Nancy, examined the spinal cord and roots of the nerves of several cases of typhoid fever and found pathological changes in the myelin, in the axis cylinder, and in the nerve cells of all.

Post-typhoidal paraplegias and hemiplegias are doubtless due to cerebral hemorrhage or embolism, but the more common forms of disordered nerve function, like chorea, anæsthesia, hyperæsthesia, and paralysis, confined to the domain of individual nerves or sets of nerves, are a neuritis resulting from the direct irritation of the morbid poison, as is the case in diphtheria. These manifestations of disturbance of nerve function are of common occurrence, but, as a rule, end in complete recovery.

Paralysis of the muscles of the eye are sometimes so persistent as to demand surgical interference. Runeberg² reports a case of paralysis of the left superior oblique muscle, which came on eighteen months after the attack of fever. Besides paralysis of the muscles of the eye, amaurosis³ sometimes occurs due to peripheral anæmia and contraction of the arterial walls, caused by the loss of blood. These cases are liable to end in permanent blindness from atrophy of the optic nerve. Amblyopia is often seen during convalescence, and is probably due to some lesion in the tractus, or to some cortical irritation at the base of the brain.

Since during the afebrile stage symptoms of acute nephritis are found in a large percentage of cases, it might be expected that a more or less prolonged functional disturbance of the urinary organs would follow. Such is the case. Acute Bright's disease is shown by scanty urine mixed with blood, albumen to the amount of one per cent, or less, and various tube casts. Anasarca is usually marked in the hands and face. It may be general, or it may be entirely absent. Under judicious treatment recovery usually takes place.

¹ *Med. Record*, September 19, 1896, page 422. ² *Jahr. f.* August, 1875.

³ *Dr. Chas. S. Bull, Med. Record*, April 24, 1897.

Death may, however, occur from uræmic poisoning or from œdema of the brain or lungs. Symptoms of bladder, irritation or hyperæsthesia are often present during convalescence. This sometimes results in catarrh of the bladder, which may run an acute course or, in spite of treatment, continue along after recovery is otherwise complete. Orchitis and epididymitis in men, and ovaritis and disturbance of the menstrual function in women are sometimes a following of typhoid.

Peripheral changes from disturbed function or nutrition are marked by the almost universal falling off of the hair and the appearance of the nails. That portion of the nails growing during the fever and early convalescence is quite different in structure or color from the healthy growth before the disease.

Glandular swellings, often ending in suppuration, are a common sequel of typhoid. A child was recently brought to me, having a large suppurating cervical gland, following a light attack of typhoid five months before. The fever had been immediately followed by a cough, general debility, and chorea, all of which were still present in degree.

Pulmonary tuberculosis often supervenes after typhoid. That it is an *a priori* result of typhoid may be doubted. The probability is that a latent tuberculosis was present, and the typhoid, like any other debilitating disease, by weakening the resistance power of the system, allowed the tubercle bacilli to manifest their presence in the usual way.

THE MUCOUS COLITIS OF NEURASTHENICS.

BY JAMES F. BOTHFELD, M.D., NEWTON, MASS.

I have failed in a search through the literature on nervous diseases at my command to find any mention of a condition of colitis which I have not infrequently observed in the course of a long-continued state of nervous prostration. Most of the authors describe only the usual condition of the digestive tract during the course of neurasthenia. For instance, Dana says: "The hepatic functions are weakened

and slowed down; and a neurasthenic liver is one of the common and fundamental conditions of the neurasthenic state. This produces intestinal dyspepsia, fermentation, and constipation. The blood absorbs an excess of ptomaines and imperfectly oxidized products, causing many of the general nervous symptoms already described, such as the paræsthesiæ, dizziness, somnolence, and head pressure. The intestinal movements are sluggish and the patient suffers from flatulence and feelings of distention. Sometimes there is a nervous diarrhœa alternating with constipation."

This quotation is a fair example of the attention the writers on neurasthenia have given to disturbances of the intestinal tract; either they have failed to observe the peculiar colitis which sometimes develops, or they have thought it unworthy of mention.

At a recent meeting of the New York Academy of Medicine (December 15, 1896) this subject was discussed; as far as I know the first formal consideration of the matter, and the general consensus of opinion seemed to be that there did occasionally develop a distinct form of mucous colitis among cases of neurasthenia.

As I have two cases now under observation, and have had several others during the past two years, it was a satisfaction to me to see that the matter was of interest enough to attract the attention of others. A brief description of the two former cases will be sufficient to indicate the type of colitis observed.

Mrs. C. L.—, age thirty-eight, has been neurasthenic, almost a so-called "nervous invalid," since puberty. A few years ago she was confined to her bed for some months with actual nervous prostration. She is never well, is very careful of herself, always fearful of overdoing, is rather hypochondriacal, at times moody and somewhat depressed. She has occasional neuralgia and areas of hyperæsthesia, shifting from place to place. These latter she herself has quite aptly called "nerve spots." When, from one cause or another, this patient's general nervous condition becomes a little further below normal than usual, the mucous colitis

manifests itself. There is then more or less abdominal pain, a subnormal temperature (96.5° to 97.5°), and the peculiar discharges. There is no tenesmus and no particular urging to stool. The feces are sometimes formed; there is never a marked diarrhoea. Mucus is always present, appearing in this case in masses by itself, as a coating to the feces and in strings and flakes adhering to them. The movements are always offensive and in this particular case differ from time to time in appearance, this peculiarity leading to the prescription of pulsatilla. Usually there were three or four movements in the twenty-four hours. After the treatment to be mentioned later has been carried out three to ten days, all intestinal disturbance disappears and mucus ceases to be observed with the feces.

Case No. 2 differs essentially only in the character of the mucus.

Mrs. T. A. B——, age forty-one, has been neurasthenic for at least eight years, and has had attacks of mucous colitis for five years. This patient is more of an invalid than the first case; she can give but little attention to her house, and is a constant care to her family. At times I have been fearful that she was going to break down into a condition of melancholia, or even that she would develop into a case of paranoia.

It will suffice for the purposes of this paper to state that her most annoying symptoms are deafness and a constant and most distressing tinnitus, pains in the head, indigestion, and general asthenia.

The same causes seem to induce the mucous colitis in this case as did in the former, but in addition the spring of the year never passes without a more or less protracted attack. This patient never has a diarrhoea; her bowels are somewhat constipated. Some of the mucus is tough and firm, at times appearing almost like a false membrane, and again looking not unlike the segments of a tapeworm, excepting in color and irregularity of shape. The feces are smeared and streaked with mucus, but there is never pus or blood present.

Microscopically the membrane-like mucus is without histological structure. In this patient the condition is much more persistent than in the first; scarcely a month goes by without several mucous passages, while at times the movements are more mucous than fecal.

As for treatment of this condition of colitis I may mention that absolute rest in bed, and high colon flushings twice daily with sterile normal salt solution, together with such measures as seemed necessary for the improvement of the general neurasthenia, have proved sufficient to stop the mucous discharges. Excepting in one case only (Mrs. C. L.—, of this paper) I have never felt confident that the remedy indicated by the colitis itself accomplished anything.

One patient, from a former prescription of another physician, was in the habit of taking salol, when she observed mucous discharges, and she affirmed this soon checked the mucus.

In my own cases I have laid the most stress on rest in bed, colon flushings, and a diet rich in albuminoids and easily assimilated.

The condition seems to be dependent on the neurasthenic state, especially when that state has been of long duration. There is no reason for thinking that the colitis causes an increased nervous exhaustion, for the colitis only appears as a sequel to that exhaustion, and I have never observed it in the beginning of a case of neurasthenia.

The pathological significance of this colitis I do not pretend to explain. It seems to be but one of the many disturbances of the nervous function, whose totality is summed up in the convenient term, "Neurasthenia." As suggested by Mendelson in the New York Academy discussion, "it might be regarded as the metabolic product of glands whose particular nerve apparatus had become involved in the general nervous disturbance."

EDITORIAL.

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

PHYSICIAN AND PHARMACIST.

There are not a few facts to be found which furnish justifiable ground for the question, What influence is the most potent in moulding modern medical practice? To answer this question intelligently one must weigh carefully the claims of the different influences which exist; one's horizon must not be too limited, else some quiet but insidious power may be unrecognized. It is not our intention to definitely answer this question, but it seems not ill-timed to devote some attention to it, even if its final settlement be deferred. Briefly and therefore incompletely to enumerate the influences which are easily recognizable, we may refer to the teachings of the medical schools, a factor which is unquestionably a potent as well as a lasting one. "As the twig is bent, so the tree inclines," but the inclination may be and sometimes is altered; and, as all know, the influence of the teaching of the schools is not infrequently markedly modified by the practical experience of post-graduate life, for there are many things not taught and even impossible to teach in the schools.

The influence exerted by medical societies through essays and discussions is of acknowledged potency in moulding practice; the size of the society and the frequency of its meetings being possibly of less importance in this respect than the character and earnestness of its membership, and the objects forming the *raison d'être* of the organization.

One of the most potent influences of recent years in modifying and moulding medical practice is the enterprising, energetic, and wholly commercial spirit which prompts manufacturing chemists and similar agencies not merely to prepare their drugs for use, but to skilfully advertise their virtues. The instructions and "clinical experience" which accompany the advertisements, spread generously broadcast

by every mail, testify most vehemently to the fact that medicine is not yet emancipated from the thralldom of empiricism. Man's ingenuity is strained to invent names for new preparations and "important discoveries," and to increase the number and variety of combinations of drugs, as well as to accumulate "unsolicited testimony" to the marvelous powers possessed by these novelties; testimony which may tempt the unreasoning to "try" said products in actual practice. This custom, a product of modern civilization, testifies quite as eloquently to the instability of medicine as to anything else.

Periodical medical literature exerts an influence sometimes ephemeral, sometimes lasting, the importance of which is not easily estimated. Its action may be termed volatile, from the wide extent and rapidity of its diffusion.

Permanent or text-book literature is not to be overlooked in considering the influences which to-day are moulding medical practice. It is apt to represent a more judicial, philosophical, thoughtful, sober, and less selfish influence than some which have been referred to. One marked feature of the text-book of to-day is its composite authorship. This is a natural result of the vast increase of medical knowledge and the complexity of modern medical and surgical practice. The widespread and deep influence exerted by such works is shown by the final appeal made to them as trustworthy authorities in emergencies, and the respectful acceptance of their dicta by teachers and students. Such books, however, have been specialized, even as practice itself is specialized, a single individual preparing a section on a subject with which he is most familiar by investigation or experience, the whole work being welded together and harmonized by one controlling mind.

A marked advance upon even this method of composite authorship is the preparation of a book representing the coöperation and harmonious opinions of many minds on a single topic. When such a work has in addition to this ideal joint authorship the support and sanction of a well-known national association, its authority is as indisputable as that

of any human work can well be. Such a work is before the medical profession to-day in the new "PHARMACOPŒIA OF THE AMERICAN INSTITUTE OF HOMŒOPATHY." It is the work of twelve men, "good and true," selected on account of their wisdom and experience by a large and powerful organization from its membership.

It is a work not hurriedly prepared; it represents patient, long-continued labor, each part having been worked out in accordance with well-devised plans and subjected to the criticism of the joint authors before being incorporated into the final work. Physician and pharmacist have united in producing a book that is to be of benefit to the whole profession.

In this instance, at least, it cannot be claimed that the pharmacist is moulding medical practice, for physician and pharmacist have coöperated heartily and enthusiastically in the production of a work that invites the confidence and deserves the cordial and substantial support of the profession in whose interests it has been prepared. The physician dispenses medicines; the pharmacist prepares them for use. It is essential, therefore, that there should be intelligent coöperation and mutual understanding between physician and pharmacist. It is the physician's duty to be absolutely familiar with the preparation he is using; to know just what medicinal strength is represented by his prescription. Since to prescribe homœopathically an intimate knowledge of drug pathogenesis is demanded of the physician, so to produce uniform results and insure safety to patients the pharmacist must prepare medicines in accordance with accurate and uniform standards. When we consider what widely differing methods have been employed in the preparation of homœopathic tinctures, attenuations, triturations, etc.; when we realize what differences in drug strength have existed in the preparations made by the various pharmacists of our country; when we consider the difference in drug strength which heretofore has existed between, for instance, a 1 x trituration and a 1 x dilution of certain drugs; when we think of the uncertainties and even dangers, — especially in .

the use of the low attenuations, — which have been resultant under these conditions, we must rejoice in the completion of the new Pharmacopœia and in the influence which it must exert in unifying homœopathic pharmacy, and by so much in insuring scientific accuracy in homœopathic prescribing.

In 1886 the *Gazette* urged the adoption of an international uniform standard by the preparation of an international pharmacopœia. Possibly the publication of the "PHARMACOPŒIA OF THE AMERICAN INSTITUTE OF HOMŒOPATHY" may be a step towards the accomplishment of this much desired end. At all events, the *Gazette* extends its cordial congratulations to the American Institute and its Committee on Pharmacopœia on the completion of this good work, and on the evidence it presents that by combined action of physician and pharmacist a wholesome influence towards the production of uniformity and greater accuracy in homœopathic prescribing is to be exerted.

EDITORIAL NOTES AND COMMENTS.

INEBRIETY: ITS MEDICO-LEGAL ASPECT. — Under the title "New Questions in Medical Jurisprudence," in the August number of *Appleton's Popular Science Monthly*, Dr. T. D. Crothers, in a most interesting article, discusses the various medico-legal questions which have arisen from modern scientific medical research on the subject of inebriety.

He presents three views of the subject: First, the "ethical" or "moral," which believes inebriety to be a phase of moral depravity to be remedied by punishment.

Second, the "legal" view, closely connected with the first or "moral," wherein "It assumes that inebriety is a phase of savagery or the inborn tendency to lawlessness and giving up of all control and restraint; or the indulgence of the lower passions regardless of society, law, and order." The remedy here as before is severe punishment.

The third view is "the scientific and medical," which

views each case as an entity, a phase of diseased character which demands scientific observation and study.

He discusses at some length the questions of the capacity, incapacity, and responsibility of inebriates; the "alcoholic trance," and the commission of crime while in this state, as evidenced in the answers to the following questions: "How far can the testimony of inebriates or persons under the influence of spirits be trusted concerning matters observed in this condition?" The conclusions on this point are: "The testimony of persons while under the influence of spirits, concerning matters observed by them and their judgment as to events and their meaning, is never accurate but always open to sources of error and unconscious self-deception which they are unable to correct."

A second question is, "How far are the statements or confessions of persons partially intoxicated, or under the influence of spirits, concerning their personal acts, to be accepted as true and veritable?" The answer to this is also in the negative, unless supported by other incontrovertible evidence.

Other questions are as to liability for contracts, commercial or civil, made while under the influence of spirits, and in what degree this state of inebriety affects the question of premeditation in crime. The author shows thorough study and intimate acquaintance with the subject, and presents it in a way to encourage the attention of every thinking individual.

HYGIENE TO THE FRONT. — The *Virginia Medical Semi-Monthly* quotes one of its correspondents as saying, "The judicious use of hygienic agents not only does away with drugging, but with the greater part of surgery. Were the practice of hygiene universal, health would be the rule and sickness the exception. Drugs, as curative agents, would scarcely be heard of; their uses would be in chemistry and the arts, where they properly belong."

The same correspondent in this connection calls attention

to the following lines, taken from a little book of poems entitled "Facts and Fancies." The Hoosier farmer, telling of the death of his wife, unconsciously bears witness to the heroic treatment undergone by his better half:—

"Lived together forty year, sir,
Her an' me, come next December!
Never hed no trouble, neither,
Died, two year ago in August,
Hed the grippe, or somethin' like it.
Tuck a powerful sight of quine-ine,
And a heap of draps and powders,
And right-smart of other truck, too,
Nothin' seemed to do no good, tho'."

Perhaps if "nothin'" had been tried, it would have done some "good"; yet it is a far cry from a "powerful sight of quine-ine," "a heap of draps and powders, and right-smart of other truck" to a practically total relegation of "drugs, as curative agents," to the realms of the shadowy past, and a limitation of their uses to the demands of chemistry and the arts where, as our esteemed contemporary's correspondent says, "they properly belong."

Our purpose, however, is not so much to comment unfavorably upon a too sweeping assertion anent the medicinal value of drugs, as to endeavor to still further emphasize the truth that in a universal attention to nature's laws lie the true promotion and preservation of the health of a community or of a nation. More than this, it is the duty of every physician of every school, the accredited guide as he is in things physical, to make himself an intelligent and acceptable instructor along the lines of hygienic truths.

And to the unwearied presentation of those truths, in well-chosen sentences, let him add the greater influence of a personal allegiance and example, for the man of words is but half a man till he becomes a man of deeds.

SOCIETIES.

WESTERN MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Western Massachusetts Homœopathic Medical Society was called to order at 11.45 A.M., at Cooley's Hotel, Springfield, July 14, 1897. The president, Dr. Elmer H. Copeland, in the chair. The report of the secretary was read and accepted. The name of Dr. Samuel E. Fletcher, of Chicopee Falls, was proposed for membership, and referred to the censors to be acted upon. Dr. J. H. Carmichael, the delegate to the American Institute of Homœopathy at Buffalo, gave a very interesting report of that meeting.

The Bureau of Surgery and Gynæcology reported the following cases:—

I. Induction of Premature Labor, by Dr. Elizabeth Jarrett, of New York. In the absence of Dr. Jarrett the paper was read by Dr. Parsons.

II. Hysterectomy, by Dr. Geo. W. Roberts, of New York.

III. Clinical Cases, by Dr. J. H. Carmichael, of Springfield.

IV. Some Remedies in Cardiac Disturbance, by Dr. Clarice J. Parsons, of Springfield.

The meeting, although not as large as usual, was one of much profit, the papers being full of interest and the discussions valuable.

ALICE E. ROWE,

Secretary.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the society was held in Clinton, at the office of Dr. J. F. Worcester, 202 Church Street, on Wednesday, August 11, 1897; President W. H. Bennett, of Fitchburg, in the chair.

The records of the last meeting were read and approved.

In the absence of Dr. J. M. Barton, chairman of the bureau of Pediatrics and Organs of Special Sense, Dr. J. F. Worcester presided.

The first paper was given by Dr. Jennie T. Miner, on "Rachitis." She dwelt briefly on the etiology, pathology, course, and symptoms of the disease. Of the early symptoms those of the nodulations that form at the junction of the ribs with the cartilages — rickety rosary — are of much importance; as also the unusual prominence of the frontal and parietal bosses, the late closing of the fontanelles, the curvature of the long bones, the general contour of the head, the prominence of the clavicle and chicken-breastedness.

Prenatal treatment should be observed where a tendency to rickets exists in a family. The pregnant mother should eat nutritious food as free from starch as possible, and liberally supplied with calcareous elements. Meat in all forms, shellfish, vegetables free from lactose, with fruits rich in grape sugar.

The calcareas, silicia, baryta carb., kali phos., kali hyd. and ars. iodide should be the remedies used, with massage and inunctions of olive oil.

In the discussion which followed, Dr. John Coffin deprecated the use of prepared foods for children as causing conditions similar to scurvy. He advised for those cases a diet of cream and water, and teaspoonful doses of orange juice.

Dr. Worcester spoke of the advisability and necessity of giving children who are breast-fed some other form of diet; the juice of beef, juice of orange, or grape fruit, cream feeding, with rubbing and sweet-oil baths.

The next paper was on "The Treatment of Morphine Cases," with reports of clinical experience, by Dr. Adams, read by Dr. Klopp, assistant physician at the Westboro Hospital.

He spoke of the difficulty of placing any reliance on the word of morphine takers, of the many schemes and cunning devices they have of secreting the drug about their person, and of the inability of caring for such cases outside of a hospital where the patient is allowed freedom of movement. He

suggested as a remedy, Ipecac ϕ ; twenty drops in half a glass of water; a teaspoonful every half hour.

The other papers of the morning were "Clinical Medicine," by Dr. Patch, and "Dentition," by Dr. Barton, which were read by title, as the time of the session was shortened that the members of the society might meet Mr. Richardson, chief engineer of the Metropolitan Water Works, who was their guest, and who kindly gave them a very interesting and comprehensive talk on the plans of the water system. An appetizing lunch, furnished by friends of Drs. Harvey and Worcester, was served at 12.30 o'clock in Dr. Worcester's dining-room.

At 1.30 o'clock barges were taken, and the party, under the leadership of Mr. Richardson, visited the Metropolitan Water Works. The train for home was taken at Oakdale. Before leaving, a vote of thanks was extended to Drs. Worcester and Harvey, for their generous entertainment, and to Mr. Richardson, for his untiring and successful efforts to make the trip to the works so interesting and instructive.

There were about twenty-five members present, among the number being Dr. Tuttle, of New York, and Dr. John L. Coffin, of Boston, as guests. It was voted to hold the annual banquet in November.

AMANDA C. BRAY, *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

A SYSTEM OF PRACTICAL MEDICINE. By American authors. Edited by Alfred L. Loomis, M.D., LL.D., and W. Gilman Thompson, M.D. New York and Philadelphia: Lea Brothers & Co. 1897. Vol. I.

Volume I, on Infectious Diseases, opens with an exhaustive article on "Malaria," which well deserves careful reading. Its history and biology are ably presented by Dr. W. H. Welch, while Dr. William Thayer writes of its etiology, pathology, etc.

The article on "Typhoid Fever" is by J. C. Wilson, M.D. Eberth's bacillus is recognized as the sole cause of this disease; but the fact is recognized that ulcerative lesions in the intestine may be due to other micro-organisms. No reference is made to the use of

the serum diagnosis, although the subject of a typhoid anti-toxine is discussed at some length. As to treatment, the use of antipyretics and antiseptics is condemned, hydrotherapy is heartily endorsed, and the method is fully explained.

There is an admirable article on "Yellow Fever" by Dr. M. Sternberg. Although the specific germ has not yet been demonstrated, abundant evidence is adduced to show that yellow fever is a germ disease, and that infection occurs, as in typhoid and cholera, through the excreta; and yet yellow fever has never been shown to be due to a contaminated water supply. This article will repay careful study.

The late John M. Byron, M.D., is the author of the article on "Cholera." The history of this disease and the remarks on its etiology are brief and to the point.

The article on "Dysentery" is by H. A. West, M.D. The pathology, in particular, is admirably described and illustrated by colored plates. The complications and sequelæ receive ample consideration, and the treatment, dietetic and medicinal, is judiciously discussed, and the value of the different medicinal agents fully considered.

Dr. William H. Park's article on "Diphtheria" is a *résumé* of the whole subject.

William Osler, M.D., writes the article on "Tuberculosis," one of the most complete in the volume.

The remaining articles are on "Typhus Fever," "Dengue," "Influenza," "Epidemic Cerebro-Spinal Meningitis," "Erysipelas, Pyæmia, and Septicæmia," "Variola," "Varioloid," "Vaccinia," "Rubeola and Rubella," "Pertussis," "Epidemic Parotiditis," "Syphilis," "Leprosy," "Tetanus," "Infectious Fevers of Obscure Origin."

These articles are all good, and many are valuable additions to medical literature. The volume, as a whole, deserves great praise. The charts and colored plates are excellent, and also the indexing and presswork.

J. S. K.

A HANDBOOK OF MEDICAL CLIMATOLOGY. By S. Edwin Solly, M.D., M.R.C.S., late President of the American Climatological Association. Philadelphia and New York: Lea Brothers & Co. 1897.

This book of 470 pages represents a deal of labor in the collection and comparison of scientific data, for which the author is eminently qualified. The facts are culled from 257 different authorities,

to whom due credit is given, and their arrangement is such as to make them easily accessible to the reader.

Section I is devoted to the principles of medical climatology, including physiology, ethnology, geographical distribution of disease, and the classification of climates. The author in his preface very truthfully says: "It is hardly too much to say that it is possible to prescribe a climate with as much precision as a drug, and with far greater effect in appropriate cases."

Section II treats of diseases influenced by climate, especial prominence being rightfully given to pulmonary phthisis and the advantages of Colorado as a health resort; while Section III essays to give a brief *résumé* of the climates and noted sanitariums of the world.

The work also contains several maps indicating the variations of rainfall in the United States, as well as relief maps showing the comparative physical geography of various countries.

Appended are meteorological tables for the ready reference of the reader.

All told, the work is one of great merit, which will occupy a unique place in medical literature.

J. P. R.

A TREATISE ON APPENDICITIS. By John B. Deaver, M.D., Surgeon to the German Hospital, Philadelphia. Thirty-two full-page plates and other illustrations. Philadelphia: P. Blakiston, Son & Co. 1896. pp. 168.

While in some few particulars many surgical authorities do not hold the opinions expressed by the author, yet in the main he has well presented the subject of appendicitis, and fully illustrated it by cases and drawings from his abundant clinical experience. The classification of the clinical types of appendicitis given might be clearer.

The author has strong convictions which he voices unhesitatingly and with good reason. On page 119, for example, he sounds the alarm as to the use of narcotics. "There is a percentage of deaths from appendicitis which, beyond doubt, is due to the indiscriminate and injudicious use of this drug (opium). Opium is dangerous in the treatment of this disease, or of any intra-abdominal inflammation, because it hides all the symptoms of the affection. . . . If, then, our patient be dosed with opium, it will be impossible to judge what is taking place within the abdomen."

This work will be a boon to many physicians, particularly those

who do not have extensive literature at command, and it can but lead to the saving of many lives and to the earlier intelligent recognition of the disease. B.

LECTURES ON RENAL AND URINARY DISEASES. By Robert Saundby, M.D., Edinburgh. With numerous illustrations. Second edition. Philadelphia: W. B. Saunders. 1897. pp. 434.

In the realm of renal and urinary diseases the author presents in an able manner the results of years of personal clinical experience, together with observations from world-wide sources. His plan of a purely etiological classification of cases of nephritis is unusual, but affords a valuable point of view.

The divisions are: 1. Infective nephritis (those cases due to infective diseases). 2. Toxic nephritis (cases due to lithæmia). 3. Obstructive nephritis (cases due to mechanical obstruction).

The book throughout bears the stamp of close observation of the inhabitants of Great Britain chiefly, and any omissions apparent to American readers are thus easily accounted for.

The sections devoted to nephritis, pathological relations of tube casts, diabetes mellitus, retinitis nephritica and diabetica, and functional albuminuria are especially valuable, likewise the bibliography at the close of each subject.

In the line of treatment many valuable suggestions are offered as to diet, hygiene, etc., but repeatedly the author remarks, "Drugs are of little use;" and he summarizes the best medical treatment of diabetes mellitus as opium and its alkaloids, and bromine compounds in large doses.

It is surprising that all reference to the quantitative estimation of phosphoric acid should be omitted, for American observers are coming to give this marked prominence, both in diagnosis and prognosis.

The typography, colored plates, and binding are excellent, but the cuts, unfortunately, do not harmonize in quality.

As a whole, the book is a very valuable addition to the literature of the subject. B.

A MANUAL OF PHARMACOLOGY AND THERAPEUTICS. By William Murrell, M.D., F.R.C.P. Revised by Frederick A. Castle, M.D. New York: William Wood & Co. 1896. pp. 516.

It would seem as if there were room in all schools of medicine for fuller and more frequent instruction in pharmacology as well as in

therapeutics. The author has recognized this need and endeavored to meet it by arranging in book form lectures already given by him in the class room.

Originally delivered and published in England, these lectures have been greatly improved for the use of students in the United States by the intelligent labors of Dr. F. A. Castle, of New York, a member of the Committee for Revision and Publication of the United States Pharmacopœia.

Nearly forty pages of new matter, by American writers, relating to climatic influences and natural mineral waters as therapeutical aids, have been added to the subjects treated of under the general heading of Introduction.

Among other subjects have been included the action of drugs upon the individual, serum therapeutics, electro-therapy, and accessory treatment.

Following the introductory matter are sections on Pharmacology of Inorganic Substances, Pharmacology of Synthetical Compounds, Pharmacology of Drugs of Vegetable Origin, and Pharmacology of Drugs of Animal Origin; the action, therapeutics, and, where necessary, the preparations of each, being given clearly, concisely, and with exactness. The preparations are those of the United States Pharmacopœia. Remedies and drugs mentioned in the text are still further carefully grouped pharmacologically.

A few pages of formulas, well denominated "mixtures," round out this volume. The recently emancipated student who goes forth to battle with disease armed with such weapons may reasonably expect decided if not eminently satisfactory results.

To an excellent index of remedies have been added the maximum single doses for adults. The type used throughout the book is of an unusually satisfactory size and clearness, and the binding is neat, durable, and all sufficient.

THE USE OF THE OBSTETRIC FORCEPS. By Sheldon Leavitt, M.D.
Illustrated. Chicago: Era Publishing Company. 1897. pp. 112.

Every physician will recognize Dr. Leavitt's name as that of an authority in all things pertaining to the work of the obstetrician. The above-mentioned monograph from his pen is therefore assured of a welcome in the medical world. In copiously illustrating the text, Dr. Leavitt has advantageously made use of his own drawings, which have the merit of really elucidating the ideas he wishes to

convey. To the chapters on the technique of forceps delivery have been added others on indications for instrumental interference, its dangers, modes of application, and on the preparation of the patient and that of the accoucheur. Not the least recommendation which this little book carries with it is the fact that much good common sense has been shown in the avoidance of complicated directions and elaborate instructions.

THE MENOPAUSE. By Andrew F. Currier, A.B., M.D. New York : D. Appleton & Co. 1897. pp. 309.

It is some fifteen years since a reprint of Tilt's book upon this subject, and Börner's translation of a German work appeared in this country. Since then no observations upon the phenomena of the menopause have been published here in book form. For this reason, if for no other, Dr. Currier's monograph would be of interest to all who realize the importance of the subject, and the existing lack of exact knowledge of the relative importance of the manifestations of this time of life.

The author does not consider the menopause a dangerous, or even serious epoch in woman's life save in exceptional cases. He nevertheless thinks that exhausting hemorrhage, occurring at or near the menopause, should not be immediately ascribed to normal changes. Patients thus suffering should be carefully examined.

Dr. Currier considers it a serious error to fancy that there is any intimate relation between cancer, as of the breast or uterus, and the menopause.

As to the treatment of the ills of the menopause, the writer believes in an early resort to surgical measures when they are indicated, and not to a blind and unvarying reliance upon internal medication.

The book is well written, and deals with the advent and progress of the menopause ; its phenomena, normal and morbid ; its premature or retarded arrival ; its anatomical changes ; and lastly its treatment — medical and surgical.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A Work of Reference for Medical Practitioners. 1897. Fifteenth Year. New York and Chicago : E. B. Treat. pp. 724. Illustrated.

It is not too much to say that this latest volume from the pens of forty-one contributors eminent in the medical profession is of

marked and uniform value. Without unduly compressing articles of importance, much space has been saved by adhering strictly to a policy of excluding every paragraph which could not show good reason for being incorporated in the text. The first ninety pages, devoted largely to new remedies, show clearly the advance which science has made in this direction during the past year, though homœopathists will recognize among the so-called "new," several old medicinal friends with whose characteristics they have long been familiar.

Part II, which comprises the great body of the book, occupying over five hundred pages, is entitled "A Dictionary of New Treatment in Medicine and Surgery, 1897." This title clearly defines the nature of this section, which gives a careful review of pertinent subjects along these lines, an alphabetical arrangement being very wisely followed. A large number of excellent illustrations make this work of greater value than most of its kind.

Part III contains little more than an article on sanitary science, followed by two very incomplete lists, the one of new inventions, the other of books of the year. These will undoubtedly be made far more complete in subsequent issues.

Altogether the International Medical Annual for 1897 offers much interesting and instructive reading to physicians of all schools.

THE DISEASES OF INFANCY AND CHILDHOOD. FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE. By L. Emmett Holt, A.M., M.D. With 204 illustrations, including 7 colored plates. New York: D. Appleton & Co. 1897.

In the preface the author sounds the keynote of the work. He says, referring to the pathological illustrations, "In this, as in all parts of the book I have tried to keep constantly in mind the everyday needs of the physician who practises among children and of the student who expects to do so." A large class will accordingly be indebted to Dr. Holt for the systematic and thorough way in which he has carried out his plan of work. The book is in two parts.

Part I includes the hygiene and the general care of infants and young children, their growth and development, and the peculiarities of disease as manifested in them.

Part II consists of ten sections; the first is a concise and comprehensive article on Diseases of the Newly Born; the second is devoted to the important subject of Nutrition, which is thoroughly and

lucidly dealt with. No single subject is, perhaps, of more general interest than this, and the reader will find that due attention has been given it. The next six sections take up in considerable detail diseases of the different systems, beginning with the digestive. This, and the following section upon the respiratory system, are particularly well presented. The last two sections are upon specific infectious and general diseases.

In therapeutics there is less to interest the homœopathist, but it is suggestive to note the tendency to lessen the excessive dosage of former years, and gratifying to have so much stress laid upon diet and hygiene. Two sentences from the article on therapeutics will be approved as good doctrine. 1st. "It should be a fundamental principle never to give a dose of medicine without a clear and definite indication." 2d. "Never give a nauseous dose when one that is palatable will answer the purpose equally well."

In clinical descriptions and diagnosis the author is particularly able and clear. Taken, altogether, with its numerous illustrations and original matter, the book is one to be heartily recommended.

S. S. W.

GLEANINGS AND TRANSLATIONS.

THE PHENOMENA OF MESCAL INTOXICATION. — Mescal buttons, says Mr. Havelock Ellis in the *Lancet* for June 5, are eaten by the Kiowa and other Indians of New Mexico in connection with religious ceremonies. Recently the extraordinary vision-producing properties of this substance have been investigated in America by Prentiss and Morgan, and more especially by Weir Mitchell, who has published a very interesting record of the marvelous color visions by which he was visited when under the influence of mescal. There seems, however, to be at present no record of any experiment in the use of mescal in the production of visual phenomena carried out on the European side of the Atlantic. The phenomena are certainly of much interest he thinks — perhaps even more so to the psychologist than to the physician, notwithstanding remarkable results recorded in the treatment of neurasthenia, etc.; and for this reason he gives

the following account of his personal experience with mescal :—

“On Good Friday, being entirely alone in quiet London rooms, I made an infusion of three buttons (a full dose) and took it in three portions at intervals of an hour between 2.30 and 4.30 P.M. The first noteworthy result (and the only one of therapeutic interest which I have to record) was that a headache which had been present for some hours and showed a tendency to aggravation was immediately relieved and speedily dissipated. There was slight drowsiness before the third dose was taken, but this speedily passed off and gave place to a certain consciousness of unusual energy and intellectual power, which also quickly passed off, and was not marked and prolonged, as with Dr. Weir Mitchell. So far no visual phenomena had appeared, even when the eyes were closed for several minutes, and there was yet no marked increase of knee jerk; there was, however, a certain heightening of muscular irritability, such as may be noted when one has been without sleep for an unusual period. The pulse also began to fall. After the third dose I was still feeling, on the whole, better than before I began the experiment. But at 5 P.M. I felt slightly faint, and it became difficult to concentrate my attention in reading; I lay down and found that the pulse had now fallen to 48, but no visual phenomena had yet appeared. At 6 P.M. I noticed while lying down (in which position I was able to read) that a pale violet shadow floated over the page. I had already noted that objects which were not in the direct line of vision showed a tendency to be heightened in color and to appear enlarged and obtrusive, while after-images began to be marked and persistent. At 6 P.M. there was a slight feeling of faintness as well as of nausea, and the first symptoms of muscular incoördination began to appear, but there was no marked discomfort. By 7 P.M. visions had begun to appear with closed eyelids, a vague confused mass of kaleidoscopic character. The visual phenomena seen with open eyes now also became more marked, and in addition to the very distinct violet shadows there were faint green shadows.

Perhaps the most pleasant moment in the experience occurred at 7.30 P.M., when for the first time the color visions with closed eyes became vivid and distinct, while at the same time I had an olfactory hallucination, the air seeming filled with vague perfume. Meanwhile the pulse had been rising, and by 8.30 P.M. had reached its normal level (72 in the sitting posture). At the same time muscular incoördination had so far advanced that it was almost impossible to manipulate a pen, and I had to write with a pencil; this also I could soon only use for a few minutes at a time, and as I wrote a golden tone now lay over the paper, and the pencil seemed to write in gold, while my hand, seen in indirect vision as I wrote, looked bronzed, scaled, and flushed with red. Except for slight nausea I continued to feel well, and there was no loss of mental coolness or alertness. When gazing at the visions with closed eyes I occasionally experienced slight right frontal headache, but as I only noticed it at these times I attribute this mainly to the concentration of visual attention. In one very important particular my experience differs from Dr. Weir Mitchell's. He was unable to see the visions with open eyes even in the darkest room. I found it perfectly easy to see them with open eyes in a dark room, though they were less brilliant than when the eyes were closed. At 10 P.M., finding that movement distinctly aggravated the nausea and faintness, I went to bed, and as I undressed was impressed by the bronzed and pigmented appearance of my limbs.

"In bed the nausea entirely disappeared, not to reappear, the only discomfort that remained being the sensation of thoracic oppression, and the occasional involuntary sighing, evidently due to shallow respiration, which had appeared about the same time as the vision began. But there was not the slightest drowsiness. This insomnia seemed to be connected less with the constantly shifting visions, which were always beautiful and agreeable, than with the vague alarm caused by thoracic oppression, and more especially with the auditory hyperæsthesia. I was uncomfortably receptive to sounds of every kind, and whenever I seemed to

be nearly falling asleep I was invariably startled either by the exaggerated reverberation of some distant street noise (though the neighborhood was even quieter than usual), or, again, by the mental image (not hallucination) of a loud sound, or, again, as I was sometimes inclined to think, by actual faint hallucinatory sounds; this, however, was difficult to verify. At a later stage there was some ringing in the ear. There was slight twitching of the larger muscles of the legs, etc., and before going to bed I had ascertained that the knee jerk was much exaggerated. The skin was hot and dry. The visions continued. After some hours, tired of watching them, I lighted the gas. Then I found myself in a position to watch a new series of vivid phenomena to which the previous investigators had not alluded. The gas—that is, an ordinary flickering burner—seemed to burn with great brilliance, sending out waves of light which extended and contracted rhythmically in an enormously exaggerated manner. What chiefly impressed me, however, were the shadows which came in all directions, heightened by flushes of red, green, and especially violet. The whole room then became vivid and beautiful, and the tone and texture of the whitewashed but not remarkably white ceiling was immensely improved. The difference between the room as I then saw it and its usual appearance was precisely the difference one may often observe between the picture of a room and the actual room. The shadows I saw were the shadows which the artist puts in, but which are not visible under normal conditions of casual inspection. The violet shadows especially reminded me of Monet's paintings, and as I gazed at them it occurred to me that mescal doubtless reproduces the same condition of visual hyperæsthesia, or rather exhaustion, which is certainly produced in the artist by prolonged visual attention (although this point has yet received no attention from psychologists). It seems probable that these predominantly violet shadows are to some extent conditioned by the dilatation of the pupils, which, as the American observers had already noted, always occurs in mescal intoxication. I may remark in this connection that

violet vision has been noted after eye operations ; and Dobrowsky has argued that a necessary condition for such vision is the dilatation of the pupils produced by atropine, so that the color vision (chiefly violet, though to some extent of other colors) is really of the nature of an after-image due to bright light. Dobrowsky's explanation seems to fit in accurately with my experiences under mescal.

"I wished to ascertain how the subdued and steady electric light would influence vision and passed into the next room. Here the richly colored shadows, evidently due to the stimulus of the flickering light, were not obtrusive ; but I was able to observe that whatever I gazed at showed a tendency to wave or pulsate. The curtains waved to a marked extent. On close inspection I detected a slight amount of real movement, which doubtless increased the coarser imaginary movement ; this latter showed a tendency to spread to the walls. At the same time the matting on the floor showed a very rich texture, thick and felted, and seemed to rise in little waves. These effects were clearly produced by the play of heightened shadows on the outskirts of the visual field. At 3.30 A.M. I found that the phenomena were distinctly decreasing, and soon fell asleep. Sleep was apparently peaceful and dreamless, and I rose at the usual hour without any sense of fatigue, although there was a slight headache. A few of the faint visual phenomena with which the experience had commenced still persisted for a few hours."

Mr. Ellis states that motor incoördination and the thoracic symptoms of cardiac and respiratory depression were the only really unpleasant symptoms of the experiment. He thinks that the pleasure of mescal intoxication does not lie in any resultant passive emotional state, such as is produced by tea or alcohol, but strictly in the enjoyment of the color visions produced. Attention, he says, is impaired, but intellectual judgment remains unimpaired. The visions seemed to him as beautiful in memory as when he experienced them. The sensory phenomena seemed to be due to great and general disintegration and exhaustion of the sensory appa-

ratus. Mr. Ellis is convinced that all the senses were more or less affected. There were vague dermal sensations, and the body felt unfamiliar to the touch, just as everything seemed delightfully unfamiliar to the sense of vision. He noticed also that any marked casual stimulation of the skin produced other sensory phenomena—a heightening of the visions or an impression of sound. This is a phenomenon, he says, which may throw an interesting light on the *synæsthesiæ*, or “secondary sensations.”—*New York Medical Journal*.

ANGINA PECTORIS.—The dominant feature of angina pectoris is pain, and without this, the complaint cannot be said to exist. The great characteristic of the pain is that it is paroxysmal. A man engaged in following his ordinary avocations is seized suddenly and without warning with an agony of suffering, only to be describable by the word “anguish.” In character it is never dull or aching, and is usually tearing or lancinating—“an unendurable torture.” It usually begins somewhere about the region of the sternum, passes through to the back or to the left shoulder, and then down the outer side of the left arm as far as the elbow or even to the little finger. It is accompanied by a sensation of impending death which is often described by the sufferer as a feeling of approaching dissolution, or as if the very springs of life were implicated. The attacks vary much in duration; sometimes they last only a few seconds, and at others they endure for half an hour or more. The patient feels that every moment must be his last, and not infrequently he dies during the seizure. Should the spasm pass off he never knows how soon it may return, and his life is not enduringly safe even for an hour. The slightest excitement, the slightest movement may bring it on, and it is only by incessant watchfulness that death can be averted.

The pulse during the interim, unless there be obvious cardiac disease, possesses no special characteristic and is unaltered in frequency, force, and rhythm. Even during the attack it is but little quickened and may continue to beat

with perfect regularity although its volume may be small. The quantity of air entering the chest at each respiration during the paroxysmal is materially lessened, for every attempt at expansion intensifies the pain, which is already almost unendurable. The face is pale and presents every indication of intense anxiety. When the gastric branches of the pneumogastric are involved there is much flatulence, so that by the unskilled diagnostician the attack may be mistaken for acute dyspepsia.

Angina pectoris attacks men almost exclusively, and the favorite age for its onset is from forty-five to fifty. I have met with it in women, but the symptoms are usually less severe, and not infrequently partake of the nature of pseudo-angina. The victims of the disease are those who are mentally and intellectually active. It most frequently attacks those who are leaders of men—preachers, politicians, and newspaper writers—or those who have been successful as organizers or in big business enterprises. It attacks without warning and often seizes its victim in the height of his prosperity. The whole cycle of the disease may, in exceptional cases run its course and terminate fatally in a few weeks.—*William Murrell, M.D., F.R.C.P., in Med. Brief.*

SUMMER COMPLAINTS OF CHILDREN: REMEDIES.—Chamomilla suits a large number of cases that have been given some form of opium. It corresponds to the very nature of that state of excitability which soon follows the administration of this drug, and therefore is capable of restoring immediate order. In its pathogenesis is found the great sensitiveness of both mind and body; irritability, intolerance of pain, a hyperæsthesia of all the senses, sleepless; when trying to sleep the least impression causes them to rouse up with a start. Thus through the whole proving is represented a perfect picture of what is recognized as the secondary effects of opium.

Arsenicum is an extremely useful remedy in the summer complaints of children by reason of its action on the whole

gastro-intestinal canal. It is often confused with chamomilla on account of the similarity of a few of their symptoms. Both remedies are restless and want to be moved about, but the basis of this restlessness is entirely different in the two remedies. Arsenicum has a *mental* restlessness which is depicted on the face, in the expression of a most horrible fear. The patient wants to be in motion; to be walked fast; to go from room to room and chair to chair, but there is no relief to this restlessness.

Chamomilla is restless from *pain*. The child seems contented and forgets its pain as long as it is being walked about and its attention attracted to one thing or another.

This symptom of amelioration from motion will be found expressed in many of these summer complaints, and it is often a guiding feature in the selection of the similimum. With such remedies as arsenicum, chamomilla, antimonium tart, kreosote, sulphuric acid, pulsatilla, etc., this condition can generally be covered completely, and it will be but a short time before the little one will be permanently soothed in a much more satisfactory manner than with the paregoric bottle.

Sulphur. The general appearance of the child indicates the remedy to a more marked degree than the character of the stool in these cases. A child with a diarrhœa will suddenly show excessive prostration and lie as if in a stupor, with the eyes half closed and the balls rolled up. The whole body looks bloodless, and is cold and pale. The feet and hands are as if made of ice. The child has emaciated rapidly, and there may be a cold sweat on the forehead and suppression of the urine. Sulphur rouses up such cases and turns the rapidly sinking forces on a backward track, so that a marked change can be noted in a few hours. — *Dr. G. M. Cooper, in Journal of Homœopathics.*

BACTERIA NOT NECESSARILY DEADLY. — Let us not be frightened by the knowledge that bacteria swarm about us and within us. James C. Wilson, associate editor of the 1896 Annual, says in its editorial: "Experimental evidence

has shown that animals cannot exist in absolutely pure air. Whether benign or malignant, atmospheric micro-organisms are now thought to yield a biochemical force necessary for the maintenance of our existence. Man is therefore seemingly destined not only to be surrounded by germs, but also to absorb them as life-giving principles and as death-dealing foes, the continuation of his life depending upon his power to antagonize their virulence. Under these conditions adequate powers of resistance mean health; fight consequent upon intrusion of the foe within certain precincts means disease; victory of the intruders, whether by direct or indirect influence, means death. This theme has found general support in the literature of the year; that it will be prolific in practical results is more than likely, for it combines the qualities demanded by sound logic and strict scientific investigation."

The fact of individual resistance to disease influences, recognized more or less by every one who thinks anything, is explained by the bacteriologists, by their findings that our epithelial cells and our white blood cells oppose and destroy many, and endeavor to destroy all disease germs. They surround them, wrap them in their own cell structure, and are either the victors or the vanquished. This is the process of phagocytosis. Outside the body most all germs are killed or partially devitalized by the action of nature's purifiers, sunlight, pure air, heat, and cold.

Let us therefore preach the gospel of good food, proper rest, pure air, and sunshine and cleanliness, and the individual resistance, the anti-toxine power of the individual, will take care of most disease germs. Unfortunately, all will not heed our advice, and many will be caught with low resistance. Hence, for practical purposes, isolate where possible any disease you suspect to be contagious and keep those persons not needed away. In addition to those diseases already usually treated in such a manner, I would recommend that coryzas, influenza, throat affections, diseases all of short duration, be isolated; that all afflicted with eye or skin diseases, suppurating sore, or wound of any sort, wash in

separate bowl and wipe on their separate towel; that the hands of the doctor be thoroughly washed after handling anything in the least suspected of being contagious or infectious, and to instruct his families to do the same.

It is but another illustration that cleanliness is akin to godliness. It possibly should have been, cleanliness, absolute, is akin to absolute health. — *Dr. C. E. Colwell, in The Clinique.*

STRANGULATED HERNIA IN INFANTS. — Strangulated hernia in infants is very rare, and there are many difficulties in obtaining exact data on the subject, as infants are not commonly treated in hospitals. . . . Stern (*Centralblatt für Chir.*) found that among 1,404 operations for strangulated hernia, only thirteen occurred in children under four years of age.

When an infant is seen with strangulated hernia, there are two questions which at once present themselves : —

1. To what extent should taxis be tried?
2. What is the prospect of relief by operation?

In answer to the first, I believe it is fair to say that the consensus of opinion is that one effort at taxis should be made with the child in a hot bath and his legs elevated. If this is unavailing, preparations should be made for operation, which should be at once done in case the hernia is not reduced by gentle pressure. It seems much better to do a routine Bassini operation. After the aponeurosis of the external oblique muscle has been incised and laid back toward each side, the internal oblique and transversalis come into view, and may be divided as is indicated. In this way the constriction is removed without opening the sac or injuring the intestine. The sac may then be opened, its contents examined, and unless the intestine has lost its vitality, it should be returned to the abdomen. The sac should be ligated close to the abdominal ring, and then cut off. The distal end may be left, or it may be excised nearly down to the testicle. The abdominal wall may be repaired in the routine way.

This gives almost a certainty of radical cure of the hernia, for in children the results of the operation are particularly

good. The duration of the operation in favorable cases should not be more than fifteen to thirty minutes.

Ether seems to me a better anæsthetic than chloroform in these cases.

In summary the following statements may be made :—

1. Infants less than a year in age endure operations for strangulated hernia remarkably well. The statistics of the cases published give a mortality for them which differs little from that for adults.

2. The histories of reported cases indicate that delay, while the strangulation existed, has been the chief source of danger.

3. When strangulation has occurred, the following procedures are recommended :—

(a) Elevation of the legs with the infant in a warm bath, accompanied by a very gentle pressure upon the hernial sac.

(b) Very gentle taxis under anæsthesia, which, if unsuccessful, should be followed immediately by operation.

4. If strangulation has existed long, taxis is more dangerous than operation.

5. The records indicate a mortality of less than 10 per cent. when the operation is promptly done. — *Dr. Chas. N. Dowd, in Archives of Pediatrics.*

CAPITAL OPERATIONS WITHOUT ANÆSTHESIA.—In a paper read by Dr. J. J. Buchanan, surgeon to the Pennsylvania Railway Company, at the meeting of the National Association of Railway Surgeons in St. Louis, the following conclusions are presented: (1) Patients with limbs so crushed as to require amputation, who are in good general condition, should be operated on at once. (2) Those who present evidences of severe shock and great loss of blood should be treated by external heat and stimulants, including the hypodermic use of whiskey, digitalin, strychnine, and nitroglycerin, and the rectal injection of whiskey, strong coffee, and hot water. The crushed limb should be disinfected as completely as possible, and six per thousand saline solution of not less than two quarts for an adult be allowed

to flow into a vein, this infusion to be repeated, if necessary, at intervals of a few hours, according to the effect produced. (3) If by these efforts complete reaction should be established, anæsthesia and amputation should be proceeded with as in ordinary cases. (4) If, however, a moderate or doubtful reaction only should occur, the propriety of a rapid amputation without anæsthesia should be seriously considered, if the consent of the patient be gained. (5) The complete disinfection of crushed, lacerated, dirty, and infected limbs usually cannot be accomplished. (6) The sooner such limbs are removed, the better, provided the patient's life be not lost in the operation. (7) If, notwithstanding the vigorous treatment just mentioned, an amputation, either with or without anæsthesia, be fraught with great risk, it is far better to disinfect as thoroughly as possible, drain well, pack all open spaces, and take the chance of infection, which, in most doubtful cases, is probably less than the risk of death from shock following operation. — *Medical Record.*

PROGNOSIS IN ABSCESS OF THE LIVER. — The course and termination of liver abscesses are varied. The condition is always one of great gravity. The average duration is from six to eight weeks. Multiple pyemic abscesses are practically not amenable to treatment and the termination is fatal. The tendency of large collections of either variety is to rupture externally or into adjacent hollow organs or cavities. Ruptures into the large veins, pericardium, or peritoneum, are invariably fatal. Rupture into the stomach, duodenum, colon, or through the diaphragm into the pleural cavity, frequently results in recovery. A few small abscesses may become inspissated and calcified. — *The American Practitioner and News.*

TREATMENT OF ABSCESS OF THE LIVER. — Medical treatment of liver abscess is only palliative. When rupture has occurred in any direction, as long as the abscess is properly or satisfactorily evacuated interference is not advisable. Should the evacuation be unsatisfactory, resulting in hectic

fever, emaciation, and generally bad progress, a counter-opening through the side should be attempted.

The trocar or aspirating needle is very valuable, it may be said indispensable in diagnosis, but comparatively useless in treatment. The best results ever obtained have been those that followed free evacuation with the knife. When pus has been located by needle or otherwise, the knife should be boldly and freely used. There is little to be gained and possibly much to lose by waiting for nature by inflammation to form protecting adhesions.

The point of election is the most dependent part of the collection, or the point showing a tendency to rupture. In absence of this the points of election are just below the ribs, or in the seventh intercostal space in mid-axillary line. In early operations, or before adhesions have formed, it is advisable to open the peritoneal cavity first, and pack it off by gauze preliminary to opening the abscess. The subsequent management is similar to that of abscesses in general. — *The American Practitioner and News.*

IN A BERLIN CLINIC. — A few days ago a woman entered the surgical clinic with a piece of bone in her œsophagus, which caused her the most intense pain, rendered her utterly unable to swallow, and was easily detected with a sound just below the opening to the glottis. All efforts to remove it, however, were in vain, and preparations were all made for opening the œsophagus when some one suggested the Röntgen rays. The apparatus was brought, the bone readily seen, and, guided by the eye, the operator was easily enabled to remove the same with a long pair of forceps. The bone was a piece of a goose leg, three and one-half centimetres long and pointed at one end, which had penetrated the mucous membrane, causing quite a sharp hemorrhage. After four days the woman was fully recovered. — *Atlantic Medical Weekly.*

GUAICOL IN TYPHOID FEVER. — Guaicol is recommended in the treatment of typhoid fever both internally and externally. Internally to prevent the toxin poisoning of the later

stages due to the bacillus coli communis and other putrefactive germs in the intestine, the dose suggested being from one half to one and one half drops every two hours (according to the tolerance of the patient for the drug) night and day.

Externally to lower the temperature, which it is claimed it will do in about thirty minutes, the effect lasting from three to four hours. In applying it the abdomen should be first washed with soap and water, then dried and the guaiacol slowly dropped on the parts, carefully rubbed in, and covered with oiled silk. The amount used should be small at first (from five to ten drops) and increased gradually, as it is liable to give the patient a chill. No other deleterious effects have been observed. The chills can be avoided by a careful application of the drug, the temperature not being reduced below 100° F. — *Therapeutic Gazette*.

OBITUARY.

DR. W. H. W. HINDS.

One of the best known of homœopathic physicians in New Hampshire, Dr. W. H. W. Hinds, died at his home in Milford, July 29, of heart disease. The doctor was born in Chichester, N. H., and in a few days would have celebrated his sixty-fourth birthday. He was an army surgeon, serving in the Twelfth Massachusetts and later in the Seventeenth Massachusetts Regiments.

After the close of the war he came to Milford, engaged in practice, and won an enviable reputation as a skilful and successful physician and surgeon.

He was a 32d degree Mason, a Knight Templar, Odd Fellow, member of O. W. Lull, G. A. R., Post of Milford and of the Massachusetts Commandery Order of the Loyal Legion. He represented the town in the Legislature as a member and chairman of its board of education and board of health, and was an ex-state senator. His wife died several years ago, but two sons survive him, one of whom has been associated in practice with his father for the past few years.

DR. GEORGE D. WILCOX.

Dr. George D. Wilcox, of Providence, R. I., died suddenly of angina pectoris, July 22. The doctor had apparently been in his usual health up to the morning of his death, when he was attacked.

immediately after breakfast by severe abdominal pain, nausea, and asphyxia. He was attended by his associate, Dr. Annie W. Hunt, but all efforts to relieve him proved unavailing, and within an hour Dr. Wilcox passed away. The doctor was nearly eighty-two years old. He graduated from the University of New York in 1849, and located in Providence in 1856. At one time he served as Medical Interne at the London Homœopathic Hospital, Great Ormond Street.

In May, 1862, he was commissioned Surgeon of the Tenth Regiment, Rhode Island Volunteers, and served with the regiment in the field. In July, 1884, he was appointed by Governor Bourn one of the two medical examiners for the city of Providence for six years, and was reappointed at the end of that time, and resigned after serving a year. He was a member of the Rhode Island Homœopathic Medical Society, honorary member of the Medico-Legal Society of Rhode Island and the British Homœopathic Medical Society of London, and Corresponding Mitglied des Homœopathischen Central Vereins of Leipsic. In 1854 he married Miss Mary Fry, who died September 17, 1857. They had one son, Frank Howard. His second wife was Miss Mary Caroline, daughter of Rev. Daniel Leach, of Boston, Mass. By this union were two children, Mary Lawton and Alice Palmer Wilcox.

PERSONAL AND NEWS ITEMS.

DR. HERBERT E. SMALL has removed his residence to 100 Warren Street, Roxbury, where he may be found from 1 to 4 P.M. daily, except Wednesdays and Saturdays, when he will be at the "Pelham," from 2 to 7 P.M.

DR. HUGH PITCAIRN, a graduate of Hahnemann Medical College, Philadelphia, and a practising physician in Harrisburg, Pa., has recently been appointed Consul of the United States at Hamburg, Germany.

DR. JULIA M. DUTTON is conducting the Newton Rest Cure, situated in West Newton, which has been in successful operation for the last two years.

PROF. E. H. PRATT will hold his eleventh annual class for didactic and clinical instruction in orificial surgery during the week beginning September 6, 1897. The class will assemble

in the amphitheatre of the Chicago Homœopathic Medical College, at the corner of Wood and York Streets, at 9 A.M. The course of instruction will last during the week, occupying a four hours' daily session.

DR. HORACE PACKARD returns to Boston, September 3, from his summer's sojourn in Winter Harbor, Maine.

THE PHARMACOPŒIA OF THE AMERICAN INSTITUTE OF HOMŒOPATHY has already been adopted as the recognized text-book in pharmacy by the leading homœopathic colleges in the United States.

PUBLISHERS' DEPARTMENT.

SICK-ROOM SUPPLIES.— We desire to call your attention to the fact that Otis Clapp & Son, at 10 Park Square, Boston, and at 417 Westminster Street, Providence, R. I., have everything in the line of sick-room supplies that physicians and their patients can possibly require. For invalids who are nearly ready to leave the sick-room, they have a simple serviceable canvas carrying chair, with extended handles by means of which two people can easily carry the convalescent from one room to another, or from the house to the piazza or garden.

They have air cushions made of the best grade of rubber, flexible, elastic, and yielding; cooler than feather or hair pillows, easily adjusted and made harder or softer as the patient may prefer. These rubber cushions or air pillows come in different shapes, sizes, and prices. Some have cloth coverings of neat and attractive designs. All of them are durable and promote the comfort of the patient, while they lessen pressure upon the protuberances of the body, and so decrease the tendency to the formation of bed sores. And, by the way, when bed sores have already formed it is a good plan to wash the inflamed surface with dilute Antiseptol; dry thoroughly and dress with Otis Clapp & Son's Calendulated Boric Acid — a superior antiseptic in powder form.

If an air pillow is a luxury in the sick-room, a bed pan is a necessity. One of the best articles of the kind is the "Eureka." This pan is made of white earthenware, so shaped as to be easily handled by the patient and nurse. It is light, yet strong; is readily cleansed

and does not retain odors. It is not necessary, with the Eureka, to lift a patient in order to obtain a proper position on the pan.

Then there is the Reynold's Siphon Douche and Bed Pan. You are doubtless familiar with it and know that it is one of the best, if not the best of douche pans. Otis Clapp & Son can furnish you with a Reynold's. One of the advantages of this douche pan is that it does not raise the patient's hips unduly, but just enough to secure the proper position of the pelvic organs, and to allow the water to flow freely away from the vagina after that canal has been irrigated. The Reynold's has a connecting siphon through which the douche water is discharged at once into the receptacle provided. Thus all danger of wetting the bed by an overflow from the pan is made impossible, at least, with ordinary care.

The above-named articles are only a few of the many sick-room supplies obtainable from Otis Clapp & Son. Others will be described in this department from time to time, and all may be relied upon as being perfect in construction, first-class in quality, and reasonable in price.

THE EDITORIAL "WE."—A story is told of a certain Southern author who had a manuscript accepted by a Northern periodical that only pays on publication, but had never had the pleasure of seeing his production in print. Finally, he went North, and getting hard up, called on the editor, who would neither return his manuscript nor guarantee him a day of publication. He repaired to his hotel and wrote the editor a threatening letter, in which he mentioned pistols and coffee, etc. Shortly after he was arrested and taken to the station house, where he remained all night. The next morning he sent the following message to the editor: "I did n't know the rules up here. For heaven's sake come down and pay my fine and take the manuscript as security." The editor was unmoved by this appeal, and briefly replied: "We cannot violate the rules of our office. We will pay your fine when we publish your story. We wish you well." — *Atlanta Constitution.*

THE HANDY ETHER INHALER, price fifty cents, is a very ingenious device for administering ether. The cone is of felt with an impervious backing. A small removable sponge, inserted at the top, receives the ether which percolates through to the felting.

It is said that this little inhaler will take up two ounces of ether. The cone may be packed in one's bag to great advantage, as it will

lie perfectly flat. Simply pressing its two ball and socket fastenings together, and placing the sponge in position renders it ready for use. For sale by Otis Clapp & Son, 10 Park Square, Boston, and 417 Westminster Street, Providence, R. I.

TYPHOID FEVER AND ANTISEPO.—In no disease is a good antiseptic of more service than in typhoid fever. From the beginning to the end of a case cleanliness must be the watchword. Not ordinary cleanliness, but surgical cleanliness which demands the banishment of every condition which promotes the multiplication of germs and the neutralization of every discoverable bit of septic matter.

We all know that September is a very fruitful month in the number of its typhoids. Our August cases are not yet convalescent; relapses are frequent, if not numerous, and new cases develop daily. The extension of this trying disease may be limited by intelligent care. Physicians should give strict orders to nurses and attendants to disinfect all discharges (preferably with Otis Clapp & Son's Antisepto); all soiled bedding and garments, sputa cups, urinals, bed pans, and dishes used by the patient.

Antisepto is recommended because it is an agent of unexcelled germicidal power. It is not poisonous. Excessive care need not therefore be observed in its use.

It has a fragrant, revivifying odor and forms an agreeable and medicinal addition to bath water, and to glycerine or water used in cleansing the patient's mouth. It should always be added to glycerine where the latter is to be used to soften sordes on the teeth, unless, indeed, Glyco-Antisepto is already serving that purpose.

Antisepto, diluted and used internally, acts as a local antiseptic and germicide along the alimentary canal. It should be added to water for rectal douches, that the same effect may be secured in the intestines.

If you have never used Antisepto, simply try it, if only to compare it with other disinfectants. We are sure you will find the comparison greatly to its advantage.

A word as to its composition. It contains the essential principles and properties of gaultheria, eucalyptus, mentha arvensis, mentha piperita, thyme, boric and benzoic acids scientifically combined and carefully prepared. It is a non-irritant and will not stain clothing or one's hands.

Prepared only by Otis Clapp & Son. Price, per pint bottle, 75 cents.

VALUABLE CRITICISM. *First Old Lady.* — "What do you think of Goethe's 'Faust,' neighbor?"

Second Old Lady. — "Oh, I went to see 'Faust' once, and I lost my overshoes, and since then I have n't cared much for the play." — *Fliegende Blaetter.*

NO NATURAL DECLINE OF SMALLPOX. — It is absurd, says the *British Medical Journal*, to talk of a natural decline of smallpox, as plague has declined and vanished, from this country at least, when we observe the virulence of smallpox in local outbreaks, and when we think of the very large mortality which countries like Spain and Russia still show, countries where there is very little vaccination. Here are the smallpox death rates per million living, for the single year 1889, in the following provinces of Spain: Almeria, 3,080; Murcia, 2,670; Corunna, 1,250; Malaga, 1,340; Cadiz, 1,330; Cordova, 1,400. The rate for Germany is four for the same year. — *Medical Times.*

POINTS. — In the present instance this word may be taken literally, for what we have got to say is about actual points — Vaccine Points. Now that the schools are opening, you, doctor, will probably have many little patients to vaccinate, and you will wish to use a vaccine free from blood corpuscles and of an efficient vitality. Ivory points charged with just such a vaccine may be obtained at Otis Clapp & Son's, 10 Park Square, Boston, or at 417 Westminister Street, Providence, R. I., or may be ordered by mail. We refer you to the *Gazette* advertising pages for prices.

What we wish to emphasize here is, that these points are prepared by a reliable company, the New England Vaccine Company; that when kept in a cool, dry place they will retain their vitality three weeks; and that each point has received two coatings of vaccine from different animals, thus doubling the probability of efficiency. Should you wish for a vaccinator, in addition to the points, Otis Clapp & Son will be pleased to supply you with the same. The cost of a vaccinator varies from twenty-five cents to one dollar. Both points and vaccinators will be sent by mail, if desired, on receipt of price.

TEN TOES. — "Byron," said Homer, "did you really swim across the Hellespont or did you have a tow?"

"Both," said Byron. "In fact, old chap, I had ten toes." — *From the "Stygian Punch," in Harper's Bazar.*

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COMMUNICATIONS.

DOES CRITICAL ANALYSIS OF DRUG-PROVINGS BY THE CHART METHOD MEAN TOO MUCH ELIMINATION? *

BY JOHN P. SUTHERLAND, M.D., BOSTON, MASS.

[Continued from September Gazette.]

In general science nothing is considered an established fact until by repeated verification of the results of experiments it has been proven that certain conditions result from the action of certain causes under certain circumstances. There must be shown to exist not only a definite but a *constant* relation between the cause and the effect. In physiology, in bacteriology, in biology, in chemistry, in physics (and elsewhere), repeated confirmation of results, searching analysis, unrelenting cross examination, control and counter tests are the only accepted paths through which evidence can come in support of a fact, before it is incorporated *as* a fact into the body of knowledge forming the science. Here certainly it is evident that the mouths of many witnesses shall be required for the establishment of a truth.

Advocates of the chart method of critical analysis claim that "knowledge" concerning drug pathogenesis can be arrived at only by following the paths which have led to knowledge in other departments of research and study; that use of the methods which have brought order out of chaos in

* Dr. Sutherland's article on the Chart Method may also be found in the *Southern Journal of Homoeopathy*.

pathology and diagnosis (to refer to something purely medical) will bring order out of the confusion now existing in the domain of drug pathogenesis.

Hahnemann claimed (*Organon*, § 111) that "medicinal substances, in producing morbid changes of the healthy human body, *act in obedience to fixed and eternal laws of nature*, by virtue of which laws they are enabled to generate *certain definite morbid symptoms*; and that each drug produces particular symptoms, according to its peculiarity." Natural causes of disease (toxins, virus, miasms, bacilli, etc.) also "act in obedience to fixed and eternal laws of nature," and so acting are productive of definite and recognizable disturbances of health and modifications of sensations, and such conditions are so constant and unvarying (except in non-essentials) that the existence for them of "fixed and eternal laws" is universally acknowledged. Therefore it is not too much to claim that artificial morbid agencies or *drugs* acting "in obedience to fixed and eternal laws" must be productive of effects as constant and unvarying as are the effects resulting from the action of the natural causes of disease. And if this be true, it certainly follows that records of drug pathogeneses when arranged in tabular form for convenience of study must present the same congruence found in the records of natural diseases similarly arranged.

It has been claimed that critical analysis of drug-provings by the chart method results in the "emasculatation of the *materia medica*"; that it is too drastic in its effect; that it cripples our therapeutic resources by the elimination of much useful material from our symptom lists. By "too much elimination" we must understand that more than enough is removed; that a good deal of grain is thrown away with the chaff; that the weeding process destroys, not only the weeds, but a portion of the crop; that the pruning threatens the vitality of the tree. If this be true, something is wrong, and it is our duty to search out and correct that something. I venture the assertion, it is not the method that is at fault.

Let me recall to your minds §§ 32 and 33 of the *Organon*,

wherein Hahnemann asserts that "every true medicine (drug) acts at all times, under *all* circumstances, upon *every* living human being, and excites its peculiar symptoms in the organism (even very perceptibly if the dose is large enough)," and that "experience leads to the undeniable conclusion that the living, human organism is far more disposed and inclined to be affected, and to have its feelings altered by medicinal powers, than by other noxious agencies and contagious miasms." Careful weighing of the evidence will probably lead us to agree with Hahnemann, but the point I wish to emphasize is this: If drug potencies act so surely, the effects must be at least as consistent, constant, and invariable as are the effects of natural disease-producing causes. In either case the removal of discordant symptoms from the records can not injure the integrity and value of those remaining. On the contrary, it distinctly enhances their reliability. A system of analysis which acts well in the one case must act well in the other, and the discarding of all discordant elements cannot mean "too much elimination."

These, however, may be looked upon as theoretical considerations. In answering the question, "How can we determine the value of critical analysis by the chart method?" theoretical considerations, arguments based upon analogies, have their value, but the final resort must be to a practical demonstration of results. Many drug-provings have been subjected to analysis by this method. I shall refer, however, to only one, and I take pleasure in distributing among you copies of "A Critical Analysis of the Symptomatology of Belladonna," made by the Hughes Medical Club of Boston a few years ago. I ask your special attention to the "comparative chart" which concludes the study. The 2,682 symptoms chronicled in Allen's "Encyclopedia" have been subjected to the test of congruence, discordant elements have been eliminated, and the resulting summary is presented in chart form covering four pages. Close study of this analysis and summary will convince you more certainly than arguments or assertions can do whether or not the system has a value. But other proof of this value may be needed

In order to assist in determining the value of such analyses, I have constructed (with aid) charts of "Therapeutic Indications" for belladonna, found in two of our well-known text-books; namely, Lilienthal and Raue.

Belladonna is one of the most frequently prescribed remedies we have, aconite and belladonna, as you know, being supposed by the uninformed or prejudiced to represent the entire materia medica of the homœopathic practitioner. It seems to me that the most practicable and definite way of determining the possible utility of belladonna, or rather the frequency of its use, is to note the number of times it is recommended in our text-books on therapeutics. For this purpose I have made use of the fullest and most complete modern works on therapeutics; namely, Lilienthal's and Raue's. Lilienthal's "Homœopathic Therapeutics" is, as you know, a large book (of nearly 1,150 pages) devoted wholly to indications for the use of drugs homœopathically. The treatment of 523 morbid states is considered in this work, and belladonna is recommended as a possibly useful remedy in 320 of these conditions; a proportion which suggests the frequency of its use. The symptoms which call for or indicate belladonna have been tabulated according to the Hahnemannian schema, which is chiefly anatomical, and are presented to you in chart form which shows at a glance what parts of the body furnish the largest number of indications. Against each symptom is placed the number of times it occurs; this plan being adopted as an economy of time and labor. "Indications" which are derived from purely clinical sources are grouped together at one end of the chart, and the area covered by these "indications" is, as you see, many times larger than the space covered by symptoms of any one locality derived from pure symptomatology. We will not discuss this point at the present time, but it furnishes food for thought.

A chart constructed on the same principles has been made from Raue's "Special Pathology and Therapeutic Hints," a work of over 1,000 pages, a large part of which is devoted to pathology and diagnosis. Four hundred and forty diseased

states are studied in this book, belladonna being recommended in 192 of them. In this chart also the "clinical" symptoms are predominantly numerous. I have not had time to go through Arndt's "System of Medicine," or Goodno's excellent work on "Practice"; but as these books are so largely pathological and diagnostic, they would not modify probably the results drawn from a study of Lilienthal and Raue.

It is astonishing, considering the frequency of its use, how few of the symptoms of belladonna are made use of as characteristic indications. These symptoms in brief are: Congestion to head, flushed face, dilated pupils, photophobia, throbbing of the carotids (a symptom unduly elevated into prominence), drowsy but unable to sleep, and pulsating, tearing, pressive pains here and there. A slightly enlarged list of symptoms would include furious, wild delirium, irritability and acuteness of all the senses, illusions, hallucinations, convulsions, congestions, rapid pulse, high fever, suppression of secretions, pains of an acute, pressive, throbbing character, photophobia, dilated pupils, skin red, hot, and dry; throat red, inflamed, and sore; clutching, clawing, and bearing down abdominal and pelvic pains; jerky and spasmodic contractions of muscles, glandular engorgement, localized hyperæsthesia and inflammations.

The charts exhibited to you I have summarized, classifying and interpreting the symptoms so as to include nearly every "indication" or "hint" found in the books from which they were taken. A few isolated and solitary indications, as well as all the definitely clinical symptoms, have been omitted. If you will please follow the summary as I read it and compare these symptoms with those found in the summary at the end of the "Analysis of Belladonna," you will be struck with the fascinating agreement between the two, and you will notice that, almost without exception, the "therapeutic hints" have, in this instance, been drawn from the symptomatology of the drug. I trust you will be convinced by the comparison that "critical analysis of drug-provings by the chart method" does not mean too much elimination!

SUMMARIES.

	SUMMARY OF A CRITICAL ANALYSIS OF THE SYMPTOMATOLOGY OF BELLADONNA.	SUMMARY OF AN ANALYSIS OF THE "THERAPEUTIC INDICATIONS" FOR THE USE OF BELLADONNA AS FOUND IN LILIENTHAL AND RAUE.
Mind.	Delirium (wild, violent, raging, rambling). Mania. Exhilaration, quickened imagination, as if intoxicated. Illusions, delusions, hallucinations; ill-humor; moroseness; indifference; absence of mind; incoherence; loss of consciousness. Disturbance of motor centres, manifested by twitching, subsultus, spasms, and convulsions. Apoplectic conditions (unconscious, insensible, stupid, comatose). Mental confusion. Senseless talk, loud laughter.	Delirium. Moaning. Anxiety. Quarrelsome — paroxysms of rage. Desire to escape. Mania. Illusions and hallucinations. Mental excitement. Indisposition. Despondency. Unconsciousness.
Head.	Headache; pressive, pulsating, throbbing, in forehead, violent, intense, soon after waking in morning; worse on motion; relieved on lying down. Vertigo; staggers as if drunk, confusion as if intoxicated.	Congestion to head. Headache. Pains in head: bursting, throbbing, violent. Heat in head. Vertigo. Rolling of head, and boring head in pillow.
Eyes.	Inflammation of the eyes, injection of sclerotic veins and of conjunctiva. Pupils dilated, contracted, insensible. Pressive pain in eyes: eyes feel protruded, burning, dry, full of sand. Vision weak, blurred, obscured, double. Sparks before the eyes, halo around a flame. Loss of vision, blindness. Eyes rolling, squinting, or in constant motion; protruding. Eyes red, feel hot, dry and painful. Conjunctiva injected, lids swollen. Eyelids trembling, feel heavy, agglutinated in morning. Lachrymation.	Redness of eyes. Photophobia. Dilated pupils. Injection and congestion of eyes. Obscuration of sight. Illusions of sight: flashes, flickering, sparks, colors, dimness, darkness, blindness. <i>Pains in eyes</i> : pressive, throbbing, stitching, tearing. Diplopia. Contracted pupils. Lachrymation. Agglutination of lids. Conjunctiva injected. Eyes hot and dry.
Ears.	Otalgia (in both ears and in right ear). Pain is pressive, tearing, shooting. Loss or hardness of hearing. Noises in ears (roaring, humming, etc.).	Dread of noise. Illusions of hearing: ringing, roaring, buzzing, whizzing. <i>Pains in ear</i> : sharp, stitching, shooting, throbbing. Dulness of hearing: deafness. Increased sensitiveness of ears.

Nose.	Dryness; pressing, drawing, bruised sensations; fluent coryza, paroxysms of sneezing, epistaxis, discharge of blood-mixed mucus; olfaction disturbed, too sensitive; bread smells sour; offensive smell (like rotten eggs).	Perversion of smell. Smell acute, diminished, or lost. Dryness, redness, heat, and swelling of nose. Epistaxis.
Face.	Face red, flushed, swollen, may be pale. Cheeks red, hot, swollen, lips swollen. Spasmodic closure of jaws. Convulsive play of facial muscles. Features variously distorted. Pains in face (pressing, shooting, tearing).	Redness (occasionally pallor). Congested, flushed, and purple. Sweat, on face only. Face bloated. Pains in face (cutting, tearing, shooting). Twitching and convulsions of face.
Mouth.	Mouth dry; dry but looks moist; tenacious, stringy mucus in mouth in the morning. Pharynx dry. Tongue dry and swollen; coated white; lifeless and furred. Salivation. Taste offensive (putrid, nauseous, slimy), insipid, sour, salty, metallic. Bleeding of gums. Toothache (drawing, tearing, dull, etc.). Grinding of teeth. Swallowing (water especially) difficult. Speech impeded, difficult, stammering, dumbness.	Lips, tongue, mouth, dry. Tongue coated: white, whitish-yellow, brown, red edges. Distorted mouth. Tongue thick, red, dry, and swollen. Toothache: stinging, cutting, tearing, drawing, throbbing. Grinding and grating of teeth.
Throat.	Throat dry, hot, burning; sore and painful, feels constricted. Soreness (scraping, dryness, shooting, etc.) in fauces, pharynx, tonsils (glottis, epiglottis, and œsophagus). Throat dark, red, and swollen. Deglutition painful, difficult, impossible. Constant urging to swallow.	Dysphagia. Painful swallowing. Inability to swallow. Dryness, swelling, redness. Stinging pain in throat. Contraction and spasm of œsophagus.
Stomach.	Gastralgia: pains colicky (pressive, shooting, squeezing, gripping, sharp, cutting, excruciating, etc.). Distention and sensitiveness of epigastrium. Appetite: diminished or absent, or capricious, complete aversion; hunger. Thirst: violent, moderate, absent. Eructations, bitter, burning, sour. Hiccough. Nausea with effort to vomit. Vomiting of mucus.	<i>Epigastrium</i> : aching, burning, throbbing in, and distention of. <i>Pains in stomach</i> : gnawing, pressing, crampy, drawing, wrenching, cutting, paroxysmal, clawing, extending through to spine. Nausea, gagging, retching, vomiting.

Abdomen.	<p>Abdomen distended; tenderness to even light pressure.</p> <p>Colicky pains (squeezing, cutting, shooting, clutching, clawing, drawing, griping, etc.). Chiefly in umbilical and hypogastric regions.</p> <p>Meteorism.</p>	<p>Tenderness and fulness of.</p> <p><i>Pains in abdomen</i>: colicky, cutting, tearing, griping, clutching, clawing, dragging, bearing down, stitching, pressive.</p> <p>Protrusion of transverse colon during pain.</p> <p>Stitching pain from abdomen to right chest, shoulder, mamma, etc. Pains come and go suddenly.</p> <p>Heat in abdomen.</p>
Rectum and Stool.	<p>Proctalgia, and congestion of mucous membrane of rectum. (Contractive pain, itching, tickling, pressive, raw sensations.)</p> <p>Itching at anus with vague, uneasy sensations.</p> <p>Paralysis of sphincter ani, with involuntary stool.</p> <p>Hemorrhoidal flow (?) and tenesmus.</p> <p>Constipation; passage retarded, torpid state of bowels.</p> <p>Frequent evacuations (greenish).</p> <p>Frequent desire, urging, tenesmus; small, rapid, involuntary stools.</p> <p>Suppression of feces and urine, with profuse sweat. Diarrhoea or loose stool.</p>	<p><i>Pain in rectum</i>: burning, heavy, dull; pressing in rectum and anus.</p> <p>Spasmodic constriction of sphincter; tenesmus and prolapsus ani.</p> <p>Diarrhoea, greenish, slimy, bloody, thin, purulent, clay-colored.</p> <p>Involuntary defecation.</p> <p>Constipation.</p>
Urinary and Sexual Organs.	<p>Frequent desire with great exertion to urinate. Difficulty in urinating, violent urging and strangury. Retention of urine; inability to urinate. Enuresis, nocturnal and diurnal while asleep. Involuntary micturition (in children). (Temporary paralysis of neck of bladder.)</p> <p>Urine increased; diminished and of an unusual color. Vague sensation in urethra. (Irritation of genitalia, with constant erection in boys.) Nocturnal seminal emissions, discharge of prostatic fluid.</p> <p>Catamenia anticipated. Metrorrhagia; offensive flow from uterus.</p>	<p>Urination, difficult, painful, involuntary.</p> <p>Constant urging to urinate.</p> <p><i>Urine</i>: scanty, profuse, hot, red, dark, with copious dark, slimy, bran-like sediment. Voided drop by drop.</p> <p><i>Pain in pelvis and genitalia</i>: colicky, clutching, bearing down; pain and pressure downward as if everything would be expelled.</p> <p>Suppression of menses.</p> <p>Metrorrhagia. Dysmenorrhoea.</p> <p>Throbbing, burning, cutting pain in ovary.</p> <p>Heat and dryness in vagina.</p> <p>Stitching, throbbing, burning pain in mammae which are swollen and hard.</p>

Respiratory Organs.	<p>Cough: dry; just before or soon after going to sleep. Croupy cough, cough caused by dryness of, tickling and scraping in larynx. Mucous expectoration. Larynx dry, and painful on motion. Voice husky or hoarse; weak; aphonia.</p> <p>Alteration in voice.</p> <p>Pressure and constriction of chest, chiefly right sided. Oppression of chest. Dyspnoea. Accelerated stertorous respiration.</p>	<p>Cough: dry, spasmodic, barking, croupy, hollow, paroxysmal, worse at night.</p> <p>Breathing: difficult, painful, suffocative, heavy, stertorous, shortness of breath. Constricting stitching pains in chest. Congestion to chest. Sensation of dust in lungs. Spasms, sensitiveness, oedema of larynx. Pain in larynx. Aphonia. Voice: weak, hoarse, barking, rough, wheezing. Speech: trembling, stammering, difficult.</p>
Heart and Pulse.	<p>Palpitation. Weak action of heart.</p> <p>Pulse increased in frequency.</p> <p>Pulse: full, slow, quick, small, weak, contracted, irregular.</p>	<p>Palpitation of heart.</p> <p>Pulse: accelerated, full, small, quick, slow, tense, hard.</p>
Neck, Back, and Extremities.	<p>Neuralgic pains (pressive, cramp-like, shooting, etc.) in spinal column between scapulæ; in nape of neck and upper part of back (right side). Trembling in all the limbs; convulsive movements; inability to walk; constant motion of limbs; weakness. Pains of a dull, aching, and of a sharp, cutting character, in hands, fingers, carpus, forearm, and arm. Twitching of muscles and tendons, and incoördinate movements. Spasms of the arms, especially the right. Pains dull, tearing, drawing, bruised, etc., and sharp in legs, feet, knees, and thighs. Weakness of legs (trembling, staggering, tottering gait). Temporary paralysis.</p>	<p>Soreness and tenderness in back.</p> <p>Pains in back: crampy, bearing down, gnawing, burning, throbbing, drawing, stitching.</p> <p>Coldness of extremities.</p> <p>Twitching, jerking, burning, stinging, throbbing of extremities.</p> <p>Red, shiny, swollen joints. Convulsive clinching of thumbs, jerking of arms, numbness of fingers.</p> <p>Feet: cold, heavy, swollen, lame.</p>
Generalities.	<p>Weakness.</p> <p>Restlessness.</p> <p>Increased sensibility.</p> <p>Prostration.</p> <p>Twitching.</p> <p>Convulsions.</p>	<p>Throbbing in carotid and temporal arteries. Tremblings, jerkings, spasmodic twitching and convulsions. Great restlessness.</p> <p>Hyperæsthesia and great sensitiveness to jar, touch, or cold air.</p> <p>Great prostration.</p> <p>Staggering. Incoördination.</p> <p>Pains: come and go suddenly; pressing, throbbing, burning, stinging, tearing, stitching, crampy, cutting, clawing, erratic, gnawing, bearing down.</p>

Skin.	Redness of skin. Itching (creeping, crawling, stinging, smarting and painful sensations). Erythema, Boils, Pustules: chiefly on face and head; body next; extremities next in order. Scarlet redness and rash. Dark red or scarlet eruption. Skin dry.	Hot and dry skin. Redness of skin. Scarlet redness of skin. Erysipelatous inflammation. Bright, red, smooth eruption. Shiny skin. Swelling and hyperæsthesia of skin.
Sleep and Dreams.	Drowsiness; yawning; very deep sleep; great inclination to sleep. Somnolent, soporous condition; profound (stertorous) slumber. Restless and disturbed sleep, waking in fright. Waked by fearful dreams, or in delirium. Sleeplessness. Dreams (great variety of) provoke laughter.	Drowsy, but cannot sleep. Starting in sleep. Drowsiness. Sleeplessness. Restless sleep. Awakes in fright. Heavy sleep (with snoring, screaming, moaning, singing). Sleep with eyes half open, and face flushed, or with skin dry or perspiring. Anxious dreams.
Chill, Fever, Sweat.	Chilliness, coldness. Heat, increased temperature, fever; especially face. Burning heat and heat in head. Fever heat, especially head and face. Sweating. Night sweats. Redness of skin.	Chill and heat alternating. Fever: high, with thirst and delirium; with perspiration. Vascular erethiam. Perspiration slight.
Aggravations and Ameliorations.		<i>Aggravations:</i> from motion, light, pressure, sound, slightest touch, in afternoon, evening, and night. <i>Ameliorations:</i> from external or hard pressure, bending double, sitting on something hard, standing.

From such a comparison of "therapeutic indications" with the results of a critical analysis by the chart method, what conclusions shall we draw as to the usefulness of the method and its applicability to the study of drug pathogenesis? I present the following to you for your consideration:—

The chart method is the only reasonable and just basis on which a reconstructed and reliable materia medica can be built.

It is the only scientific method yet proposed for the purification of our *materia medica*.

It excludes the personal element in the rejection of provings.

It allows to stand only those facts which are supported by repeated confirmations.

It does away with arbitrary rulings: for instance, no provings shall be included which have been made with potencies above the 6th, 12th, 30th, or any other fixed limit.

It is capable of settling definitely and fairly the question, can provings be made with potentized drugs?

All provings whenever, however, and by whomsoever made have the opportunity of pleading their own cases and standing or falling according to their own merits.

It allows no preliminary discrimination, no partisanship, no prejudice. It is impartial, accepting everything as good until it is proved otherwise.

It cannot eliminate "too much" if it rejects only discordant elements and so-called facts which fail, through lack of support, to demonstrate their right to that title.

It is simple in its application.

Accept the principles upon which it is based (and on what plea can one refuse to accept them?) and the results of its application must be acknowledged to be accurate and trustworthy.

It is useful in the study of drug pathogenesis only where a sufficiently large number of provings exist to exhibit essential congruence. The number need not be arbitrarily fixed, for two provings may closely agree, and if so, they are certainly more reliable than a dozen provings which manifest only slight or no congruence.

For its satisfactory application only one thing is needed, namely, as large a number of provings as possible. **THEREFORE IT IS OUR DUTY TO RESUME DRUG-PROVING.**

We need not fear its general and even rigid application, for the truth can withstand any legitimate test. Nothing imperishable can be destroyed, **AND TRUTH IS IMPERISHABLE.**

Are we, above all and primarily, truth-seekers? Or are

we primarily supporters of some one theory, or notion, or fad? If we are truth-seekers, we must undauntedly face the elimination, within ourselves and without ourselves, of everything incompatible with truth. In the ancient Hebrew record there is the story of a burning bush, of a fire which did not consume that in which it dwelt. Such a fire is truth; and the kindling of that fire, within ourselves or without ourselves, though it may mean the consuming away of much that is dear to us, can never mean the consuming away of anything that is necessary to us. Are we genuinely truth-seekers? That is only another way of asking, are we genuinely scientists? are we genuinely physicians?

SOME CAUSES OF ECZEMA IN INFANCY.

BY A. HOWARD POWERS, M.D., BOSTON, MASS.

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

Since eczema is the most common of all skin diseases and since it exists in infancy in a still greater proportion than in adults, a study of some of its causes may prove of profit. Very naturally the soft thin skin of the infant will rebel at the treatment which on the skin of most adults would have transitory or no effect. The skin of the infant is easily macerated and lacks the thick horny layer of the man of toil which protects the delicate structures beneath. It seems proper just here to call attention to the fact that the principal function of the skin is that of protection of the structures beneath. We are more or less aware of this when the skin is diseased or wanting, and slighter causes operate in the case of infants.

But there is something more than mere local irritation and inflammation in cases of eczema, though local causes do help. The constitutional character is recognized by nearly all in the internal medication which is so commonly prescribed.

It is not my purpose to discuss the pathological condition as to whether it is from a lack or excess of excretion or

secretion, but this much we may assume, that eczema is rarely found in a person in good health. As pointed out in a paper read before this society eight or nine years ago, disturbance of the gastrointestinal tract is present in forty-five per cent of cases of eczema. Hence as an important cause of eczema, indigestion should have first place. In the infant this results from a variety of causes, of which improper food and irregular feeding readily suggest themselves. How often in a case of an infant with eczema comes the statement that the child is fed whenever it cries! This, in a short time, means that the stomach of the infant has no chance for rest, and from overwork of the stomach the food is improperly digested and then the ptomains and other poisonous products of intestinal fermentation come to be absorbed which often cause nervous phenomena and eczema.

Then a large percentage of infants suffering with eczema are bottle-fed. By no means would I say that all bottle-fed babies have eczema, but all who have had any experience with children know of the frequency of gastrointestinal diseases in this class of patients.

Later in life children are liable to indigestion from the excessive use of sweets. It is not to be assumed that sugar has no place in the dietary of infants, but candy, especially since it is not usually eaten at mealtime, and excessive use of sweets must lead only in one direction, namely, intestinal fermentation and disturbance of nutrition. There are also many children of the scrofulous type whose tissues are softer than normal, and who lack the firm fibre of the robust child, and these are predisposed to eczema. Constitutional weakness, then, may be taken as a cause of eczema. Anything which causes irritation of the alimentary tract is liable to make its reflex mark, and so oatmeal and other coarse foods, or food having indigestible particles such as small seeds, may cause or continue an eczema. This topic of diet as a cause of eczema may be summed up by saying that any inappropriate food must be avoided in eczematous children, since in many of these cases improper food is the cause of the disease.

Now let us turn from the general and constitutional causes and for a little consider local causes. And first the use of soap and water often applied is most efficient cause of this trouble. Strong potash soaps, or what is more common, improperly made soaps, are brought in frequent contact with the delicate skin of the infant, and irritation, congestion, and eczema are often the result. Cleanliness is certainly desirable, but in the case of some children this must be attained by other means than that of soap and water. The water is often applied at a temperature which serves to aid in macerating the skin and thus makes it the more susceptible to disease. It is, however, when the disease has commenced that the most harm is frequently done, for with the appearance of the crusts and scales which are its most frequent accompaniments, the mother increases the length and frequency of the bath lest any of the products of the disease remain as dirt, and so the half-protected layers of the lower portion of the epidermis become water-logged and thin nutrition still further impaired. In a small proportion of cases water can be employed advantageously, but even in these cases its benefit does not depend to any great extent on its cleansing properties. Perhaps we should for a moment consider that in eczema it is this epidermis which is most seriously affected, and as the horny superficial layers are removed there is left exposed the younger immature cells, which by the combined action of air and water are soon simply dead material, and are removed, laying bare a similar immature layer, and the chain is thus continued. It is upon this layer of immature cells that soap and water exert their deleterious influences.

There is often found the cause of an eczema in the irritation caused by soiled napkins remaining in prolonged contact with the skin. Here, as before, the skin is macerated and softened, and before long an acute erythematous eczema is in full development. If this is the case with the normal discharges, what will it be when these are abnormal and we have the acrid irritating products of disordered function? Every one must have seen the irritation in these cases, and

here, in addition to the local cause, we have the general impairment of nutrition from the constitutional causes actively operating.

The more remote causes, such as phymosis or chronically enlarged tonsils, need only to be mentioned. These are not readily classed under either the constitutional or local, for though the cause is a local one the effect is supposed to be by a nervous reflex. To recapitulate we have constitutional causes largely as the result or accompaniment of gastro-intestinal disease and the resulting impaired nutrition.

Constitutional disease may also operate as a cause. Then still further we have the local causes from improper treatment of the skin, and lastly the reflex disturbances. This is not exhaustive, but I think it will include a very large per cent of the causes of eczema in infants as cases ordinarily present themselves.

FACTS ABOUT THE EFFECT ON THE EYE OF BICYCLING, AND ABOUT THE REFLEX SYMPTOMS THEREFROM.

BY JOHN H. PAYNE, M.D., BOSTON, MASS.

First, that bicycling has a tendency to induce fatigue of the optic nerve and the nerve lining of the eye and the retina.

Second, that it induces a chronic over-sensitiveness to light, termed technically photophobia.

Third, that it promotes congestions of the lining coatings of the eyeball that are essential to the act of vision.

Fourth, that it promotes congestion of the external surface of the eyeball and of the lids.

Fifth, that it causes a fatigue of the muscles of the eyeball that control the focusing of the vision for objects at varying ranges.

Sixth, that it is productive of reflex headaches.

To understand this you must realize the fact that the trend of modern civilization is toward the formation of imperfect eyes, that are transmitted in course of time as an inheritance.

Whereas it is true that many of the above-mentioned conditions are developed by bicycling in the perfectly healthy eye, such as fatigue of the optic nerve and retina, photophobia, and congestion; yet it is in those cases of previously unsuspected malformations of the eyeball, and consequent tendency to eye strain, that we observe the most baneful effects, such as an exaggeration of the eye strain and consequent reflex headaches.

It has come to be a stock question with oculists when a patient presents himself for an examination of his eyes for a possible relief from confusion of the head, vertigo, and headache, to inquire, "Do you ride a bicycle, and if so what are your habits as to posture? Are you a scorcher or a moderate, erect rider, and have you mastered the art of looking ahead and of observing surrounding objects with a careless relaxation of your eyesight?" Here we have the keynote to the whole situation. If the answer is, "I ride merely for pleasure, and in moderation, and I sit erect," the oculist understands that although he must look for errors of refraction in his patient's eyes, and must carefully correct them, yet he can give positive assurance of relief if the glasses prescribed are faithfully worn as instructed by him.

If on the other hand his answer is, "I am an enthusiast and go into this thing with energy, assuming at the same time a posture decidedly bent forward," he not only must insist upon a complete and total correction of his eye defect by glasses, but he must also warn his patient that he must expect only a partial relief as long as he persists in assuming such a strained posture.

The act of bending forward demands a turning upward of the eyeballs and a sustaining of the line of vision by a forcible contraction of the upper muscles of the eyes, the ones least capable of endurance. The effect is much the same as that resulting from reading when in the recumbent position in bed, or after a protracted visit to a picture gallery and looking at objects above the level of vision. One can realize the consequent fatigue to the brain and to the eye when he recalls the fact that the hypnotic or trance state is induced

by the mere act of compelling the subject to gaze steadily at an object placed at a distance of fifteen inches from the eye; and *above* the line of vision, so that not only must the eye-balls be over-converged, but they must be turned upward as well.

The same object placed at fifteen inches, and on a *level* with the eyes, will induce no such results.

In the former case the effect is so great as to induce a complete abeyance of will power, and a fatigue of the brain centres amounting to an absolute loss of consciousness. Then again this unnatural posture demands a "keyed-up" tension of all the body muscles, and an alertness of the visual act, that will certainly result in an over-fatigue of the eyes as well as of the body in the most healthy individual.

In the case of those who sit erect as well as of those who do not, the eye symptoms are induced not only by this malformation of the eyeballs and necessity for glasses, but by the glaring lights reflected from bright and dusty roads, by the rapid rush of air, and by the involuntary effort of the vision to catch and fix surrounding objects, that are constantly eluding them by their rapid change of position.

In such cases glasses should be worn that have a medium tint of blue or smoke (sometimes called London smoke), and that are plane, or ground to correct any refractive error that may exist.

The moral to be deduced from the above remarks about the constrained posture of bending forward is obvious.

For the rest, a moderation in the exercise of bicycling, a careful correction of refractive errors by glasses, and the protection of the eyes from over-glaring lights should result in an invigoration of the whole system, and in placing the art of bicycling on a plane with the most healthful exercises known to mankind.

ADMISSION FOR WOMEN.—The new regulations of the Ministry of Education admit women to the University at Berlin to study medicine, dentistry, and pharmacy.—*Exchange.*

TREATMENT OF CAPILLARY BRONCHITIS AND CATARRHAL PNEUMONIA.

BY J. H. SHERMAN, M.D., SOUTH BOSTON, MASS.

In the treatment of capillary bronchitis and catarrhal pneumonia I make no distinction, for catarrhal pneumonia is but an extension of the inflammation from the capillary tubes to the bronchioles and alveoli, and it takes an expert diagnostician to differentiate the one from the other. But what is of more importance is to know the best course of procedure when we are satisfied we have to deal with either. I consider the prophylactic treatment first in order. If he who causes two blades of grass to grow where one grew before is to be rewarded, how much more ought he to be rewarded who saves a child from an attack of capillary bronchitis! The prevention of this as well as catarrhal diseases in general may be secured by a judicious care of children; they should neither be coddled nor recklessly submitted to a process of hardening. They should be warmly and suitably clad and subjected to a daily tepid bath followed by an affusion of cold water; and for strong children of over one year old the tepid bath may be omitted and the cold sponge bath substituted. When a child is attacked with capillary bronchitis what have we most to fear? Respiratory obstruction and heart insufficiency; and both of these conditions are largely due to the high temperature or accompanying fever. Whenever there is a high fever there is superficial breathing, and the lower lobes of the lungs are not inflated and atelectasis, collapse is the result. This high temperature also has the effect to debilitate the heart, at the same time the heart being called upon for increased duty in forcing the blood onward through channels that are narrowed by the pressure resulting from the inflamed and swollen bronchi and alveoli. Our plain duty, therefore, is first to reduce this high temperature. Our old-school friends sought to do this by blood-letting and calomel, but were compelled to abandon this method for the more sensible one of abstracting heat by the means of cold water, which agent they appropriated from the

hydropathists as their own property, upon which they held letters patent.

I believe the idea of reducing the temperature with cold water a good one. Some prefer the tepid wet pack, and good results are produced by it ; fluxion to the skin follows, perspiration and evaporation are promoted, and the fever lessened. This serves very well for the milder cases, but when there is extreme dyspnoea, accompanied with considerable cyanosis, a bath of 79° to 84°, continued for twenty minutes, followed by cold affusions with from ten to twenty quarts of water, the colder the better, the child in a standing posture and to be rubbed vigorously by two attendants during the affusions, will often turn the scale between life and death ; and the scale does not tip toward the death side either. You will call this heroic treatment ; it is admitted, but the case is desperate, and any treatment that offers a hope of rescuing a dying child is justifiable, and not only justifiable, but it would be criminal to withhold it from undue tenderness of feeling. After a child has been brought back to life in this way the harsh treatment is quickly forgotten, and gratitude will be substituted for censure. Do you question the rationale of this treatment, think for a moment what the effect will be of suddenly dashing cold water upon the back of the head and neck. An involuntary deep, forcible inspiration ensues, the air is driven through the lungs with greatly increased force, and those parts that may have become atelectatic are inflated again, and a chance for recovery made possible.

If this succeeds in giving freer respiration, as it certainly will by its tonic and stimulating effect on the respiratory centres, an immediate improvement in the circulation takes place, blood that was loaded with carbonic acid has become oxygenated, and the general aspect of the patient is changed, almost as if from death unto life. I do not wish to be understood that the only reason for the use of cold water is to reduce the high temperature. It is used to stimulate the respiratory centres, to produce deeper and fuller breathing, to prevent pulmonary collapse, and to inflate areas that may have already become collapsed.

The medicinal treatment of catarrhal pneumonia I consider as secondary, but by no means to be omitted. Aconite is always to be thought of at the outset, and continued as long as the temperature and pulse show a high grade of fever. Bryonia is another remedy indicated by hard, dry cough, causing the child pain and showing that there is a probable pleuritic complication. But antimonium tartaricum is the remedy on which I place the most reliance in the catarrhal diseases of children. I give it in the second and third trituration. It is indicated by an abundance of moist râles. I believe this to be a much-abused remedy in old-school practice, where the doses are so large as to depress the heart and hasten a tendency ever present to heart failure. Of course it is unnecessary to caution any one here against falling into this error, and still I must confess that if some one had cautioned me in my early career it might have been better for some of my patients.

There is a condition sometimes in capillary bronchitis where the bronchi become so filled with tenacious mucus as to make suffocation inevitable, and should I have such a case, would give a subcutaneous injection of apomorphia, one thirty-sixth of a grain, to produce explosive vomiting, with the expectation of dislodging the viscid secretion and relieving the patient. Another therapeutic measure — though I mention it last, I by no means consider it least — is good, moist, fresh cool air. A temperature of 55° to 65° would be what I should recommend. Cold air causes the child to cough, and the cough is very essential in preventing pulmonary collapse. The moist air is very soothing to the lungs, which have been throwing off a greatly increased amount of moisture through rapid respiration. It also serves to dissolve the tenacious mucus and facilitates expectoration. The physician will have to improvise the means for securing moisture in the room of his patient. A boiler heated on a stove in an adjoining room with an attached rubber tube to conduct the steam to the sick-room is practicable. I have secured the necessary moisture by enclosing the child's bed in an improvised tent, by surrounding the bed with quilts and

blankets, then having a pan of hot water within the enclosure in which I would place from time to time hot bricks or stones. This would generate steam enough to supply the requisite moisture. It must not be forgotten that in this disease a great strain is put upon the cardiac and respiratory muscles, and they must be supported by nutritious diet. Milk, malted milk, Mellin's food, bovine, liquid peptonoids, and scraped raw beef salted and spread upon bread, are the articles chiefly to be relied upon.

STATE BOARD OF MEDICAL REGISTRATION AND EXAMINATION.

INDIANAPOLIS, Ind., August 20, 1897.

C. S. FAHNESTOCK, M.D., Dean Dunham Medical College,
Chicago.

Dear Doctor, — Replying to your favor of the nineteenth, will say the Dunham Medical College of Chicago, Ill., is in good standing with and fully recognized by this Board, all reports to the contrary notwithstanding.

Very truly yours,

(Signed)

WILLIAM F. CURRYER, M.D.,

Secretary.

WORTH REMEMBERING. — No matter how seductive your theory, how brilliant your operative procedures, if you do not cure your patient you have failed in your object. . . . To your patient the result is the all-important matter. He is not concerned about the technique, the brilliancy, or the glory of the operation. He desires to know the probable result, his chances for relief from pain or deformity, or his chance of life. — *George F. Shears, M.D., in the Clinique.*

FAVORED CREMATION. — The body of Sir Benjamin Ward Richardson was cremated in the crematory at Woking, which is one of the finest in Great Britain. The fact that so eminent a sanitarian as Richardson left directions that his body be cremated calls especial attention to this sanitary method of disposal of the dead.

EDITORIAL.

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

MEDICAL EDUCATION OF THE LAITY.

What, and how much, it is best for the general public to know about medical matters, in these days when so much medical and quasi-medical information is spread broadcast by the daily press and current periodical literature, is a subject which may well claim the thought of educators and physicians.

As every one should be religious without necessarily being a theologian or a preacher, as every one should know enough of the common law to enable him to maintain proper civil and social relations with mankind without being in any sense a lawyer, so should every one know enough about medicine to, if possible, avoid the necessity of taking it; but if that necessity does arise, then the individual should not claim the rôle of physician and attempt to prescribe any more than he would attempt the duties of minister or lawyer. People should be instructed to the utmost in all the principles which tend to the maintenance of health, but the less the better as regards the medical management of disease, for to nothing else is the adage that "a little learning is a dangerous thing" more applicable.

The necessity for clean streets, clean and properly ventilated public buildings and schoolhouses, for pure air and sunlight, pure milk, pure water, unadulterated food, proper modes of dress, sufficient amounts of sleep, and recreation and work, and above all else for the proper self-control of the appetite and passions, cannot be too often or too earnestly forced upon the public attention.

To this should be added a knowledge of what diseases are eminently contagious, including syphilis, and the necessity of complete and strict quarantine, either public or private, as the exigencies of each individual case best demand. It

may be urged that all or nearly all of these subjects are being constantly brought to the attention of the people now. This is, no doubt, true, but it is done in such a desultory manner that the results are certainly but a tithe of what they should be.

Every physician repeatedly experiences the difficulty of persuading patients to break up injurious habits, to listen to and to follow advice, rather than to take medicine. The gouty, overworked, nervous business man will take your tablets, but he will not drink more water and less whiskey, abstain from overeating, and take proper and regular exercise. Your acne-faced young woman will scrub and powder and anoint her face to your heart's desire, but it is with great difficulty you will get her to leave off her corsets and high stiff collar, stop her confectionery and ice-cream sodas, go to bed at reasonable hours, and take exercise. And so on down the list of many, if not most, of the complaints for which physicians are called upon to prescribe from their ambulatory cases. The public have too much, altogether too much, faith in the power of medicine, of drugs, to effect marvelous results, and they go to the doctor, not for advice, but for medicine, and in many cases would feel defrauded if they did not get it. One hesitates not to pay an eminent lawyer a good fee for advice as to how he may save his property, but a large fee to the doctor for advice only as to how he may avoid illness and prolong or save his life is considered a sort of imposition. From the latter he demands something more tangible. Give him a bottle of pills, and he feels all right about the business part of the transaction, because he has got something he can see and feel, and, best of all, take, and so he thinks that therein he has got his money's worth. This might be all right if attention would only be paid in a sufficient degree to the advice which goes with the bottle, but in the majority of cases the patient's memory is devoted to remembering how often to take the medicine, and all that has been said about diet and exercise and play and sleep is as naught.

How the laity are to be best instructed in these matters is

a difficult question to satisfactorily answer. For the growing generation much can be done in the general educational training in the public schools. Something is already being done in the enforced instruction in physiology and hygiene, but, in our judgment, in a manner which is by no means for the best development of the child. For the younger growing mind we do not believe that technical instruction in anatomy and physiology is advisable; it tends too much to make the child physically introspective, to make him or her too watchful and too anxious regarding its own internal economy, and sows seed which may later develop in some temperaments in a condition of chronic dyspeptic hypochondriasis.

A good strong, healthy, happy boy or girl needs not to know that he has a stomach or liver or kidney or lung, and the weak, puny, nervous ones ought not to know it. They should be taught to eat slowly and neatly and masticate thoroughly, not because they have salivary glands and a stomach with its digestive juices which must not be offended, but because they belong to the genus man, and not the genus swine, because they are human and not animal.

They should be taught to have all the fresh air and sunshine they can get, not because they have so much lung capacity which must be filled every so often, but because fresh air and bright sunshine are the free gift of God, and will make them strong and well and good and happy.

As children approach the age of maturity, they very properly should learn and can appreciate the value of more technical instruction; and with this technical instruction should be included a knowledge of what the period of maturity means, and of the added responsibilities of life which begin then, of the dangers and diseases which are liable to follow ignorance of these responsibilities or disregard of the hygienic laws which govern them.

With all this teaching, however, it would be well to exhibit a certain amount, at least, of consistency. It is useless to talk to thinking youth of fresh air where sixty listeners are crowded into a room adapted only for forty, or to lecture

about the evils of improper modes of dress where the teacher presents personal transgression in that respect.

As regards the much drug-taking habits of the laity, help can come best from the physicians themselves.

By absolute honesty with the patient, by refusing to give medicine where it is not needed, and by insisting more on obedience to advice and instruction regarding the general conduct of the patients' lives than on the power of drugs, much may be done.

EDITORIAL NOTES AND COMMENTS.

BUFFALO, N. Y., August 20, 1897.

EDITOR THE NEW ENGLAND MEDICAL GAZETTE.

Dear Doctor, — In the reports of the transactions of the recent meeting of the American Institute, held in this city, no record may have appeared of an interesting lecture given in Unity Hall on the last day of the meeting.

A full or condensed report of enclosed reprint may be of interest to your readers.

Fraternally yours,

JOSEPH T. COOKE,
Secretary Local Committee.

As the lecture to which the above reference was made practically consisted in an advertisement of a patent food made in this section, we do not consider it necessary or advisable to print it. Furthermore, we question very much the propriety of an officer of the American Institute of Homœopathy acting in the capacity of an advertising agent for any preparation, however good and valuable it may be.

A VALUABLE ADDITION TO HOMŒOPATHIC LITERATURE.

— We desire to call attention to the announcement printed elsewhere in this number of the appearance of the first part of "A Repertory to the Cyclopædia of Drug Pathogenesis," and to the fact that Messrs. Otis Clapp & Son, of Boston,

are the authorized agents for the American Institute of Homœopathy for its sale and distribution. A work of this importance cannot fail to be of interest to the medical profession.

THE BOSTON FOOD FAIR will be held in Mechanics Building, Boston, from October 4 to 30. It has for its *raison d'être* the laudable aim of interesting the public in food products, introducing them to new and wholesome preparations, and stimulating their desire to obtain pure, nutritious, and scientifically prepared foods. A fair with such purposes offers much for physicians to commend, and they will also doubtless enjoy attending it.

RETURN OF DR. TALBOT. — It gives us great pleasure to announce the return of Dr. I. Tisdale Talbot, Dean of Boston University School of Medicine. The doctor's general health seems to be much improved, and his valuable counsel and cheering presence will be even more appreciated after his long absence from our midst.

REVIEWS AND NOTICES OF BOOKS.

DISEASES OF THE EYE. By N. L. Macbride, M.D., O. et A. Chir. New York: Boericke, Runyon & Ernesty. 1897.

The author, in this work of 310 pages, endeavors to set forth the results of his experience and study in a manner useful and acceptable to the general practitioner. In general it may be said the object has been fairly well attained; the descriptions of the various maladies, and especially the chapters on physiology of vision and optical principles governing vision, being remarkably clear and comprehensive.

We cannot refrain from saying, however, that in the use of topical application the directions are often too indefinite for safety, and the decided preference shown throughout the work for hyoscine hydrobromate, for the purpose of paralyzing the muscles of accommodation, is not guarded by sufficient caution against the constitutional disturbance it is liable to induce.

G. A. S.

MANUAL OF URINARY ANALYSIS. By Charles Mitchell, A.M., M.D., Professor Renal Diseases in Chicago Homœopathic Medical College. Chicago: Era Publishing Co. 1897.

The object of this book of 325 pages is "to provide the medical student and practitioner with a practical, accurate, and reliable method for examination of the urine."

This the author has done in an eminently practical manner. The arrangement is excellent, the directions in each chapter for the student are sufficiently minute and exact, while at the end of each subject is a "reference table," giving a summary of the matter immediately preceding, so that the practitioner can get almost at a glance the information he desires. The type and illustrations are good. On pages twenty-five and twenty-six the author refers to Tables I and II in the appendix, which do not appear in this volume.

A GUIDE TO THE CLINICAL EXAMINATION OF THE BLOOD FOR DIAGNOSTIC PURPOSES. By Richard C. Cabot, M.D. New York: Wm. Wood & Co. 1897. pp. 405.

Very few of the medical works published within recent years give so definite an idea of the progress now being made in the study of pathology and diagnosis as is given by the book under consideration. It is the first and only one of its kind in the English language, and as such is entitled to a cordial reception. It contains much that will be absolutely new to the great majority of its readers, because it deals with a subject which represents the latest offspring of the laboratory. The physician whose knowledge of blood consists only of that acquired during his school course, or from the exceedingly scanty descriptions found in text-books on anatomy and physiology, will have reason for his astonishment at the revelations of this new and welcome addition to our text-book literature.

"Blood counts" have been made for years, and hæmoglobin has been estimated, but beyond this very little use of the blood has been made for diagnostic purposes. It is true that at the present time, as Dr. Cabot says, "There are probably not more than five or six diseases in which the blood gives us a diagnosis ready-made, but there is a very considerable number of conditions in which the blood examination will help us to make it. Not pathognomonic signs, but links in a chain of evidence, are what we are to expect from blood examination. Very often the simple discovery that the blood is normal may be a fact of the greatest value in diagnosis."

Considering the fact that hæmatology as a study is still in its infancy, and that this is the first book of its kind in English, Dr. Cabot very properly gives to his readers the necessary text-book instruction in the technique of blood examination. How to procure a specimen of blood; how to prepare it for examination; how to make cover-glass preparations, and how to dry and stain them; blood counting, centrifugalizing, estimation of hæmoglobin, taking the specific gravity,—are also sufficiently considered. Dr. Cabot points out the advantages of estimating the hæmoglobin from the specific gravity of the blood, and prefers this for ordinary use to V. Fleischl's method.

A most interesting portion of the book is the part devoted to the morphology and physiology of the blood. Those who are unfamiliar with the subject may be surprised at the number of the varieties of "white cells" described. After thus duly preparing his readers, Dr. Cabot treats in a clear, concise, and interesting manner of the general and the special pathology of the blood; of the diseases of the blood itself, and of such modifications of the blood as occur in abnormal conditions, as pneumonia, typhoid, diphtheria, and other acute infectious diseases; in chronic infectious diseases, as tuberculosis, syphilis, and leprosy; in diseases of special organs and systems, as diseases of the liver and of the nervous system. The studies of blood in malignant diseases, of blood parasites, and of the blood in infancy conclude the book.

As yet the study of blood has been chiefly morphological, and the revelations obtained from such studies have been of great utility in diagnosis. Dr. Cabot is to be congratulated on the practical and instructive manner in which he has presented the subject, and his book may be confidently recommended to the profession as reliable and useful. The illustrations are fine, the unusually excellent chromo-lithographs being worthy of special commendation. J. P. S.

PRINCIPLES OR GUIDES FOR A BETTER SELECTION OR CLASSIFICATION OF CONSUMPTIVES AMENABLE TO HIGH ALTITUDE. TREATMENT, ETC. By A. Edgar Tussey, M.D., Adjunct Professor of Diseases of Chest in the Philadelphia Polyclinic, etc. Philadelphia: P. Blakiston, Son & Co. 1896.

In this little book of 140 pages the author considers the effect of high altitude on the consumptive and the consideration of those factors which should enable the physician to wisely discriminate as

to the patients which such a change of environment would be likely to benefit. The gist of the book seems to be that the amount of pulmonary involvement alone is by no means the only thing to be considered, but the whole condition of the patient as regards his individual "vital capacity," "vulnerability," "temperament and temper," in brief, the totality of the symptoms in each individual case.

Although the style is too involved and diffuse for the best exposition of his subject, the work on the whole contains much of value to the physician.

A NEW BOOK ON PEDIATRICS.

Another new book is to be added to our rapidly increasing literature on pediatrics. A book entitled "About Children" is announced by the Medical Gazette Publishing Company of Cleveland, Ohio. The author is Dr. Samuel W. Kelley, Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons.

GLEANINGS AND TRANSLATIONS.

TREATMENT OF CONTUSIONS OF THE LIDS. — The treatment of contusions of the lids depends upon whether we see the patient early, when there is considerable swelling, or not until later, when the discoloration is the prominent feature. If he is seen early, treatment consists of cold compresses or cooling or evaporating lotions; with these we can diminish the amount of swelling and discoloration, though it is impossible to prevent them entirely. If the patient is seen later, hot compresses and massage are indicated, to hasten the disappearance of the discoloration.

Cold compresses are to be applied continuously at first, but not by means of an ice bag or a piece of ice wrapped in a handkerchief and applied directly to the swollen lids, since these furnish too intense and too constant cold. Small compresses of lint, lintine, or flannel, fourfold or sixfold, measuring one and one-half inches in diameter, are to be cooled upon a block of ice and then transferred to the lids. Several

compresses of this sort are placed upon the ice, and an exchange between the warm one on the lids and a cool one from the ice is effected every minute or two. In this connection, it may be well to mention that care should be taken not to allow the cold compress to cover the nose, since such carelessness causes an acute coryza in many persons. Cold compresses of this sort are to be applied during the first twenty-four hours, either continuously or every second or third hour for an hour at a time, depending upon the amount of redness and swelling. The sensations of the patient usually guide us in determining the proper amount of cold; when the compresses are used too continuously, they will become uncomfortable.

The application of cooling and evaporating lotions is of service, though less potent than ice compresses. Such cooling lotions consist of:—

R Acidi borici..... ʒ ij.
 Spir. vini..... ʒ ij.
 Aquæq. s. ad Oi.

Or:

R Tinct. arnicæ ʒ ij.
 Aquæq. s. ad Oi.

Both of these are to be applied cold, the compresses being wrung out of the boric acid or the arnica mixture and changed frequently.

After twenty-four to forty-eight hours, when the swelling has subsided, the discoloration will show itself in a more pronounced manner; the lengthy duration of this stage can be cut short by hot applications and by massage. Flannel cloths are to be wrung out of hot water—as hot as can be borne—and allowed to lie upon the lids, being changed every minute or two; such applications are continued for an hour at a time and applied three times a day, or oftener, if it is especially desirable to hasten the return of the lids to a normal condition. When the skin is very sensitive, especially in women, it is well to apply a little white vaseline or any variety of bland salve to the eyelids previous to the use of

the hot compresses, so as to prevent soreness and irritation of the skin.

Massage is a very satisfactory means of causing a rapid disappearance of the discoloration. The area involved is smeared with the ointment of the yellow oxide of mercury, or white vaseline will answer equally well, and then gentle massage is practised for five or ten minutes at a time, or longer, several times a day.

If it is extremely desirable to cause a very rapid disappearance of the blood stain, the hot compresses may be used continuously and the massage for a number of hours. By these means the disfigurement may be almost if not entirely removed within twenty-four hours, or even sooner, after the subsidence of the swelling.

HEALTH AND PHYSICIANS. — An intelligent correspondent of our St. Petersburg contemporary, the *Novoe Veremya*, has applied the test of mathematics to the question of physicians in Russia, and has determined that in the empire of the Czar, with a population of 110,000,000, there are only 13,334 physicians, or one to each 6,000 inhabitants; whereas in Germany, France, and England the ratio is one to 3,000, 1,800, and 1,500 respectively. In other words, there are twice as many medical men and women in proportion to the total population in Germany as there are in Russia, and four times as many in England as in Russia, and twice as many in Germany, France having more than Germany and fewer than England. This Russian correspondent deplors the scarcity of physicians in Russia, and he ascribes the lack of sanitary arrangements in many portions of the Russian empire to the absence of physicians, as well as to the small influence exercised by those there.

Now, there are in the United States 120,000 physicians and surgeons, or six times as many as in Russia, says the New York *Sun*, though the present population of the Russian empire is 110,000,000, and the present population of the United States not in excess of 75,000,000. But the number of physicians and surgeons varies according as the designa-

tion is understood. In those European countries in which a large standing army is maintained, there are many physicians connected with the military and many with the naval service. In some countries these military and naval physicians and surgeons are included in the enumeration, in others they are not. Again, in some European countries the trained women nurses are included in the number of physicians. There are many such in Russia, the women of that country seeming to be singularly well qualified for such duties. In Belgium, following an old custom, the licensed apothecaries are also included in the number of physicians under the theory that being authorized by law to prescribe remedies, they are entitled to recognition as doctors, though the learned degree of M.D. is withheld from them. In Holland, dentists are also included in the government reports as surgeons, and it may be that in some other countries barbers are included, as once they were.

The European land in which the proportion of physicians and surgeons is most numerous is in Scotland. The high repute in which Scottish practitioners are held is well known, but the service of Scotch doctors is not limited to Scotland, for they are to be found in every country where the English language is spoken. The European country in which, according to the population, physicians are least numerous is Russia, and next to it in the list is Italy. There are, in proportion to the population, more doctors in Ireland than in England, and many more in Spain than in Italy. In France the number of physicians has declined of late years, and as they have decreased the death rate has decreased too, though of course this is merely one of those coincidences which keep the study of statistics from becoming monotonous. — *Medical Times.*

MILK IN PARIS. — There has been so much adulteration of milk, and so much consequent falling off from the standard, that it has become urgent for the public to know where that nourishment, so indispensable to infants and children generally, to which also many adults are obliged to resort,

can be best obtained fresh, pure, and unadulterated. Some of our most distinguished physicians and professors have, therefore, decided to organize a competitive exposition of milk — a *concours de laiterie française* — to which milk and dairymen and women near Paris, and those keeping cow stables, also milk venders in the city, are invited to send their wares. The jury will be composed exclusively of physicians, pharmacists, and veterinarians. A committee of patrons is to be appointed, consisting of deputies, municipal councilmen of the Seine, and the presidents of the syndical chambers of alimentation. Prizes, such as bronze works of art, pieces of silver, etc., will be given to those furnishing the best specimens of lacteal fluid. Manufacturers of milk apparatus of all kinds are also invited to take part in the course. No doubt the very best and purest milk will be exhibited, but will it guarantee to the consumer that the milk furnished every day throughout the year is up to the exhibition standard as an article of nutriment, leaving septic germs and sterilization out of the question? At any rate, the *concours* will undoubtedly be productive of much good as regards the sale of adulterated milk, and not without beneficial influence on public health and hygiene. — *Medical Record*.

CHIEF CAUSE OF INDIGESTION. — Excessive ingestion of both proper and improper foods forms the chief cause of indigestion — primarily gastric, secondarily intestinal. Whenever the gastric and pancreatic juices fail to digest a part or all of the food ingested, that which escapes is attacked by bacteria and undergoes fermentative and putrefactive changes. The products of this bacterial action on the proteid substances which escape digestion are primarily indol, skatol, carbonic acid, etc., finally carbon dioxide, ammonia, nitrites, and sulphuretted hydrogen, all of which are abnormal products and by contact irritate the intestinal mucosa. Their partial absorption also gives rise primarily to a subjective train of symptoms usually designated by the term "biliousness," the vagueness of whose significance is

a reproach to our intelligence. The contact and absorption of these products sufficiently prolonged produce more grave pathological conditions.

When carbohydrates escape digestion, bacteria attacks these, and such abnormal products as alcohol, acetic acid, carbonic acid, gas, etc., are formed, which, added to the abnormal products formed by the action of bacteria on the undigested proteid substances, and enumerated above, cause sufficient irritation to the intestinal mucosa to keep it constantly oversupplied or gorged with blood, which eventually results in thickening of the intestinal mucosa, stasis of the lymphatics, paralysis of the villi, infiltration of the sub-mucous connective tissue, and degeneration of the intestinal muscles. The nerves supplying the intestines become paretic, and peristaltic movement is inhibited. Constipation ensues, bacterial toxins are produced and absorbed, poisoning all the tissues. Finally the inflammation extends to the large bowel, the colon becomes thickened, and peristaltic movement ceases at the cæcal end. Its valves become relaxed and thickened, the valvular opening to the appendix becomes permanently relaxed, subjecting it to the constant danger of the entrance of foreign bodies, hence the frequency of appendicitis. At this stage of the disease diarrhoea alternates with constipation, tympanites is constantly present, and abnormal fermentation processes have full sway.—
The American Practitioner and News.

HAHNEMANN THE SCHOLAR.—If insight into, if prompt recognition and keen perception of truth be essential to scholarship, Hahnemann was an incomparable scholar. At twelve he had mastered Hebrew. At twenty he commanded eight languages. At thirty his eminence in the natural sciences was undisputed. German scholarship honored his triumphs in the domain of chemistry. If he translated twenty-four works from the English, French, Italian, Latin, Greek, and Arabic on almost every conceivable theme of human knowledge, he added comments which history says often were more valuable than the text of the author ; which

is to say, that he gave an increment of his scholarship to that already set forth.

He wrote more than seventy works on chemistry and medicine. He conducted an immense practice, resulting in more than one fortune. He relaxed at no time his studies in the classics and comparative philology; while botany, astronomy, meteorology, and geography he made constant contributors to his learning. His industry and power for work were marvelous. In short, he was a scholar of the highest type, for he was a genius. Talent sees, often aspires, but lacks the energy to attain their agonies of despair. This genius has. This Hahnemann had to an eminent degree. He worked under an impulse which ages of tradition could not restrain. It begat within him a sympathy with the highest philosophical form and thought. He loved Aristotle. He prized the inductive methods of Bacon. He had the constructive methods of Newton. To him nothing was small. A little fact gave a key to volumes of truth.

He harnessed knowledge, not to Phœbus's chariots, for use in the clouds, but to the serviceable vehicles of practical life. The object of medicine, he said, is to heal disease. To this great end he swept the wide range of learning. — *Hahnemannian Monthly*.

PICRIC ACID AS A LOCAL APPLICATION. — Acute eczema, associated as it usually is with burning, severe itching and profuse discharge, is rapidly relieved and cured under the influence of picric acid. Owing to the powerful astringent properties which this chemical possesses, it forms, when applied over a discharging or denuded surface, a protective layer of coagulated albumen and epithelial debris, under which healing rapidly proceeds; and as a potent antiseptic, by inhibiting the action of or destroying the microbes on which the formation of pus depends, it completely prevents suppuration.

Applied as a pigment with a brush or piece of absorbent wool, even to an extensive surface, it is quite free from danger, and causes not the slightest pain, however vascular

the surface may be. Almost immediately itching and smarting abate, and in a few days, when the protecting crust is removed or separates, the underlying skin is found to be comparatively dry, free from redness, and covered with a young epidermis.

In that very troublesome form of acute eczema occurring in children (*eczema capitis et faciale*), which is usually so intractable to the ordinary methods of treatment, I have had most encouraging results from the use of picric acid. If the hair on the child's head happens to be long, it should be cropped short, and all adherent crusts removed by means of poulticing. The raw surface should then be freely painted over, morning and evening, for three or four days in succession with a saturated watery solution. During this treatment the scalp, and face when it is involved, should be protected by means of a calico mask. After the lapse of a few days, the pellicle which has been formed by the action of the picric acid can be removed by some emollient if it has not previously separated, and if any undue redness or moisture remain a fresh application may be made. The cessation of irritation permits the child to sleep, and its general health soon improves. When the disease becomes quiescent, the local treatment can be combined with, or followed by, the internal administration of alteratives like arsenic or gray powder.

Although picric acid is so specially valuable in acute discharging eczemas, it will be found an efficient remedy in almost any superficial inflammatory affection. Thus in three cases of erysipelas I have found a saturated solution of picric acid superior to any local remedy I have hitherto tried. It arrested the inflammation and prevented the disease from spreading, and much more rapidly diminished local discomfort than carbolic acid, dusting powder, or ichthyol. — *Dr. MacLennan, in British Medical Journal.*

REFRACTION HEADACHES. — It may be said with a great amount of truth that any constantly recurring headache, especially in the young, is most commonly due to some

ocular disturbance. Dr. Lauder Brunton aptly states that "a headache is the product of two factors, namely, local irritation and general condition." As long as the general condition of the patient remains good, a local irritation, as a refraction error, may be masked or lie dormant; but directly the general condition is lowered, the local irritation becomes manifest.

Ocular headaches may occur at any age, but generally under twenty years. They are most frequent, perhaps, in children between six and ten years, in young girls about fourteen to sixteen, in youths about eighteen to twenty, and in both sexes about forty-five to fifty when presbyopia is becoming well marked. — *New York Medical Abstract.*

WORDS OF WISDOM. — He is a remarkable man who obtains a knowledge of the genius of four drugs in a year; he has the capacity that may make him a master in homœopathy who has this knowledge of many drugs. Without this knowledge you are a novice, though a hundred years old. Ask yourself how many drugs you know so intimately that you can recognize their appropriate application in symptoms not yet recorded. Obtain this knowledge and you can take Allen's able though unsystematized "Encyclopædia," and erase hundreds of symptoms which have no bearing upon the drug under which they are placed. I advise every beginner in the science to make a deep, thorough, unceasing study of the old, proven, long-used remedies of our *materia medica*.

In conclusion, I warn the beginner in homœopathy that he attempts the acquisition of a science. He will not master the knowledge of the greatest curative art given to humanity within a four years' study. In fact, to become a master in homœopathy, I am of the opinion, without the egotism to presume to know, that it takes twenty-five years of close unremitting application. Do not be disappointed if the remedies you apply under the law of homœopathy do not perform a cure. Use common sense and cultivate obser-

vation. He who treats on symptoms only travels an endless chain, and will find confusion his reward. Let the symptom guide to the cause, and this removed the symptoms disappear. Give little hope of your skill in prescribing until the cause is removed. Finally, we come to the appreciation that the mind is a great factor in the case. As with medicines, so with diseases, *ad interna accretio potentis est.* — *Dr. Rufus Choate, in the Homœopathic Physician.*

CALIFORNIA WINES.—Samples of the 194 brands of California wines represented at the Chicago Columbian Exposition were afterwards analyzed in the laboratory of the United States Department of Agriculture at Washington by Dr. W. H. Krug. The wines were from all the important districts in the State, and included all the various types grown.

Only three samples exceeded the German limit for potass. sulphate, thus showing that plastering had not been excessively used. In only four of the wines was any salicylic acid found.

On the whole, it was evident that the California dry wines are fully equal to the European wines, and the red wines are in every respect superior to the young French clarets. The sweet wines are to be unconditionally preferred to those of Europe containing the same amount of alcohol and extract as not being plastered. This superiority is being already appreciated in Europe, and it is only a question of time when an extensive foreign market will be open to this, one of the most promising American home products. — *Boston Medical and Surgical Journal.*

PLUNGE BATHS IN TYPHOID.—Apropos of the treatment by plunge baths in typhoid fever, the following, taken from an article by Dr. A. L. Benedict, of Buffalo, in the *Boston Medical and Surgical Journal*, will doubtless be of interest:

“The statistics of this treatment are excellent; the authority supporting it is unquestionable, yet I cannot bring myself to do for a dangerously sick man what a well one

could scarcely endure. Prolonged immersion in water of any endurable temperature is depressing, as any one who swims, or who has observed swimmers, knows.

“On the other hand, if the bath is cool enough to reduce temperature, without a considerable time of immersion, it must be cold enough to cause more or less of a shock and to drive the blood inward, where it will embarrass the kidneys, liver, and other vital organs, while at the same time the activity of the skin is diminished. In other words, the treatment directed toward the high temperature is either depressing or it tends to lock up in the body the very poisons to which the temperature is due. I have seen the temperature lowered nine degrees in a few hours following immersion, and have seen, at one time, three convalescent patients with subnormal temperature, blue lips, and chattering teeth after a merely tepid bath. Hot sponging or a steam bath would be indicated so far as the toxæmia is concerned; and, granting that the temperature must be brought down at all hazards, and that ordinary cool sponging fails, I should prefer antipyretic drugs to the plunge bath.”

TREATMENT OF DIARRHŒAS OF INFANCY. — In the treatment of diarrhœal attacks our plan is: (1) Rest; the child at absolute rest if possible. (2) Correct the diet; if it has been on a milk diet, and particularly if the attack is in the inflammatory or choleric conditions, stop the milk entirely for twenty-four or forty-eight hours or longer, especially if the weather is hot. Give in its place barley or rice water; made one teaspoonful of the cereal to a pint of water, slowly boiled for half an hour and strained; sweeten slightly, and given in about one third or one half the quantity of milk allowed. This should be made fresh two or, better, three times daily.

Cool water is given often in small amounts; frequent spongings; plenty of fresh air; if possible, an entire change, either to the seashore or country.

Intestinal irrigation, we believe, is good treatment where it is needed, but if the case is seen early, the food changed

and the hygiene improved, we hardly think it will be necessary. Stimulation is essential and necessary in severe cases. A preparation we have used is white of an egg, four ounces of water, one tablespoonful of whiskey, sweetened a little and given in teaspoonful doses every half hour or hour.

In regard to the medicinal treatment, we have adhered as closely as our knowledge permits to the indications for the use of the homœopathic remedies, and thus far have found little or no occasion to go outside of them. — *Hahn. Monthly.*

GELSEMIUM SEMPERVIRENS. — Dr. Hengstebeck, of Leipzig, sums up as of greatest practical importance the following indications for gelsemium :—

1. Paralysis of the eyelid (sinking down of the upper eyelid).
2. Diplopia, paralysis of the muscles of the eyes (both caused by paralysis of the nervus oculo-motorius).
3. Paralysis after diphtheria.
4. Paralysis of the vocal ligaments (paralysis of the nervus laryngeus infer).
5. Difficulty in deglutition (paralysis of the rami pharyngei of the nervus vagus).
6. Headache, extending from the neck over the head into the eye (similar to that of cimicifuga), with characteristic mental symptoms ; at times megrim.
7. Diseases of the male and female sexual organs ; impotence, incipient gonorrhœa, rigidity of os uteri during parturition, menstrual troubles.
8. Professional ailments (professional neuroses) (cramps from writing and from playing the violin). — *N. A. Journal Homœopathy.*

THE PRESCRIBER'S TEST. — There is one thing that you can use as an absolute test, and that is the homœopathic law of *similia similibus curantur*. It is the anchor to which you can adhere securely. It is the test as to whether this one or that one is a homœopathist from the standpoint of prescriptions. The law of similia is the test that you can judge for yourself whether your prescriptions are homœopathic or

not. The question of potency has nothing whatsoever to do with this law. The potency is a matter simply of one's judgment and experience. The man who habitually prescribes the mother tinctures and the lower potencies is just as truly a homœopathist as the man who prescribes the 100-1000 potency habitually, provided his prescriptions are made according to this law of *similia similibus curantur*. — *J. E. Gilman, M.D., in the Clinique.*

DISINFECTION BY SULPHUROUS ACID GAS. — One experimenter at least, Dr. Kenwood, of England, has satisfied himself that the ordinary method of disinfecting a room, by sulphurous acid gas, is not inefficient, as many have lately claimed, but that, for the germs against which it is employed, it is both thorough and efficient.

Dr. Kenwood exposed fresh diphtheria germs on cotton swabs in a closed room in which was burned the regulation quantity of sulphur — one pound to every 100 cubic feet of air space. In due time the air of the room was tested and found to contain 0.88 per cent of SO_2 . He also made other tests with smaller amounts of sulphur, but in each of the twelve tests made where more than half a pound of sulphur was used for every 1,000 cubic feet of air space, no growth could be obtained from the cultures. — *Exchange.*

REMEDIES FOR CHRONIC CATARRH. — For chronic catarrh the most reliable remedies are sulphur, calcarea, and silica or even cyclamen, the last-named remedy if the patient sneezes a great deal and complains of rheumatic pains in the head and ears. I had a fine illustration of the curative power of cyclamen in such cases, the patient, a lady of sixty, had been suffering with catarrh for years; it disappeared under this remedy in less than twenty-four hours, to the astonishment of everybody. — *Jahr's Forty Years' Practice.*

THE POPULATION OF THE EARTH. — The quinquennial census of different nations was recently completed. From 1874 to 1895 the total population seems to have increased from

1,391,000,000 to 1,480,000,000. The increase at the rate of five per cent should give 1,549,000,000 in 1900, and 2,548,000,000 in the year 2000. The fear expressed in Malthus' essay on population, that in course of time one portion of the population will be reduced to famine, seems not incredible, since the producing powers of the soil are limited, while those of reproduction of species are practically without limit. — *Medical Record.*

COFFEE-BLINDNESS. — Dr. Snaikén says: It is a well-known fact that the Moors are inveterate coffee-drinkers, especially the merchants, who sit in their bazaars and drink coffee continually during the day. It has been noticed that almost invariably when these coffee-drinkers reach the age of forty or forty-five their eyesight begins to fail, and by the time they get to be fifty years old they become blind. One is forcibly impressed by the number of blind men that are seen about the streets of the city of Fez, the capital of Morocco. It is invariably attributed to the excessive use of coffee. — *Appleton's Popular Scientific Monthly.*

SOME CURIOSITIES OF SUICIDE. — The late Sir B. W. Richardson is credited with the following curious information on suicides: The rate of suicides is highest in the last four days of June and lowest in February; more common among Protestants than Roman Catholics and rarest among the Jews. It increases with education and spreads with railways and telegraphs. More men than women are swayed by its influence, and the average of suicides is set down at twelve in every 100,000.

MRS. PHELPS-WARD'S CREED IN MEDICINE. — "I believe in the homœopathic system of therapeutics. I am often told by skeptical friends that I hold this belief on a par with Christian religion, and I am not altogether inclined to deny the sardonic impeachment! When our bodies cease to be drugged into disease and sin, it is my personal impression that our souls will begin to stand a fair chance; perhaps not much before." — *Elizabeth Stuart Phelps, in McClure's.*

PERSONAL AND NEWS ITEMS.

DR. GEORGE R. SOUTHWICK will return to Boston and resume practice October 1.

DRS. SARAH A. COLBY and ESTHER W. TAYLOR, recently of Malden, have located at Hotel Darwin, 15 East Cottage Street, Boston.

DR. JOHN. L. COFFIN announces that after October 1 his office hours at the Woodbury Building, 229 Berkeley Street, will be from 1.30 to 4 P.M.

DR. J. HEBER SMITH, greatly benefited by his summer's rest and change of scene, has returned to town and has resumed his extensive practice in Boston and vicinity.

DR. WALTER WESSELHOEFT'S new office is at 26 Garden Street, Arsenal Square, Cambridge, where he can be consulted between the hours of 8 and 9 A.M. and 2 and 3 P.M.

DR. WILLIAM E. WENTWORTH, of Rochester, N. H., has received an appointment as assistant physician at Dr. Givens' Sanitarium for Nervous and Mental Diseases at Stamford, Conn.

DR. SARA JOHNSON has opened an office at "The Cluny," Copley Square, Boston, where she can be found mornings from 9 to 10. Dr. Johnson will give special attention to the administration of ether.

DR. FRANCIS M. BENNITT has sold his practice at Chicopee Falls to Dr. George B. Maxwell, who substituted for him during his stay abroad. Dr. Bennitt has located in Springfield, with residence at 120 Sumner Avenue, and office in the Olmstead and Kirkham building, 137½ State Street.

THE AMERICAN PEDIATRIC SOCIETY is making a Collective Investigation of Infantile Scurvy as occurring in North America, and earnestly requests the coöperation of physicians, through their sending of reports of cases, whether these have already been published or not. No case will be

used in such a way as to interfere with its subsequent publication by the observer. Blanks containing questions to be filled out will be furnished on application to any one of the committee. A final printed report of the investigation will be sent to those furnishing cases.

(Signed)

J. P. CROZER GRIFFITH, M.D., *Chairman*, 123 S. 18th St., Phila.,
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 CHARLES G. JENNINGS, M.D., 457 Jefferson Ave., Detroit,
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 J. LOVETT MORSE, M.D., 317 Marlboro St., Boston,

Committee.

AT ELKHART, INDIANA. — The thirteenth semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association will be held in the Century Club room (115 Main Street), Elkhart, Ind., Wednesday, October 6, 1897. Many valuable papers will be read, and a large attendance is desired and already assured.

PUBLISHERS' DEPARTMENT.

A REPERTORY TO THE "CYCLOPÆDIA OF DRUG PATHOGENESY." — This valuable Index and Repertory, completing the "Cyclopædia of Drug Pathogenesy," and rendering this important work available in the highest degree, is now in press, the first part being ready for delivery.

The work will be issued in paper covers and will probably be complete in four parts, each part consisting of a fascicle of ninety-six pages, the whole constituting a volume somewhat smaller than a single volume of the Cyclopædia. It is expected that the entire work will be completed by next summer.

To facilitate the distribution of the Index, Messrs. Otis Clapp & Son, of Boston, have been appointed the authorized agents of the Institute for its sale, and have been instructed to accept subscriptions for complete sets from members of the Institute.

The Institute has subscribed for four hundred copies, and members will be supplied at the actual cost of publication and postage, which will equal seventy cents for each part.

Under the present tariff law the book will be subject to a duty of

25% *ad valorem* (equal to 17½ cents each part, or 70 cents for the four parts). If, however, the parts are sent by mail singly as issued direct from London to the subscriber, they will undoubtedly be delivered free of duty.

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BOOKSHELVES. — "If we consider the interests involved, it would seem to be only proper that the education of physicians should rank especially high. While the legal profession frequently consider questions involving large estates or large funds, these cannot be considered so important as those cases where health and life are at stake, and to secure which surrender of every possession would willingly be made."

These words, setting forth a self-evident truth, are taken from a report on Professional Education in the United States, published by the authority of the United States Bureau of Education.

If they are to have a practical value they must be translated into facilities for knowledge and a general appreciation and application of them. Such facilities may be found in our medical schools, where undergraduate and post-graduate courses offer large opportunities for thorough preparation for scientific, intelligent work in the medical profession. There are times, however, when the physician, already devoted to the exacting demands of a country or city practice, cannot avail himself of the privileges of college and hospital.

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his purse can compass. Let him, if need be, add but a volume or two at a time, but let him do that much even at some self-sacrifice. Then must he open his mind to new ideas, new theories, new arguments, new facts, new deductions. Let him weigh and consider; appropriate the well-proven, reject the hasty conclusions, and profit by all.

“ For every man of real learning
Is anxious to increase his lore,
And feels, in fact, a greater yearning,
The more he knows, to know the more.”

And now, apropos of this little homily, we suggest that from time to time you send in an order for books to Otis Clapp & Son, 10 Park Square, Boston. Their bookshelves are well filled. Student and practitioner alike may find a feast of reason upon them. And if, by any chance, the special volume desired is not in stock, it will be immediately procured for the would-be purchaser without additional expense. Do not say, “ I have no time for literary labor.” Bethink you, friend, of the words of Daniel Wytttenbach: “ There is no business, no avocation whatever, which will not permit a man who has the inclination to give a little time every day to study.”

HERALDIC. — *Mr. Gubbins*: Look here, Sophia, what is the motto on this letter? “ *Tiens ta Foi.*” What does it mean?

Sophia (who knows French): “ *Tiens*” means “ keep,” “ *ta*” is “ thy,” and “ *foi*” is — let’s see — oh, yes! “ *foi*” means “ liver.” Keep your liver.

Gubbins: H’m, seems sort of unnecessary advice, does n’t it? — *Life.*

A NATURAL FOOD. — Other things being equal, a natural food such as Pure Grape Juice is superior to artificial foods. The latter often present nourishment in a too highly concentrated form, or more often furnish nothing but a temporary stimulus to the flagging energies. A spoonful of this and a spoonful of that chemical combination may possibly be useful, but Nature often resents such trifling and emphasizes her preference for a more normal diet.

Grapes, however, have long been highly esteemed as a natural and wholesome food, though of late years the laity have contracted a most exaggerated and unnecessary fear of the seeds lurking within the pulp. Yet even if we grant that their fears are justifiable ones, we must at the same time remember that the goodness of the grape may be easily had without such drawbacks.

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Trial size, half pints, 25 cents; per dozen, \$2.75; to physicians, \$2.50.

TRUMPETS TABOOED. — A parish beadle in Scotland was lately much exercised at the appearance of a strange old gentleman, who, when the sermon was about to begin, took an ear-trumpet in two parts out of his pocket and began screwing them together. The beadle watched him until the process was completed, and then, going stealthily up, whispered: "Ye mauna play that here! If ye dae I'll turn ye oot!" — *Buffalo Courier*.

INDIA RUBBER. — Every one knows that India rubber comes from India, but every one does not know that India, after all, supplies but a small proportion of the rubber which the world uses yearly. The annual production is something like 60,000,000 pounds, of which about 2,000,000 pounds come from India.

The supply from the Amazon River region may be estimated at 45,000,000 pounds. The remainder comes from Africa and other tropical countries.

With such resources, a rubber famine is hardly imminent, yet for all that a fortune awaits the man who discovers an entirely practical substitute for rubber. Most substitutes heretofore produced lack that great requisite — elasticity. American ingenuity will, however, doubtless at last discover or invent something as good, if not better. In the mean time much skill and capital are being put out in finding new uses for India rubber, and in perfecting articles already manufactured from it.

Many such articles are among those most in demand by physicians and nurses. A list of them will readily occur to any one familiar with the needs of invalids. In buying such articles quality as well as price must be considered. India-rubber goods of a poor quality are invariably unsatisfactory, though one may at first, judging from the price and looks, congratulate one's self on having secured a bargain. The expression "dear at any price" would more correctly describe them.

Physicians and nurses desiring a really serviceable supply of such articles would do well to call at Otis Clapp & Son's, 10 Park Square, Boston. Water bags, ice bags, air cushions, urinals, catheters, bed-pans, operating cushions, douche bags, bulb syringes, hard rubber syringes, pessaries, powder blowers, atomizers, medicine droppers, rubber nipples, elastic bandages, tourniquets, rubber tubing and rubber sheeting, all these may be obtained there.

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A MINISTERIAL BOOMERANG. — A clergyman and one of his elderly parishioners were walking home from church one icy day last winter, when the old gentleman slipped and fell flat on his back. The minister, looking at him a moment and being assured he was not hurt, said to him: —

"James, sinners stand on slippery places."

The old gentleman looked up as if to assure himself of the fact, and said: —

"I see they do, but I can't." — *The New Albany Medical Herald.*

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COMMUNICATIONS.

OBLIGATIONS OF THE PHYSICIAN.

BY JOHN PRENTICE RAND, M.D., WORCESTER, MASS.

[*Annual oration delivered before the Massachusetts Homœopathic Medical Society,
October 13, 1897.*]

Ladies and Gentlemen, — It would seem ungracious in me to present a paper of this kind without some acknowledgment of the honor received. I need not say it is appreciated, and right here I wish to thank the executive committee for the compliment implied in its bestowal.

I will not, however, tax your credulity by attempting to cover up my shortcomings with any hackneyed excuse of "lack of time" and "the few moments snatched from a busy practice." I have had time enough; in fact, the most I have to say has been clearly in mind since I began the practice of medicine, fourteen years ago. Whatever, then, this paper may lack in wit, wisdom, or appropriate remark, please do not attribute to any fictitious outside circumstance, but charge it to me direct.

In casting about for a theme on which to rivet your attention, while I essay to supplant your normal after-dinner lethargy with a true hypnotic sleep, or failing in that to render you, at least, susceptible to "direct suggestion," my eye rested upon this remark of Emerson's with which he begins a unique discourse: "It is said that the world is in a state of bankruptcy, and that the world owes the world more than it can ever pay."

Now I am not here to affirm or deny the universal insolvency of the race. I presume it is so; and that the meanest individual, if subjected to an impartial examination, would fall short in his accounts. But, be the proposition applicable to the general public or not, it surely must be true of the professions, and especially of the one to which we belong. Yes, the physician is a bankrupt in more ways than one, and the debt of his inheritance he can never wholly expect to repay. That old tramp philosophy, that the world owes every man a living, should be counterphrased into this, "Every man living owes the world."

But my theme is on the obligations of the physician, and I have no time or inclination to speak of anybody else. And first, we must acknowledge that the physician shares the common obligation of good citizenship towards the community in which he lives. As a child he was taught the rudiments of knowledge at the public expense; as a youth he advanced under the fostering care of academy or college; as a physician he is exempt from the summons of the jury box or the muster to arms in battle. And has he in return for these considerations nothing to bestow? Has he no thought or suggestion to improve the sanitary conditions of our time? With our boundless acres and ready means of transportation, must houses continue to be built with no consideration but economy of space? Must the people, already shut out from God's best bounties, sunshine and air, be compelled in addition to drink the pestiferous germs of disease from unfiltered water supplies? Must schoolhouses continue to stand among the most unhealthful surroundings simply because some influential citizen, with no interest in the children whatever, desires to save money on his tax?

Has the physician no protest against pernicious methods of study? Is it simply for him to follow the educational craft, as sharks do a ship, to pick up the wrecks thrown over by the way? Has he no thought for the public library that healthful, helpful reading be placed within the reach of all? Shall the brothel and the dramshop continue to debauch our youth, and the physician walk around with a padlock on

his lips to which some patronizing landlord holds the key? The money-gag is thrust into the mouths of us all, and the physician, alas! too often, is silenced by it.

Though politics, as Whitelaw Reid admirably affirms, were in itself the noblest of professions, in times of excitement the physician must dodge between the opposing parties, like the amorphous bat in Æsop's fabled contest of the birds and animals. He cannot be an active Republican or he will lose Democratic business. He cannot be an active Democrat or he will lose Republican business. He cannot be a third party Prohibitionist or he will starve outright. It is sad to admit that under such circumstances the physician may forget the example of the immortal Warren and act the sycophant rather than the man. But the heroes of independence are not all dead! When President Andrews, of Brown University, the other day, resigned his position rather than degrade his rights as a citizen, he set an example for the timid, time-serving, invertebrate hirelings in every profession to consider.

The physician owes it to the community to be a man, to stand up and vote and let his vote be counted; to become a candidate for office even, for positions where medical training is required. He must be indeed a poor observer who could have practised medicine for a period of years and not know, better than the average citizen, that, in the catechism of health — dirt, dissipation, and death are one. The people must be taught that disease is no accident, but the result of inexorable law, and the physician should be foremost to do it. Of what use is preventive medicine? Of what use is sanitary knowledge, if the one who has it keeps it all to himself? I grant that as yet the physician is ignorant and many times his choicest verities prove untrue, but the people are looking to him for light, and he indeed must be lacking in philanthropy who would not do his best to supply it.

I come now to an exceedingly delicate topic, but one in which I know you are all more or less interested, and that is the church. What obligations rest upon the physician

here? I do not agree with Dr. Holland when he stigmatizes the medical profession as a "great army of little men without piety enough to preach, or brains enough to practise law." From what I know of clergymen and lawyers, I should say that in many instances it requires but a very small amount of piety or brains to do either. I am more inclined to that opposite opinion, that "it is a great deal easier to preach than to practise"; and, so far as legal advice is concerned, "more blessed to give than to receive."

I have nothing but praise for the devout physician who goes to church and attends to his business on the Sabbath day. There is no man in the community who needs divine help and consolation more. But I blush for my profession when physicians, whose breath smells of alcohol and narcotics, who fly in a passion and damn their assistants upon the slightest provocation, accept the sacraments divine and present their children for the holy rites of baptism.

I shrink from the suppressed smile I see creep over an audience when a new physician rushes into church at mid-service, or is called out by some well-trained domestic. "There are tricks in all trades but ours," but, really, must it not seem strange to the unsuspecting that a physician should be so much more frequently called from the church, than from the banquet table or the ball game?

What does the physician owe the church? The same as any other individual. If he deems the institution a public benefit and a safe channel for the bestowment of worthy charity, he owes it moral and financial support, but to bow the head and assent to dogmas he cannot fully accept, *never!*

I come next to that strange relation around which all codes of ethics centre, and about which there has ever been so much individual dispute, and that is, the obligations of a physician to the profession at large. The sentiment expressed by that noble woman, Dr. Nancy T. Williams, who has contributed most to the Hahnemann Monument, because, she said, she owed all she had in the world to him, might well define the obligations of an individual physician to his profession. What does the average physician know of the

doctrine he professes that is not due, directly or indirectly, to somebody else? And yet what has the average physician contributed in return? Ay, more, what could the average physician contribute that would by any possibility liquidate his debt? And yet all over this land are petty practitioners, who, having completed the curriculum of some school, or gained by residence a right to practise, deliberately deny their obligations to the profession, and by some secret medical formula or patent device seek to obtain a personal advantage over every one else.

Can there be any attitude more ungracious than this — to glean and sift, and horde from the accumulated experience of the ages, and then bring nothing in return? Success in greed is worse than failure. Well did the old poet exclaim :

“ That man may last, but never lives,
Who much receives, but nothing gives,
Whom none can love, whom none can thank —
Creation's blot, creation's blank.”

The main idea of a medical society is a sort of mutual exchange where each contributes of his best experience and partakes in return of the experience of others. But that is not all. It is only by intelligent coöperation and united effort that we can gain our just recognition as an independent school and our individual rights as medical practitioners.

To me it seems that the ordinary physician, or, for that matter, the one who has accomplished most, when he has done his best is still a debtor to his profession ;, but when he refuses that and deliberately keeps back part of the price, I cannot understand upon what ground he claims fraternal recognition or support. It is a problem, and a most serious one, what action our societies should take in regard to this matter, for the “ commercial spirit,” like a dry rot, is tainting them through and through. For one I would like to see the option squarely put: “ Choose ye this day whom ye will serve.” If the golden calf is to be set up in the temple of *Æsculapius*, let us sacrifice every fraternal relation upon its altar and all fall down together and worship it.

I wonder how many physicians realize the unparalleled

philanthropy exhibited in their code, wherein it denies them the right to obtain a patent upon a medical formula or surgical instrument. Is there any other fraternal organization on the face of the whole earth that would declare it derogatory to the good standing of a member to receive a royalty from a beneficent device? Remember this when the taunts of avarice are hurled against physicians, that whatever may be said of an unworthy example, the profession itself stands on holy ground.

What do I owe the profession? I must not disgrace it. To the sum of medical experience I must add my mite, and be that experience painful or humiliating, I must add it just the same. We cannot all be brilliant, but we may at least be truthful, which is better; and the honest, square report of a real case is worth a hundred fairy tales of recoveries — that never occurred.

But the obligations of the physician are not to the profession only, but to the individual worker with whom he may come in contact. I know no guide save the Golden Rule that can define our relations here. No code of ethics can take account of the man who damns you with faint praise; who says of the young graduate, "He will know more when he is older;" or of the hoary physician, "He was good — in his day;" who, called to a case from which another physician has been dismissed, if the patient recovers says, "You did n't call me any too soon;" and if he dies, "You did n't call me soon enough;" who, with like adroitness, when the patient of a rival physician dies, remarks, "I wonder he stood it as long as he did;" and should he recover, "Well, God is good."

And yet in the hurry and scurry of professional life the best and sweetest of characters are sometimes maligned and misunderstood. Why is it that the physician who lives in the next town is such a magnificent fellow, and the one who lives next door is — not? Why is it that we criticise the living and canonize the dead? Is there anything in tradition or history more sadly out of place? When the good die they need no eulogy, and the bad — what eulogy can do them good?

But I must not digress. The physician should do what he can to elevate the profession; and there is no better way than by discouraging unworthy candidates from entering it. Is it money he is after? let him marry an heiress. Is it an easy position? let him seek it somewhere else. Is it a cheap notoriety? let him become a candidate for office, or publish a book.

The profession is so divided up into specialties that the genuine general practitioner is almost extinct. The question of obligation, then, is not among general practitioners only, but between him and the specialist, and of specialists between one another.

When a patient is sent me by a fellow physician, I must guard his reputation as sacredly as my own. I may not agree with his opinions, and later on I may not agree with the ones I hold to-day, but I owe him at least the courtesy to say he may be correct, as time will very likely prove to be true.

When called in a doubtful case for consultation we must recollect it is neither wise nor kind to impair the confidence of a patient in his physician. How much the mind helps to tide over the crises of disease nobody can fully know. Keep nothing back from the regular attendant, but remember his opportunities for observation have been better than ours, and that in case of disagreement the chances are that he is in the right, for "the best of physicians sometimes make mistakes," — you all know by experience.

I come now to a relation so sacred that its sanctity is even admitted by the courts, and that is, the obligations of a physician to his patient. The patient trusts his all in our hands — "his life, (mis)fortunes, and his sacred honor." We are his confessor, and we owe to him not only secrecy, but the very best attention we can bestow. Our obligations to our patient are paramount. I say it, and I say it deliberately, as much as we may desire to help ourselves or our professional friends, our obligations to our patients come first. We must do for them the very best things possible, and at all times, without pauperizing them, put them in a way to obtain the best their circumstances will afford; and

not only that, we must be considerate. How much better is it than stealing to make a man believe he is ill for the sake of treating him? Some one has said, "The demand of the highway robber is, 'Your money or your life!' but the quack doctor takes both."

And speaking of quacks reminds us that it is not the itinerant physician alone who should be classed under this head. Webster defines the word as, "A boastful pretender to medical skill." I know of no reason why a graduate from Harvard, who knowingly and deliberately lays claim to the impossible, is not as truly a quack as the ignorant advertiser.

That physician who, in the present state of medical knowledge, claims to cure *all cases* of cancer or consumption, or even *all cases* of the most trivial disease, has outstepped the bounds of professional decorum, and deserves to be stigmatized as a pretender and a quack. Has the profession fallen so low that a surgeon will perform an unnecessary operation for the sake of the reputation or the fee? Will the obstetrician apply the forceps in a normal labor to make it an "operative case"? Will the gynæcologist discover "a serious condition" where none exists, or the orificialist libel the handiwork of the Creator by finding "pockets" in every case? I might extend this list to cover the whole range of medicine and surgery. How easy for a microscopist to demonstrate to a patient the presence of bacteria or casts! How easy for a diagnostician to find the heart or lungs seriously diseased! How easy for the venereal specialist to pronounce a simple ulcer specific and requiring uninterrupted medical treatment for a series of years! In short, how easy for us all to forget our principles of honor and rush into the practice of medicine like gold bugs to the Klondike mines!

I could write a whole chapter upon this one phase of medical ethics — the Legalized Quack. There is no one in the community from whom a conscientious practitioner suffers so much. He buys books, but not to read them, and displays instruments he knows not how to use. As a class he infests the air around him with a needless pathophobia, and

then quiets his terrorized victims with assurances of cure. In the whole range of professional criminals, excluding, perhaps, the dishonest priest who uses purgatory as a means of extortion, there is none more contemptible than an unscrupulous physician who frightens his patient to rob him of a fee.

I come now to the last division of my theme — the physician's obligations to himself; and in that I include his family, which is, or should be, of himself the dearest part. How like a very inspiration come the words that Shakespeare puts into the mouth of Polonius: —

“To thine own self be true,
And it must follow, as the night the day,
Thou canst not then be false to any man.”

We will take it for granted that the physician has already been true to his best instincts in his choice of a vocation; that his heart is in his work, and the practice of his profession a delight. And right here lies a most insidious danger. The physician should be the broadest of men, catholic in spirit, of liberal culture, and, what is grander than all, willing to be taught. If the advantages of literary training have been denied him in youth, they must come later in some form or other, or, however successful he may be in certain directions, he is still a pygmy and a dwarf. The practice of an ultra specialty, or even the exclusive study of any profession, tends to mental myopia, which, like a narrow tire on a wheel, wears out itself and hurts the road it goes on.

It is hard to draw the line between the physician's obligations to himself and to his patients. He owes it to himself not to attempt more professional work than he can faithfully perform; he owes the same to his patients. He owes it to himself to keep in touch with all the real advancements in medicine; he owes the same to his patients. He owes it to himself to preserve his health and intellectual powers from dissipation and excess; he owes the same to his patients. What right has the physician, more than anybody else, to work day in and night out for months together with-

out a vacation? Is suicide any the less criminal because the process is indefinitely prolonged?

It is inspiring to think of the late Dr. Lewis Hallock, who continued in the active practice of medicine for seventy years; and among the notable events at our late Institute there was none so impressive or beautiful as that formal presentation of a gold-headed cane to our own Dr. Chase in commemoration of his completed half-century of membership. You remember Dr. Holmes once wittily remarked, "It is better to be eighty years *young* than forty years *old*." And every physician owes it to himself to prove this.

Learn to take a philosophical view of life. The earth had been rolling for some years before we appeared upon it, and will doubtless continue to roll after we have left. There are other physicians here besides ourselves, and some of them quite competent to treat disease. Do not fret because some old-time patient changes doctors. Every doctor has his day, and most of the families you have left at one time employed somebody else. A patient's gratitude is a paradoxical thing; of the ten lepers who were healed by miracle, only *one* returned even to give thanks. The world is a heterogeneous mass. We cannot make people all over, even with the "indicated remedy," and the wisest thing to do is to take them as they are and make the best of it.

I have thus indicated in a cursory way some of the obligations which rest upon the average physician. Ability is but another name for responsibility, and the cause we have espoused implies both. I have purposely made no mention of a physician's charities, for there is no man in the community who, in proportion to his means, contributes so much.

The pulpit may make men happier and better, it may promise a heavenly home beyond the grave, but never, while health and friends remain, will it render the saintliest soul in any hurry to get there.

Lawyers, too, are bound to defend the right;

"Yet, in the corrupted currents of this world,
Offence's gilded hand may shove by justice,
And oft 't is seen the wicked prize itself buys out the law."

But there is a condition common to all, when neither the solace of the pulpit nor the plea of the bar is the solace that will please most. It is when insidious disease steals a march upon you, when the eyes of Pauguk glare upon you in the darkness, when the bullet of the assassin is lodged in your vitals, when the cry is, "Millions of money for an inch of time," it is then and there that this "great army of little men, without piety and without brains," becomes the source of all your hopes and confidence. The physician! To his trust you commit your most guarded secrets; by his advice you accept the most fearful odds; at his fears you tremble, and exult with joy when he speaks of hope.

The physician's office is sacred. He stands at the Alpha and Omega of life. He watches its fevers of summer and its chills of winter. Where the colored card warns the priest and counsels of danger, his duty calls him to go; where the plague and the pestilence abound,

"He dares a fate the bravest well might shun,
Nor finds reward save only Heaven's — 'Well done!'"

THE COMPARISON OF METHODS, NOT OF CREEDS, THE BASIS OF AFFILIATION OF SCHOOLS.

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

The *Boston Medical and Surgical Journal* of August 26, 1897, states that "a petition has been presented to the Regents of the University of California by the Hahnemann Hospital College for admission to affiliation with the University of California, and a counter-petition by the regular faculty of the medical department of the university."

Without entering at length into the details of each petition, it will serve at present to state briefly that the directors and stockholders of the Hahnemann Hospital College base their claim for affiliation on the number of their graduates and that of homœopathic physicians (465) practising in California, and on the respectability of their patrons and the large number of taxpayers who do now, and who may in the

future, employ homœopathic physicians in whose interest, as well as in that of the University of California, the creation of a homœopathic department connected with it is desirable.

A counter-petition by the "regular" faculty of the medical department of the university claims, in opposition to the above, that as it has always discharged its duties faithfully, it regards the proposed affiliation as an unjust criticism of its work, and "*if such an opinion be held by the regents, then it is only fair that they should first apprise the present faculty of its deficiencies so that an attempt may be made, if found necessary, to rectify them.*"

The last clause is Italicized by the present writer on account of its obvious significance, as will presently be perceived.

Some further reasons in opposition to the petition of the Hahnemannians deserve notice on account of their quaintness: The homœopaths are not recognized either in the army, navy, or civil service of any country in the world; and they are recognized by only two institutions of learning in our own country (?), namely, Ann Arbor and the University of Iowa.

There are very few homœopaths in Germany, the birth-place of the founder, and no university there teaches homœopathy (?).

In eighty-seven years the homœopaths have not made a single scientific discovery.

Great discoverers, like Lister, Koch, Pasteur, and others, were all "regular" physicians, or working under the auspices of the "regular school," etc. This list of discoverers, investigators, and educators proves that the "regular" medical profession is not inimical to progress; and lastly that homœopathy "has not advanced out of the realm of theory into that of actually realized fact."

The editor of the *Boston Medical and Surgical Journal* merely adds the somewhat pertinent remark: "If homœopaths as such are to have representation in a State university, then why not other medical and other sectarians because they pay taxes?"

Having observed and studied with unremitting interest the attitudes of the principal sects towards each other, it became the present firm conviction of the writer that any kind of affiliation of the parties at present at variance cannot permanently be brought about by the discussion of or the insistence on the civic rights such as those of taxpayers, or by the presentation of illustrious names of persons who had not espoused the practice of homœopathy, or who have scouted instruction in its methods.

Neither is there any relevancy in the assertion of the absence of discoveries "on the part of the homœopaths," nor truth in the statement that they have not taught at universities (Hahnemann, Bakody, Grauvogl). Neither is it of any significance that the Boston University School of Medicine is not mentioned among the institutions where homœopathy is taught.

On the other hand, it is of the utmost importance and significance to recognize the only way leading to mutual recognition, and that is, to test each and every therapeutic method according to the severest tests that modern experimental research is able to invent. This has never been done in the modern spirit and according to modern demands, neither with regard to the ordinary practices of the older school, nor with sufficient precision with regard to the practice of the newer school. The tests to be applied should be as exact and as severe as those applied in the biological study of the causes of diphtheria, cholera, tuberculosis, tetanus, yellow fever, and the plague. In these researches there have been called into action intellectual acumen, learning, and industry unequalled in the history of medical science. None will dispute this; but when it is claimed that all this was done by the "regular" school or in some way through its influence, the assertion at once transcends the limit of reason and becomes ridiculous. To claim for those men that they made those discoveries because they belonged to the "regular" school is also ridiculous. Such men stand above and outside of all schools. They make schools as Hahnemann, Davy, and Faraday have made schools, but schools do not make them.

It is equally absurd to say that homœopaths have never made any distinguished discoveries. If others do not choose to recognize the kind and method of their work, it surely is not the fault of the homœopaths. If the majority of "regular" practitioners sternly set their faces against the principle of inductive research leading to thorough knowledge of everything about drug medication; if they abhor the principle demanding that such drugs are to be thoroughly tested upon normal organisms before employing them in diseases; if a majority of such physicians persists in ignoring the need and existence of some general law according to which medicines act in a curative manner; if such a majority continues to adhere to a dangerous polypharmacy and dosage, and if they purposely shut their eyes to the plainly open fact that homœopaths have worked with intelligence and industry at the development of these branches of knowledge, and if, finally, they deny that such useful work, equal to the most beneficent discoveries, has been done by homœopaths, they lay themselves open to serious charges of having neglected a duty they owe to their patients if not to themselves.

In this narrowness of view the homœopaths are called a sect. But what are those of the "regular" school? Why, another sect, only more numerous and more illiberal. The difference turns wholly and exclusively on the use of drugs in disease. This use is not governed, as it should be, by knowledge derived from close experiment, but rests largely on belief and tradition of a thousand years' standing. At the same time it must be admitted that while the methods of the homœopaths of ascertaining the nature and action of *drugs are* far in advance of what has been done in other quarters, they also feel that they are bound together by a spirit of belief — a word which should not play a prominent part in the pursuit of knowledge by the physician. But while men form groups of believers where there should be knowledge, they will necessarily be sectarian, call each other sects, and treat each other in a sectarian spirit. Hence, as above remarked, there is only one way of arriving at a point of affiliation. That way is to do away with belief, and of

forming sects upon certain beliefs ; and having abandoned that course, the next step would be properly and conscientiously to enter upon the work of testing each and every method of practice which has promised and continues to promise desirable therapeutic results of shortening disease and of conducting it through a painless course, instead of prolonging it and rendering it more painful by ignoring those rules of precaution which should govern the use of drugs.

Bacteriological progress has been made by men independently of any therapeutic sect, and all physicians claim the right to avail themselves of the benefits of such progress ; but it seems to be claimed by the "regular" school that this bacteriological progress and its employment constitute the entire practice of that school. They may succeed in convincing the regents of the university of that idea ; but the medical profession at large know that bacteriological progress, culminating in the use of anti-toxines, is only a drop in the ocean of *materia medica* and therapeutics, with its two thousand drugs and its thousands of combinations of drugs.

It must be admitted on all sides that anti-toxine and certain other therapeutic methods in general practice play but a small part as compared with the general use of substances known and defined as drugs. It is with regard to the methods of using those drugs upon which the question turns, and this is exclusively one of drug therapeutics. In all other respects there is no want of harmony among doctors ; but in regard to drug therapeutics the position of the homœopaths may be stated as follows : The groundwork of their conviction is that they consider it unscientific to use drugs of which too little is known, and to use them in dangerous excess, as is practised by tens of thousands of doctors all over the world. They maintain that more harm than good is done by such practice, and propose to substitute for it an accurate knowledge of drug effects ; and having acquired such knowledge, they find that if used singly and in small quantities such drugs accomplish all the good that drugs used as medicines can possibly accomplish. They also claim that for these reasons their success in the treatment

chiefly of acute diseases is greater by a much larger per cent than that of the "regular" school. This they have demonstrated by such opportunities for comparison as they have had, and they hope that their present greater hospital facilities will furnish still more ample and accurate proofs of their superiority.

They say, furthermore, that physicians who do not avail themselves of modern developments, such as those of the various anti-toxines, are seriously neglectful of their duty; and in the same manner those who refuse or neglect to give their patients in private or in hospitals the benefit of accurate knowledge of drugs administered in absolutely safe doses, and according to a principle now well tried for a century, are equally guilty of serious neglect of professional duty. While this leaves ample room for the practice of legitimate empiricism, it also introduces a new element into practice, namely, the recognition of useful methods and the elimination of creeds.

If the regents of the University of California should be alive to the principles involved in the petition of the "regular" faculty, and should accordingly consider "the work of the present faculty incomplete," and if they should be inclined to "apprise the present faculty of its deficiencies so that an attempt may be made, if found necessary, to rectify them," we would respectfully call their attention to what has been stated above, and to ask in positive terms for the *recognition of the principles of homœopathy as a method by the side of other methods, not antagonistic as heretofore, but as filling out an ancient and wide gap in the science of therapeutics.*

If the homœopaths as such have not discovered the various microbes causing disease, nor the steam engine, the telephone, and the telegraph, neither have the "regulars" as such made such discoveries; the former are, nevertheless, the only ones who have made much progress in the knowledge and use of drugs as medicines. If they are still far from the goal of their work, they have nevertheless made proportionally as much progress as has been made in the past century in any other branch of knowledge. If the

“regular” school, following the usual habits of sects, ignores the progress of others, these cannot be accused of the same error.

It is true that homœopaths claim greater success in the use of drugs than the “regulars.” These, on the other hand, claim the right to utterly ignore such claims. As long as a sectarian spirit prevails in “schools,” the question of relative superiority will never be settled. Even to attempt this has been impossible till within a very short time; but now that there are in existence ample hospitals where homœopathic methods are in use, it has at length become possible *to institute comparisons to discover which method of using drugs in the cure of disease is the best.*

This trial will some time be made; if not in the interest of doctors, it will be in the interest of the public. It is to be hoped that it will not come in the form of a challenge, but in the form of a proposition having for its object an honest scientific test. To carry it out needs careful planning and mutual good will. Only so much need be said here that the trial should not comprise all diseases, but to extend over a few acute forms; and, furthermore, that the records of hospitals be kept in such a way as to permit the progress of a case of disease under treatment to be readily traced. Therefore the records *should contain rubrics:—*

(1) *Recording the duration of a case before treatment by medicine.*

(2) *The length of time when first improvement was noted.*

(3) *The length of time under treatment by medicines.*

Record books made to contain such rubrics will in the course of time enable us to institute fair comparisons of methods of treatment by means of medicines. This point cannot be sufficiently emphasized in contradistinction of other methods of treatment. Such changes have already been made in the record books of the Massachusetts Homœopathic Hospital, and it is to be hoped that others will follow. The question is: Will other hospitals of this city or of the country come forward to aid in the work of comparison of methods? It will be irksome and will have to extend over

several decades before any adequate opinion can be formed concerning the value of methods.¹

Methods of treatment should henceforth be the word, not sects or schools. The habit of one party or the other claiming to be the only true school or sect is not destined to bring forth good results, and it is to be hoped that this mode of contention will cease. Groups of physicians pursuing different methods as scientific men dare only claim the right to practise their methods, to test them to their fullest capacity, to challenge comparison, to work incessantly at the improvement of details; but they will err as they have erred, when each group, school, or sect claims more rights and privileges for its method than belong to it as a method of therapeutics by the side of other existing and still possible methods of treating disease. On this ground each group or school may not only demand but compel respect and recognition. For any party to claim to be the only true school would be to deny to others the right to exist, and thus, while becoming the aggressor, to at once cut away the safest and most tenable ground from under its own feet. This is essentially the spirit and relation of medical sects toward each other ever since "medicine" has had a history.

No method of medical practice should longer shun the crucial test of inductive research, not only as applied to special cases, but on the largest scale with reference to the comparison of the various methods now in vogue. To carry this out will be a work of the Pasteurs and Kochs of the future. For the present, however, much work could be done by intelligent general practitioners of any school if on rational grounds they could be made to combine for the purpose of comparing results obtained in the large public hospitals; if not, then their purpose is to a large extent lost

¹ As this subject is not as fully understood as the case demands, the following references may aid the reader: "Homœopathy, its Name and Relation to Medicine," *Brit. J.*, January 1, 1876. "The Method of our Work, not Faith, the Basis of Organization of Medical Societies," *Transact. Am. Inst. of Hom.*, 1880. "A Lecture on Homœopathy before the Boylston Medical Societies," Otis Clapp & Son, Boston, 1886, p. 17. "The Relation of Antagonistic Parties in Medical Practice," *N. E. Med. Gaz.*, April, 1888, p. 161. "The Reason for our being Homœopaths," *Ibid.*, January, 1891, pp. 43, 44. "Homœopathy, a Specialty in Therapeutics," W. Boricke, M.D., *Pacific Coast J.*, December, 1896.

sight of. While their primary object is to benefit the sick, another one of equal importance is to gain experience as to the best therapeutic methods.

Until these questions approach their solution it is useless to insist on any other affiliation than one designed for the purpose of honest comparison of results. Such tests will in time teach whether regulars, homœopaths, Christian Scientists, or what not, can affiliate. After such tests have been instituted and something like acceptable results obtained, it will then be time enough to discuss the question as to whether various sects can exist harmoniously under the ægis of a great university. For the present, and while regulars, homœopaths, and eclectics are little more than sects, the assumption of a protectorate of antagonistic parties seems impolitic to say the least; let belief and partisan strife be replaced by knowledge, resting on faithful and unbiased comparison of results, and then try again for affiliation. In the mean time let us await the action of the regents of the University of California.

GOUT IN NEW ENGLAND.

BY CLARENCE P. HOLDEN, M.D., MELROSE, MASS.

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

A stock character of the English novel of a generation or more ago was the irascible, gouty country squire, leading an inactive life, eating and drinking to excess, and at more or less frequent intervals nursing his gout, which was the specific joint affection of the great toe.

I practised my profession many years before I saw a case of gout of this type, and if the classical joint affection only is gout, then we may truly say that gout is a rare disease in New England.

I plead for a broader use of the term "gout." Since the essential nature of the disease is the presence of uric acid salts in the blood, how unwise it is to restrict the term to the joint affection and call the other manifestations lithæmia, or the gouty state.

This poison modifies the functions and changes the structure of many of the vital organs of the body; it irritates brain and nerve, making a fiend of a man at other times a mild-mannered gentleman. It irritates and inflames the heart and blood vessels, and finally modifies the structure of both; it impairs digestion by its effect upon the stomach and liver. Such widely separated diseases as eczema and asthma are often cured by anti-gout treatment.

This poison contracts the kidneys, modifying their function, and finally so altering their structure that they cannot perform their function; and, finally, we have the specific arthritis, often mild, sometimes serious, many times making its victim a helpless invalid.

The heredity of gout is well known, and is, in fact, so general that if we included all forms, and had a perfect family history, it would prove true in every case. I have in mind one family where the father had asthma and rheumatism; one child, asthma; another, dyspepsia and joint lesions; another, fits of unaccountable depression, and later, joint lesions; a third, eczema and erythema; and a fourth, heart and kidney disease.

Allow me to briefly detail some cases:—

A. B—, age seventy years, has always been a hard-working, temperate Vermont farmer, certainly not a life of luxury and ease; but he and his ancestors have consumed too much cider, and his dietary included too much sugar and starch, the starchy foods notoriously ill cooked (for it is a fact that the country people of New England do not cook their bread and flour foods enough, but will cook a beef-steak to death). They share the common American habit of hurried eating, which puts the starchy foods into the stomach almost wholly unacted upon by the salivary juices. Again, they eat too many potatoes, and too little of the non-starchy vegetables and fruits.

Some fifteen years ago he had an attack of acute rheumatism, and six years ago had a very severe attack of "dyspepsy," which has continued ever since. The pain in the stomach and vomiting were so persistent and severe that his

physician strongly suspected cancer of the stomach; with all, he had more or less constant "rheumatiz." Two years ago he had an attack of rheumatism, so called, following *la grippe*.

When I saw him there was slight fever, general soreness and stiffness of joints, *intense* acidity of stomach, irritation, and depression of the mind. There was excessive tenderness of the arch of the foot, and he laughed me to scorn when I told him he had gout.

C. D—, age forty. Occupation, lawyer, thin, bilious, nervous, and anæmic. He has had frequent "bilious" attacks all his life, and his family history shows that his father and all his brothers and sisters have suffered from one or more forms of gouty manifestations. He remembers to have suffered from severe pains in his legs at night when a child, which his parents called "growing pains."

Six years ago he had an attack of dyspepsia, lasting two or three months, and followed by rheumatism of the first metacarpophalangeal joint of the right hand, which is now enlarged. In the month of November, 1895, he presented himself, lame from pain and swelling of the ball of the left foot and the second, third, and fourth toes. This was certainly gout, but not more so than the growing pains of childhood, or the dyspepsia and joint affection of later years.

This man, as I have stated, was thin and anæmic, and, though the stomach was well fed, the blood was poorly nourished; not at all the classical gouty patient, but quite typical of New England gout, and not unknown in England, as Burnett styles this form "starvation gout."

Case 3. E. F—, age eighteen months, male, a bottle-fed baby and a great feeder. He has eczema of face and in the folds of skin at the joints. The mother says he is so cross she can hardly live with him. He seems sore, hates to be handled, cries when he urinates, and the diaper is often stained with brick dust. Diagnosis, gout! Yes, even babies have gout.

"The fathers have eaten sour grapes, and the teeth of the children are on edge."

Now the earlier the family doctor finds out that such a child has gout, and the more wisely his life is directed, the better it will be for him, and his children, even unto the third or the thirtieth generation.

What shall we say of treatment? These are all cases of blood poisoning; uric acid formed in the system and retained in the blood, and not one whit less deadly than if introduced from without the body.

It is all very well to talk of hygiene, but in the case of the baby it would have been better if we could have begun with the baby's grandfather or even his father. But since we have to begin with the baby, we will at once stop his bottle food; give him good milk with a spoon. This will be taken more slowly, and hence a smaller quantity will suffice. No food at all at night. We shall add good, stale bread and butter, beef or mutton broth once a day, and all the water he will drink. Sugar, very sparingly, always. We shall also give him calcaea twice a day.

In the case of the farmer we are years too late. Yet hygiene in his case is an absolute necessity; his disease has set the limits and bounds for him, and the penalty for violation is swift, sharp, and severe. Stale bread and toast, with rice and milk, are about all he can take without injury; and when his system gets overcharged with uric acid, we must neutralize it and flush it out.

In the case of the lawyer he finds that any overwork or anxiety, which pulls him down, is apt to precipitate an attack. Hence he must avoid overwork, and must be well fed, always avoiding sugars, starches, and red meat.

A palliative treatment of gout by alkalis, salicylates, and colchicum relieves, but does not cure; neither does a homœopathic prescription for the present symptoms, which are the ultimate manifestations of causes lying far back in the past. Yet this is all that many patients want. They want some pills or potions to make them easy for a time, and they will utterly disregard the rules of hygiene so far as they dare.

A scientific treatment of the gout means a treatment of

the individual, and not of the name of the disease; hygiene, with a proper regulation of food in kind, quality, and quantity, exercise, baths, and an abundance of pure water, which many avoid with strange pertinacity. I have no specifics to offer in the line of treatment, but some of the drugs which I have found useful are sulphur, nat. mur., nat. sulph., calcaerea, and lycopodium, according to their well-known indications.

I am aware how far short this paper falls from a comprehensive view of the subject; but my principal object is to protest against the limitation of the term "gout" to only one of the many manifestations of a common poison, and to ask you to look for gout, not in the classical form, rarely seen with us, but rather to seek the "uric acid devil," as he really is, and you will find him only too often in many forms, complicating and simulating other diseases, in persons in every walk in life, in all ages, and in both sexes.

NOTES FROM EUROPEAN CLINICS.

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

The specialist in gynæcology will hardly feel a visit to the leading specialists of Europe complete without spending a few days with Professor Jacobs in Brussels. He is one of a few operators with a record of over eight hundred laparotomies with a mortality approaching an estimate of three per cent. His private hospital is one of the best in Europe, and no expense has been spared to obtain perfect asepsis. He uses silk for nearly all sutures and practically has abandoned catgut. This is also true of nearly all the European clinics except Berlin. Formol is the chief drug employed in Professor Jacobs' clinic in preparing silk or catgut. Moist heat is used for sterilizing instruments, and dressings are steamed at a pressure of one or two atmospheres. Even the rooms and bedding of the patient are sterilized, though perhaps not so completely as the surgical dressings. His method of operating on uterine myomas is to be commended for its simplicity

and particularly for its safety. Not a case has been lost in a series of forty-nine fibroids of the uterus. The difficulty and danger of operating for uterine fibroids seem to have been conquered, and modern methods and instruments have placed the mortality of this operation on a par with ovariectomy. Fibroids are by no means so sure to disappear after the climacteric as has been believed by the profession, and the comparatively frequent development of cancer in them has led European gynæcologists to remove them in all cases, as the risk of leaving them and the danger of malignant degeneration are greater than the danger of the modern operation.

Paris is truly a city of magnificent distances; the hospitals are scattered and much time is lost in going from place to place, unless the traveler finds lodgings not far from the Latin Quarter. A good knowledge of French is indispensable both in Paris and Brussels. In Germany, many of the gynæcologists speak English and French, but in Paris there are few operators who speak German or English. The chief features of the French methods of vaginal hysterectomy are the use of clamps instead of ligatures for the arteries, the splitting of the uterus from the cervix to the fundus, and the removal of fibroids, piece by piece, from the vagina. The shape of the clamp has undergone many modifications from long experience, and the new model is a powerful, simple, and effectual instrument. Secondary hemorrhage was too common with previous patterns, and no one now thinks of doing the French operation without the new model clamp. The great advantage of the clamp is that it saves time, which is an important factor in some cases. The operation in favorable cases can be completed in ten minutes, but unless haste is necessary most of the operators take twenty minutes from start to finish for an ordinary vaginal hysterectomy.

The splitting of the uterus has been common practice for several years, yet it hardly deserves to be called a French method, as it was suggested by Müller ten or twelve years ago, adopted by the French, and more recently by the German gynæcologists. It is unquestionably a great advantage

in hysterectomy with a large or adherent uterus and when the operation is complicated by salpingitis.

The piecemeal removal of fibroids from the vagina is a natural outcome of splitting the uterus. It is almost incredible to see how easily large fibroids can be removed in this manner. The great advantage is the very slight exposure of the peritoneal cavity compared with the abdominal method, and the convalescence is really wonderful.

The obstetrical clinics are very carefully conducted. Much more attention is paid to the preservation of foetal life. The *couveuse* or "incubator" for weak or prematurely born children is as much the outfit of a maternity in Paris as a pair of forceps, but no such apparatus is found in the great maternity of Vienna, with over ten thousand births a year. Symphysiotomy is warmly advocated by Pinard, but in Germany obstetricians who have tried symphysiotomy have abandoned it for the modern conservative Cæsarian section, with which remarkable results have been obtained. An operator in Vienna assured me no case of the modern conservative Cæsarian section had been lost for a year, and they had a record of thirty or more consecutive cases without a death.

Munich has a comparatively small maternity, but the conservative, careful work of Professor Winckel commands the admiration of all who know him. He showed me, among other cases, a laparotomy for a large colloid cyst of the ovary, complicated by phlebitis and numerous fibroids of the uterus requiring its removal. His operation for fibroids is the usual abdominal incision and supra-cervical amputation of the uterus. The cervix is sewn together and treated extra-peritoneally.

Vienna is still the medical Mecca for all those who wish to see and learn as much as possible in the time at their disposal. It is much more expensive than formerly, and many physicians now prefer to go to cheaper places. There is always an abundance of clinical material in all departments of medicine. The obstetrical teaching has undergone important modifications since my work there in 1882 and in 1889. Antisepsis for the operator and asepsis for the patient are

carefully observed. Version plays a more important part as compared with the forceps in contracted pelves, which are quite common. Craniotomy is much more limited, and the modern conservative Cæsarian section has come to the front.

Berlin still remains the chief city of interest in Germany to the gynæcologist. New operations and modifications of the old are much in evidence, but are not always of any special advantage. One of the best is an operation for retroflexion of the uterus, from which much can be expected without the risk of hernia, or the tedious convalescence after Alexander's operation. One operator, after showing me a few operations, assured me that in over one hundred cases there had been no mortality and no recurrence of the displacement.

Serum treatment is now the proper thing, not only for diphtheria, but for tuberculosis, pneumonia, and even for cancer. Addison's disease is cured by a preparation of the supra-renal capsules, and thyroid feeding for parenchymatous goitre is an established fact. Professor Koch's new tuberculin is attracting much interest and some favorable comment. It is used to a certain extent in Professor Leiden's clinic, but as the proportion of bacilli has been known to increase somewhat, the preparation has not demonstrated its efficacy. The method of preparing it is not published, but it is said to be in the line of homœo-therapeutics.

The diagnosis of typhoid fever presents many difficulties in some cases even for the keenest diagnosticians. Bacteriology has solved the problem in many of them at least. The microscope will now quickly make a diagnosis possible by Widal's reaction, and if there is still uncertainty a twenty-four hours' culture of the blood serum will decide the matter. This test, which has been published quite widely, has been adopted in the London as well as in the German hospitals.

The diagnosis of spinal meningitis is also made in a similar manner by using the cerebro-spinal fluid for making cultures, instead of the blood serum.

EDITORIAL.

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

A PLEA FOR DIGNITY IN MEDICAL JOURNALISM.

Any one familiar with the medical literature of the day must necessarily have noticed from time to time the flippant attitude taken on editorial pages toward subjects of varying interest to the profession.

Nor is this attitude confined to editorial pages. Not infrequently it may be observed in contributed articles or in unsolicited correspondence. The centre of responsibility, however, is the same; for whatever a journal prints be sure the copy has first passed through the editor's hands, and has presumably received his thoughtful consideration.

It is not our intention at this time to comment freely upon the animus shown in the quotations to be made, but only to suggest that they go far to prove the need for a better comprehension of what is rightfully to be expected of, and exacted from, any one who assumes the responsibility of editorial work.

In a recent number of a journal published for many years, and in all probability rather widely distributed, criticisms upon what the annual announcement of two medical colleges offer prospective students are made in the following language :

"We have examined them [the catalogues] both, and with a critical eye. They are manly; and above all are medically prepared. There is no burlesque appeal to the soft and sentimental side of the prospective student's female relatives by parading the church and wyemsea privileges, the prayer-meetings led presumably by each of the professors; nor is there any fostering of that general feeling that the faculty, in accepting the boy for a medical education, also gives bail-bond that he will be in bed each night at curfew tide; that he will continue clean in morals and apparel as when he left the corner store and relinquished the whittling of dry-goods boxes. . . .

"The business of a medical college is to teach medicine and sur-

gery. And everything else that is crowded into the curriculum, no matter how praiseworthy in itself, has no place in that college and should, therefore, be thrown out, heels over appetite. . . .

“ Let the medical catalogue builders stick to the medical idea. It is far more creditable to the college to sail under its own colors ; it will carry more weight with the practical profession than any page and a half interpolation into the business catalogue of a Sunday homily reciting the exceeding great value of *our* school because it pretends to concern itself with the morals of the student ; that it watches over him, and is prayerfully anxious to save him from contamination with pipe-smoking, card-playing, theater-going and soft-drinks drinking, and other such deadly and soul-twisting devices of the archenemy of all mankind.”

Now even granting that a man, chosen to be so much of a leader in medical thought as the carrying power of his journal permits, is justified in the unrestrained expression of opinions so personal to the writer as the above, is he in the least free to couch such expressions in terms so extremely undignified and unscholarly ?

Again, a contemporary, in an editorial on the recent meeting of the American Institute of Homœopathy, refers to that organization in the following remarkable sentences : —

“ The plain, bald fact is, that our national organization offers a most uncongenial climate for our ordinary, all-around, plodding practitioner. He attends its meetings, only to find himself summarily sat upon. The professional grand stand players monopolize time and opportunity. They bob up serenely in the business sessions, and they tower on high in the sectional meetings. True, the halo of reputation hovers round their heads, but it is poor satisfaction to travel several hundreds of miles to see halos. It is neither interesting nor profitable to the common doctor. It is not pleasant to be snubbed because one does not live in New York or Chicago. It is not agreeable to be trodden upon by specialists, walked over by professors, adjunct professors and college bottlewashers, calmly ignored by big bugs, humbugs and other bugs, and serenely sat upon by the combined avoirdupois of the lead-ballasted heavy weights.”

We are not concerned with the statements just quoted nor

because of them, but we are concerned that they should have come from an editorial pen and in such guise.

It has never been our ill-fortune to have known of a parallel to this in the literary organs of the members of the "regular" school, possibly because of their keener sense of what is meant by the term "professional courtesy," or because of a different understanding of the loyalty due their representative bodies, or perhaps because the art of journalism has not descended in their ranks to such usage, or rather misusage, of the language of Chaucer and of Shakespeare.

One other illustration, and that of the matter which occasionally is accepted as suitable for publication in journals devoted to medicine and the allied sciences. The communication in question was addressed to the journal from which the following paragraphs are taken:—

"My Deer — : I seed a peese in the January number of the ——— on Pulmonary Tuberculosis (and how to kure it) now you can gess I was aughfully tickeled to see it, as I have been wurkin on that line for a good long while, but I didnt mete with the success that I wanted, or thought that I ought too, well when I seed that peese, I just went for it with a VIMM, I speld it out from right to left and from left to right, then from top to bottum, and from bottum to top, and by the great horn spune with which Moses collected the Manna in the wildernes Ill be Kussd if I kud tel any thing about that horn that he (Ive furgot his name and some one has toted that number) druve them pesky mykrobs out with. . . ."

The writer goes on to tell of his attempts to secure a similar instrument to assist him in his treatment of tuberculosis, and continues:—

"Now my Ide was to set the consumptionist down in a chair kind ov sideways and hold up that horn up agin his back or have three or four to hold it and then go to the lettle end and tel them Mykrobz to just git out of that, now if the sound wuz magnyfid as much as the horn it wud just make the ground shake for a quarter of a mile away, and after a while if they didnt git then to tell them again kum now if you dont git out youl git something that you dont want, and if that didnt start em to yank that consumptionist over the chair and pay

on his setdown place with a barrel stave, gist to let them mykroboz kno that we ment buis."

This communication is signed "Doctur Jekyll." Should it not rather have borne the signature "Mr. Hyde"?

Can the exhibition of what is so wholly of the earth earthy be personified in our thought by the name of a character created to emphasize the higher, and not the lower nature of man as a member of a noble profession? A profession, let it be remembered, dignified and ennobled through all the ages by the leadership of that divine personality embodied in the Great Physician.

We trust that it is unnecessary for us to say that we are not inveighing against true humor, nor against true humor in its proper place. Neither are we desirous of placing undue restraints upon editorial freedom of opinion or the form of its expression. But are we not justified, on the strength of such illustrations as we have given, in earnestly urging that the men who conduct our professional literature shall assume a more dignified tone in the discussion of current topics; shall sink petty feelings and jealousies in the selection of grievances; shall admit to the pages of their journals articles and communications of real merit only, and so written that the minds of their professional readers shall be directed into such channels of thought as shall prove of the truest and most lasting value to themselves, their patients, and their associates?

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

The Boston Homœopathic Medical Society held its regular monthly meeting in the College Building, East Concord Street, Thursday evening, October 7, 1897, at 7.45 o'clock, President George B. Rice in the chair.

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

David W. Wells, M.D., of Boston, was proposed for membership.

The following physicians were elected to membership: John C. Shaw, M.D., of New Bedford, and Williard A. Paul, M.D., of Dorchester.

The resignations of L. F. Potter, M.D., of Malden, and Harrie W. Greene, M.D., of Springfield, were read and accepted.

Scientific Session.

SECTION OF ELECTRO-THERAPEUTICS.

CLARA E. GARY, M.D., Chairman; MARTHA E. MANN, M.D., Secretary;
MARTHA G. CHAMPLIN, M.D., Treasurer.

The chair appointed Drs. E. P. Colby, Winfield Smith, and J. H. Sherman a committee to nominate officers of this section for the ensuing year.

The committee reported as follows: For chairman, F. C. Richardson, M.D.; secretary, Mary E. Mosher, M.D.; and treasurer, Lucy C. Hill, M.D. The nominations were confirmed by the society.

PROGRAM.

1. The High Frequency Currents of Tesla, and their Therapeutic Application. Mr. Frederick F. Strong.
Discussion, Mr. J. Emery Clapp.
2. The Röntgen Ray in Surgery. Winfield Smith, M.D.
3. Demonstration of the X-Ray. Ziegler Electric Company.

Dr. Colby, in discussing the first paper, said that his personal knowledge of the Tesla currents had been acquired chiefly from literature. In this we have a current which positively increases the body metabolism in a different manner from the low frequency Faradic current. Is this change metabolism as well and permanently secured thus, as from the administration of a drug carefully selected and adapted to the case? Electricity is one of the agents he employs in treatment. There is a great tendency for us to work and look for immediate effects to the exclusion of those other desirable effects less quickly attained. Evidence is yet to be

evolved to show the permanency of the improvement from the Tesla current. Our remedies work slowly, but they do eradicate the cause. He must conservatively doubt whether any one agent like this can so influence large numbers of cases as to do away with our remedies and other agencies. In many cases of hysterical paralysis, where he has used the static current, he has had doubts whether the cure was wrought by the actual electrical current or by the associated suggestion. In very many instances the use of electricity is palliative only, and we can reinforce this and effect a cure through proper medication. As to epilepsy, we know that this and the uric diathesis are often associated. But on the other hand how few having a uric acid diathesis ever have epilepsy! Almost every week evidence is brought forth that the cortical cells in epileptic and other cases have undergone demonstrable histological changes.

Dr. Briggs cited two cases where the X-ray proved of great service in locating and removing needles from the hand, and emphasized the necessity of photographing the part in two positions.

Dr. A. H. Powers found the X-ray of service in the removal of fragments of glass from the hand.

Dr. Batchelder cited a case of fracture of both radius and ulnar, in which the union of the lower ulnar and upper radial fragments, and *vice versa*, was demonstrated by the X-ray years afterwards.

Mr. Strong and Mr. Ziegler demonstrated satisfactorily the application of the Tesla current, and the different Crookes and Geisler tubes.

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

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The forty-sixth semi-annual meeting of the Homœopathic Medical Society of the State of New York was held at Owego, N. Y., October 5.

President E. H. Porter, of New York City, presided and

delivered an address dealing largely with a bill introduced in the State Legislature last winter, entitled "An act to regulate medical expert testimony and the compensation therefor." This bill, the doctor said, was based on a similar bill in Minnesota, but modified to a considerable extent, and framed by a committee of this society.

Dr. Porter read the whole text of the bill, and his paper which followed was received with hearty applause, and on motion the legislative committee was instructed to confer with similar committees from other medical societies.

The minutes of the last meeting were read, and by a unanimous vote the courtesies of the society were extended to the visiting physicians of other schools.

The committee on necrology then made its report.

Dr. W. S. Garnsey, of Gloversville, chairman of the bureau of obstetrics, read a paper on "Assistance in Uncomplicated Labor," and was followed by Dr. Selden H. Talcott, superintendent of the State Hospital at Middletown, who, representing the bureau of neurology, presented a paper on "Senicio Aurens in Puerperal Mania, a Case."

At the afternoon session the following instructive and interesting papers were read: "A Case of Acromegalia, and Its Treatment," by Dr. G. T. Mosely; "Cicuta Virosa in Treatment of Hystero-epilepsy," by Dr. H. E. Merriam; "Intestinal Perforation," by Dr. D. L. Martin; "How Far is a Man Responsible for his Own Insanity?" by Dr. Louis D. Hyde; "Hemiplegia," by Dr. Neefus; "Hay Fever and Its Treatment," by Dr. F. Park Lewis.

REVIEWS AND NOTICES OF BOOKS.

A SYSTEM OF PRACTICAL MEDICINE. By American Authors. Edited by Alfred Lee Loomis, M.D., late Professor of Pathology and Practical Medicine in the New York University, and William Gilman Thompson, M.D., Professor of *Materia Medica*, Therapeutics, and Clinical Medicine in the New York University. To be completed in four imperial octavo volumes, illustrated in colors and in black. Vol. II. Diseases of the Respiratory and Circulatory Sys-

tems, and of the Blood, Kidneys, and Genitourinary Glands. Philadelphia and New York: Lea Brothers & Co. 1897.

The opening article of this volume is by Dr. Solly, and treats of diseases of the nose, pharynx, and larynx. The various forms of rhinitis are taken up in detail, and the remarks on treatment are excellent. In dealing with disease of the pharynx he curiously omits reference to post-pharyngeal abscess. The physical signs of pulmonary disease is the heading of an excellent article by Dr. Cutler. Diseases of the bronchi are discussed in an admirable manner by Dr. A. L. Mason. In the treatment of acute bronchitis in infants and in the aged he recommends inhalations of oxygen, and condemns strongly the use of opiates and depressants.

The article on pneumonia is by Dr. R. H. Fitz. We expected to find this subject classed among the infectious diseases in volume one. Dr. Fitz refers to the serum treatment, but claims nothing further for it than its hastening the crisis. In severe cases he advocates the sustaining treatment, and referring to the use of inhalations of oxygen says it is "often satisfactory to the friends of the patient, even when no other obvious benefit arises." The other articles in this section are well written and will repay careful and thorough reading.

Preliminary to the discussion of the diseases of the circulatory system is an excellent article by Dr. Cutler on the physical signs of cardiac disease, in which all the main points in the diagnoses of the various cardiac disorders are well brought out.

Of especial interest is the article on endocarditis, by the late A. L. Loomis, M.D.

Another fine chapter is that on general vascular diseases, by J. T. Whittaker, M.D., and more especially the part dealing with arteriosclerosis.

The diseases of the mediastinum comprising inflammations and tumors is written by Dr. I. S. Hayne.

Diseases of the blood are treated by F. C. Shattuck, M.D., and R. C. Cabot, M.D., in collaboration. The importance of making blood examinations is dwelt upon, and the clinical methods in use are presented in clear and concise manner. In the treatment of primary anæmia, Blaud's pills are indorsed as the most efficient form of giving iron, especially in those "who look anæmic, but who are not so, according to the blood count of hæmoglobin estimate."

Dr. A. P. Loomis writes of nephritis, amyloid degeneration of the kidneys, and renal hyperæmia. Instead of Bright's disease, he

recommends the term diffuse nephritis, and defines it as a bilateral, hæmatogenous, non-suppurative nephritis. His classification of nephritis is good and is based on the exact changes that have taken place in the kidneys as revealed by the microscope.

The subject of pyelitis is well handled by I. N. Danforth, M.D. In the treatment of catarrhal pyelitis he says: "Although the terebinthinate remedies, in overdoses, as they are frequently given, produce nephritis or pyelitis, it is undeniably true that in small doses they are of great value in the cure of the same diseases."

The remaining articles in this section are good practical expositions of the subjects under discussion.

The work, as a whole, must commend itself to every physician who desires to keep himself in touch with the advances being made in modern medicine.

I. S. K.

THE DISEASES OF WOMEN. A Handbook for Students and Practitioners. By J. Bland Sutton, F.R.C.S., England, and Arthur E. Giles, M.D., B.Sc., London, F.R.C.S., Edinburgh. Philadelphia: W. B. Saunders. London: Rebman Publishing Co. 1897. pp. 436.

"In writing this book it has been our earnest desire to relate facts and describe methods belonging to the science and art of Gynæcology in a way that may be useful to students for examination purposes, and which will also enable them to practise this important department of surgery with advantage to their patients and with satisfaction to themselves."

The above is the sentence which aptly and concisely prefaces the forty-seven chapters devoted to the reproductive organs of women in health and disease. The aim of the authors has seemingly been well carried out. Freedom from verbiage and a multiplicity of technicalities mark the pages of this work. A too great condensation in the consideration of some topics, noticeably differential diagnosis and treatment — other than operative — may indeed give cause for criticism; but the text as it stands shows accurate knowledge and an earnest desire on the part of the authors to impart information, rather than to exploit their learning or set forth pet theories.

The introductory chapters are specially to be commended since in them stress is laid upon the necessity for a thorough and comprehensive knowledge of the anatomy and physiology of the reproductive organs, and upon a clear understanding of the value of physical examinations *intelligently* performed and scientifically interpreted.

LECTURES ON APPENDICITIS AND NOTES ON OTHER SUBJECTS. By Robert T. Morris, A.M., M.D., Fellow of the New York Academy of Medicine, American Association of Obstetricians and Gynæcologists, etc. New York: G. P. Putnam's Sons. 1895. pp. 163. Illustrated.

The author states in the preface, "This collection of lectures includes the substance of my teaching on the subject of appendicitis at the Post Graduate Medical School of New York."

The subject is presented to the reader in a very interesting and instructive manner, evidently strikingly characteristic of the author, and is well concluded by a tabular view of his first one hundred cases operated upon.

There are so many interesting and helpful thoughts expressed that one must "prove the pudding by eating it."

Regarding temporizing, he very tritely says: "Various methods of waiting have been tried, with the effect of proving that the question is wedge-shaped with the greatest number of deaths at the broad waiting end." Other subjects of interest are treated, a few of which are: The Action of Various Solvents on Gall Stones; The Reason why Patients recover from Tuberculosis of the Peritoneum; The Drainage Wick; Two Cases of Conservative Surgery of the Arm; and Ovarian Transplantation. B.

DISEASES OF FEMALES AND CHILDREN AND THEIR HOMŒOPATHIC TREATMENT. CONTAINING ALSO A FULL DESCRIPTION OF THE DOSE OF EACH MEDICINE. By Walter Williamson, M.D. Fourth edition. Philadelphia: Boericke & Tafel. 1897. pp. 256.

We object decidedly to the title of this book in so far, at least, as the word "females" is concerned. It is time to relegate this word to its proper place, and to use the word women whenever women are meant. "Females" are not necessarily women; women are necessarily females.

We also object to the term "ladies," which more than once occurs in the text, nor do we think our objection a hypercritical one. The writer is presumably confining his attention to various abnormal conditions in women, whether the patients are ladies or not, and the word is already sufficiently misapplied.

It is possible the author experiences a change of mind as regards the term "females," for on page 19 the heading abruptly changes

from "Diseases of Females," on page 18, to "Diseases of Women," and so appears during the rest of this section.

The book is avowedly intended for use by the laity, but we doubt the special value of any work of this kind which contains no adequate information as to simple, yet important auxiliary methods of treatment which supplement and complement the action of appropriate remedies.

A MANUAL OF SYPHILIS AND THE VENEREAL DISEASES. By James Nevins Hyde, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College, Chicago, etc., and Frank H. Montgomery, M.D., Lecturer on Dermatology and Genito-Urinary Diseases, Rush Medical College, etc. Philadelphia: W. B. Saunders. 1895. pp. 618, with forty-four illustrations and eight full-page colored plates.

The object of the authors has evidently been successfully accomplished in presenting in a condensed form, for the use of students and practitioners generally, the important accepted facts connected with these subjects. This is one of the best of the smaller treatises on these subjects, and in it Professor Hyde has well sustained his reputation as a clinical observer and teacher. B.

REPRINTS AND MONOGRAPHS RECEIVED.

Answers to Questions Concerning Homœopathy. By J. T. Biddle, A.M., M.D. Philadelphia: Boericke & Tafel. 1897.

The Nature of the Leucocytosis Produced by Nucleinic Acid; A Preliminary Experimental Study. By Delano Ames, A.B., M.D., and A. A. Huntley, M.D. Reprinted from the Journal of the American Medical Association. 1897.

Ophthalmoscopic Representation of a Case of Traumatic Rupture of the Inferior Temporal Vein of the Right Retina. By Charles A. Oliver, A.M., M.D. Reprinted from Annals of Ophthalmology. 1897.

A Clinical Study of the Ophthalmic Symptoms Seen in a Case of Fracture of the Anterior Base of the Skull. By Charles A. Oliver, A.M., M.D. Reprinted from the American Journal of the Medical Sciences. 1897.

A Clinical and Histologic Study of a Case of Epithelioma of the

Corneo-Scleral Junction. By Charles A. Oliver, A.M., M.D. Reprinted from the Archives of Ophthalmology. 1897.

Anti-Streptococcic and Anti-Diphtheritic Serums in Treatment of Cases of Mixed Infection. By F. Spencer Halsey, M.D. New York.

The Position or Posture of the Patient during Parturition, with Special Reference to the Merits of the Walcher Position. By Andrew F. Currier, M.D. Reprinted from the Medical News. 1896.

Ventral Hernia Resulting after Abdominal Section and Its Treatment. By Andrew F. Currier, M.D. Reprinted from Annals of Gynecology and Pediatrics. 1897.

Clinical History of a Case of Sub-Conjunctival Dislocation of the Crystalline Lens. By Charles A. Oliver, A.M., M.D. Reprinted from Ophthalmic Record. 1897.

Clinical Notes of a Case of Injury Producing as the Most Prominent Symptom Luxation of the Eyeball into the Orbit: (So-Called Traumatic Enophthalmos.) By Charles A. Oliver, A.M., M.D. Reprinted from Ophthalmic Record. 1897.

A Case of Reparation from Extensive Injury Involving the Inner Angle of the Eyelids. By Charles A. Oliver, A.M., M.D. Reprinted from Ophthalmic Record. 1897.

A Plea for a Uniform Diastase Test. By C. C. Fite, M.D. Reprinted from the Journal of the American Medical Association. 1897.

GLEANINGS AND TRANSLATIONS.

TREATMENT OF CRIMINALS. — Education is all that promises a remedy in remedial cases. I do not mean teach them to read and write, for this may only be aiding the criminal to future successes in crime by adding to his shrewdness and ability. An educated scoundrel is more dangerous than an ignorant one. I mean education in the true root meaning of the word *educere*, to draw out; taking hold of what we want to develop, and, by virtue of its ductility, bringing it into prominence. Develop in the criminal higher ideals, aims, and aspirations by associations, surroundings, and

training. Book training has been an entire failure. Mechanical training promises something; but that kind of training which leaves the higher moral and physical nature untouched must always fail.

Herein lies the only hope of making an honest man of the criminal; to create a new inside environment, as it were, for the real man. Heredity and environment are the two forces which we believe determine types and species. If you would modify the criminal's inheritance, you must create such an environment as will overcome it. This can be done only by touching the very fountain head of his thoughts and aspirations. When this can be done your criminal is cured. Then secure for him such associations as will hold him up to the high ideal you have created, and the problem is solved for those cases in which it can be solved; for I believe there will always be some one who will disappoint every hope and effort, and constantly relapse into crime. All that remains for these is permanent confinement in a home for incurables. — *Dr. V. M. Reichard, in the Maryland Medical Journal.*

YELLOW-FEVER BACILLUS. — With regard to the possible distribution of the yellow-fever bacillus through nature, it is claimed by Sanarelli that it retains its vitality a long time in sea water, that it grows readily on all ordinary nutrient media, that it dies in water at 140° F., is killed by the sun's rays in seven hours, that it is pathogenic in the majority of domestic animals, and that few microbes have a pathological domain that is so varied and extended. Such properties, together with the above-mentioned great resistance of the germ to desiccation, appear to speak for the probability that a yellow-fever epidemic would not be so readily conquered by quarantine, disinfection of articles of merchandise, clothes, etc., sterilization of food and drink, as is the case in cholera. Especially the distribution of the dry bacilli through the air, and their possible inhalation, might prove a considerable obstacle in controlling the spread of the disease. The attachment of the germ to the bodies

of animals, as well as an actual infection of the latter, must also be considered and investigated in determining the natural history of the germ. Conditions of the soil, of the atmosphere, of temperature, etc., are also to be taken into account with regard to the distribution of the germ through nature, as well as with reference to the virulency of the organism and predisposing elements of the disease. — *Medical Review.*

ADMINISTRATION OF ANÆSTHETICS. — According to my experience, those who administer anæsthetics can be classified as follows: —

1. The occasional administrator, one who gives an anæsthetic once or twice a year, and who knows almost nothing of the technique of what he is trying to do.

2. The coward, who knows little of the action of anæsthetics, or of other drugs, and whose timidity is apparent in all his movements.

3. The self-confident ignoramus, who "trusts to luck."

4. The blundering administrator, who pins his faith to some particular method of resuscitation.

5. The exasperating scatterbrain, who minds his own business one minute and supervises the operator four minutes.

6. Finally, the scientific and conscientious administrator, who knows his business and who attends to it.

Doubtless this classification might be enlarged, or perhaps condensed to include the three kinds, good, bad, and indifferent. But what I have given will serve present purposes. I do not mean to criticise individuals, but certainly a radical reformation is in order in this field of surgery. — *Dr. Howard Crutcher, in the Medical Era.*

SUICIDE AMONG RUSSIAN PHYSICIANS. — Suicide has come to be about as common among Russian physicians as duels in German universities. The *Lancet* explains the epidemic by the statement that fees are tragically low, because of the presence everywhere of heavily endowed dispensaries. But the same is the case throughout a large portion of London itself, where, nevertheless, we do not hear that doctors are

particularly given to self-murder. A certain fully qualified medical man, who passed his examination with brilliancy, is settled in one of the poorest districts of the metropolis, and outside his surgery is painted, in bold Roman letters, "Advice and Medicine, 4½d., Superior ditto, 6d." — *Charlotte Medical Journal*.

TREATMENT OF INEBRIATES IN GERMANY. — In the new code, the sixth paragraph, which will come into operation in Germany in 1900, enacts compulsory treatment of habitual drunkards. Among the persons liable to be interdicted, the interdiction involving being placed under a curator, who will be empowered to place the individual anywhere for treatment until discharged from curatorship by the court, inebriates are specifically mentioned. The exact description is, "He who, in consequence of inebriety, cannot provide for his affairs, or brings himself or his family into the danger of need, or endangers the safety of others." This measure was first advocated in 1863, at a meeting at Hanover, presided over by Judge Naumann, of Hamelin. — *British Medical Journal*.

MODIFIED AIR. — A simple means for supplying to the air what we may deem is needed, and at the same time to modulate it to suit the need of the case, both in regard to its temperature and humidity, is that of the using of a sheet or blanket wet with either warm or cold water, that has been saturated with salt, sulphur, or (vinegar) weak acetic acid, to be hung up in the room to saturate the air for inhaling, and this will give better results for some pulmonary troubles than that of special medicines, if given to the patient internally. — *Dr. G. W. Bowen, in the Hahn. Advocate*.

POLICE SURGEONS IN LIVERPOOL are paid \$350 a year and furnish their own medicines. The average number of men under the care of each surgeon is 280, and, deducting the cost of the drugs supplied, the surgeon receives about one dollar per annum per man. — *Medical Record*.

ACONITE. — Aconite has been correctly dubbed the "Homœopath's Lance," while ferrum phos. may truly be called his "Hæmostatic." — *Exchange*.

THE COUNTRY PHYSICIAN. — One point the city physician should bear well in mind, and that is that the country physician is usually a better informed man in general medicine and surgery than he is usually given credit for being. The city physician relies on specialists and consultations to help him out of difficulty, but the country practitioner has no help but his own wits and brains, and he straightway sets out to use and develop what the city physician has too often allowed to degenerate. — *Maryland Medical Journal.*

SCRUMPOX. — Scrumpox is the latest so-called contagious disease which has developed in England. It attacks more especially the "forwards" in football teams, and is the result of rubbing into the skin the dirt from dirty jerseys and sweaters. The appearance presented is that of a multiple pustulation, the contents of the pustule containing streptococcus pyogenus aureus. — *Exchange.*

TREATMENT OF INGROWING TOE NAILS. — A French writer recommends in ingrowing toe nail the painting of it with a warmed 40 per cent solution of caustic potash. In a few seconds the nail becomes so soft that it can be scraped away, except a small layer, which can be removed by small scissors. — *Exchange.*

THE COCAINE EVIL. — The *British Medical Journal*, in a recent issue, sounds an alarm concerning the rapid spread of the cocaine habit in England, where it threatens to become the third scourge of humanity, alcohol and morphine being the first and second. All ranks of society are declared to be crowned with its victims — both men and women — many of whom are literary people, who take cocaine to stimulate their imagination. The *Journal* advises that most stringent measures be adopted to eradicate this blighting vice.

OFFICIALLY RECOGNIZED. — The United States government has added to its quarantine regulations the use of formaldehyde gas in disinfection.

PERSONAL AND NEWS ITEMS.

DR. CHARLOTTE E. PAGE, class of '80, B. U. S. M., has recently removed from Lowell to Braintree, where she has opened a home for the treatment and care of feeble-minded children.

DR. I. T. TALBOT resumed practice at his office, 685 Boylston Street, Boston, on October 12, 1897, with hours for consultation from 9 to 10 A.M. and 2 to 4 P.M.

DR. WILLIAM J. WINN has removed to 6 Ash Street, corner Brattle Street, Cambridge, where he may be found from 8 to 9 A.M. and 3 to 4 P.M.

DR. FREDERICK B. PERCY receives patients at Hotel Cluny, Boston, Mondays, Tuesdays, Thursdays, and Fridays from 12 to 1.30 P.M. The doctor can also be consulted at his residence, Aspinwall Avenue, Brookline, until 9 A.M., and from 2 to 4 P.M.

DR. R. W. SOUTHGATE, who has been acting as resident physician at the Sunset Hill House, Sugar Hill, N. H., during the summer, has returned to town, and may be found between 1 and 4 P.M. at his office, No. 2 Commonwealth Avenue, Boston.

DR. JAMES KRAUSS has removed to 377 Boylston Street, Boston, where he will continue to devote his special attention to the diseases of the male and the female genito-urinary organs. Office hours, 1 to 3 P.M. Special consultation by appointment.

DR. BERTHA L. HOSKINS has removed to 380 Washington Street, Brookline, with office hours until 9 A.M., and from 2 to 4 P.M.

DR. CHARLES E. LOTHROP has removed from Campello, Mass., to Derby, Vt.

DR. E. H. PACKER, of Lowell, has opened an office in the old Savings Bank Building, Shattuck Street. The doctor's residence is at 205 Pawtucket Street.

HOSPITAL APPOINTMENT. — A woman interne is to be appointed to serve in the Massachusetts Homœopathic Hospital from January 1, 1898, to January, 1899. Applications should be sent to Dr. Fred. B. Percy, secretary medical board, before November 10.

GEORGE BURRILL STONE, who has been missing from home since May 16, was found in New York City on October 12. His father, Dr. W. H. Stone, of Providence, R. I., wishes to extend his sincerest thanks to all who by thought or deed have aided him in his recent time of anxiety.

DR. M. R. FAULKNER, of Vineland, N. J., a graduate of Hahnemann Medical College, Philadelphia, class of '95, has just received his appointment from Washington as Pension Examiner, to fill the position on the Cumberland County Board made vacant by the death of Dr. Wiley. It is said that this is the first instance where a homœopathic physician has received such an appointment.

BRITISH MEDICAL ASSOCIATION. — The sixty-fifth annual meeting of this society was held in Montreal, August 31, September 1, 2, and 3. A large and distinguished gathering of physicians from England and the States, as well as from Canada, proved the general interest of the profession in the occasion. Many valuable papers were read and freely discussed. Only lack of space prevents an extended reference to them, as they were of marked interest to practitioners of all schools.

NEWS FROM KANSAS. — A step towards the millennium has been taken in Kansas, where the "regular," or allopathic State medical society, the homœopathic society, and the State organization of the eclectic school have appointed committees headed by the presidents of the respective societies, for the purpose of arranging a joint State meeting. Thus far negotiations have proceeded harmoniously, and a program has been prepared of papers to be read by physicians of the three schools at a meeting to be held in May next. The declared motive in this joining together in fellowship is one of broad tolerance in matters affecting the welfare of medical

practice, and also the better, by united action, to protect the profession of medicine from frauds of various kinds. Allopathic practitioners of long standing do not approve the harmony meeting, Kansas newspapers say, but the younger men see in it a liberal spirit and a discontinuance of the intolerance that, in some degree, checked progress. — *New York Evening Post*, October 8.

DRS. T. F. ALLEN and Paul Allen have removed from No. 10 East 36th Street to No. 3 East 48th Street, New York, N. Y.

PUBLISHERS' DEPARTMENT.

"HOMŒOPATHIC" COFFEE AND SOUP. — An esteemed contemporary advertises a "homœopathic coffee" as being not only a palatable and refreshing beverage, but also an "exceedingly wholesome drink for every one, sick or well."

We trust its method of preparation and administration will not approach that suggested for "homœopathic soup" in the following poetical effusion: —

HOMŒOPATHIC SOUP.

Take a robin's leg,
Mind, the drumstick merely;
Put it in a tub
Filled with water nearly.
Set it out of doors,
In a place that 's shady;
Let it stand a week —
Three days for a lady.
Put a spoonful in
To a five-quart kettle,
It should be of tin,
Or perhaps bell-metal.
Fill the kettle up,
Put it on a-boiling;
Skim the liquor well
To prevent its oiling.
Let the liquor boil
Half an hour or longer, —
If 't is for a man

You may make it stronger.
Should you now desire
That the soup be flavory,
Stir it once around
With a stalk of savory.
When the soup is done
Set it by to jell it ;
Then three times a day
Let the patient smell it.

A POPULAR ERROR. — I thought for a long time, as many others do now, that iodoform was indispensable in the treatment of sores of venereal origin, and often forced my patient to submit to its use, in spite of his objections and the suspicion created by its too familiar and disgusting odor. The odor is, however, not the only objection to the use of iodoform, for I have seen some very aggravating conditions follow its use, such as posthitis, balano-posthitis, dermatitis, etc. Experience has convinced me that many times these conditions were due to the iodoform and not a result of the disease. — *Dr. J. M. Langsdale, in the American X-Ray Journal.*

A SUPERIOR ANTISEPTIC. — Iodocin, prepared by Otis Clapp & Son, is a superior antiseptic because it is a true germicide, free from disagreeable odor, and a promoter of surgical cleanliness on all injured or diseased surfaces. As has just been shown, a popular error in the profession, and out of it also, for that matter, has been the belief that when a dry dressing was desired iodoform must be resorted to. Then, too, not so very long ago the laity apparently labored under the delusion that iodoform as an application must be very effective, judging by its pungent and all-permeating odor ; a process of reasoning analogous to that of deciding the probable good results of a given medicine by the quantity given and its disagreeable taste. The use of iodoform is, however, to be deprecated because of its nauseous odor and its frequently toxic effect. We suggest that in its place Iodocin be chosen as the most desirable substitute yet offered the profession, prefacing our description of it by the statement that it will prove a non-irritant save in those cases exceptionally met with where there seems to be some peculiar idiosyncrasy or unusual susceptibility to drug action from local applications.

Iodocin is prepared only by Otis Clapp & Son, of Boston. It is to be had in the form of an amorphous, impalpable, reddish brown

powder insoluble in water, but readily soluble in alcohol and chloroform.

Chemically it contains a large percentage of iodine combined with the active principles of calisaya bark. The antiperiodic, antipyretic, and alterative properties of calisaya are well known. The combination as observed in Iodocin is characterized by great effectiveness as an antiseptic, tonic, and germicide.

It also acts as a styptic and an anæsthetic when applied to wounded surfaces. Where accumulations of pus and septic conditions are present Iodocin will be found to act as a deodorizer as well as a preventive of further suppurative processes.

Incorporated with petrolatum, Iodocin in the form of an ointment will prove serviceable in the treatment of sinuses, bedsores, abscesses, and ulcers.

Its employment in various forms of skin diseases will readily suggest itself, while as a powder Iodocin lends itself admirably to the treatment of inflammatory conditions of the ear, nasal passages, vagina, and uterus. A one to five per cent glycerole will also prove of value for local applications by tampon.

Altogether Iodocin is reasonably to be preferred to other preparations of its class. It is obtainable from Otis Clapp & Son in three-ounce screw cap jars, each jar containing one ounce by weight, at a net price of \$1.00.

As a preliminary antiseptic wash Antisepto may also be applied to advantage.

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COMMUNICATIONS.

DISORDERS OF DIGESTION AS A CAUSE OF ECZEMA.

BY JOHN L. COFFIN, M.D., BOSTON, MASS.

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

The importance of disorders of digestion as a cause of eczema is a subject concerning which there has been much difference of opinion; some maintaining that as a cause of this disease their effect was slight; that digestive disturbances occurred not much oftener in eczematous subjects than in non-eczematous; and that when they did occur they were more coincidental than causal. Others again make claim that in many cases much responsibility may be laid upon the intestinal tract.

With the object in view of seeing to which side of this mooted question my personal experience in the treatment of this class of cases tended, I have endeavored to make such critical examination of the cases of adult eczema occurring in my private practice, within the past two years, as notes taken somewhat hastily, and in some cases meagrely, would allow, and to present to you the results of such examination for your discussion and criticism.

Of the fifty-four cases of eczema in the adult, from which I had sufficient notes to draw any deductions, I found symptoms referable to the digestive tract in forty-one, or 75.9 per cent, cases. Fifty per cent showed indigestion, either gas-

tric or intestinal; and thirty-seven per cent were the unhappy victims of constipation, more or less chronic.

Such a large percentage as the above would certainly indicate something more than a coincidence, and, coupled with the fact that medication directed to the removal of these digestive symptoms was almost universally accompanied by the cure or amelioration of the eczema, would certainly place them among the most common causes of this distressing complaint. Examination of the symptoms shows also great consensus; the following being present in nearly all the cases: eructations after eating, sometimes immediately, sometimes one or two hours after a meal; distress after eating, a sensation of fulness and distention, entirely out of proportion to the amount ingested; sleepiness and dulness after eating; water brash, bitter taste on awaking in the morning; intestinal flatulence; constipation; a sensation of fulness or heaviness and discomfort almost amounting to pain in the right side, in the region of the liver. These subjective symptoms were frequently accompanied by a broad, flat, rounded, slimy tongue, in some cases marked by the teeth. The urine in those cases, when it was examined, was rather deficient in quantity, of high specific gravity and strongly acid. In a few of the cases there were concomitant subjective symptoms, of dull heavy headache, sleeplessness, flushing of the face, and dizziness.

Investigation into the dietary habits of these patients showed errors both as to kinds of food and manner of eating and drinking. Twenty-four per cent used sugar and sugar-containing foods to excess, and twenty-six per cent lived largely on a meat diet. In nearly all of the cases the amount of water drunk was comparatively slight. The following case may be cited as a fairly representative type of this class:—

Mr. Blank, age 37, short, dark complexion, not very stout. Business, manufacturer. Has erythematous eczema of face, anterior surface of neck and upper part of chest, in the last location being rather papular in character. This condition, of ten months' duration, presents on fronts of both wrists thickened, red, scaly patches of squamous eczema of sev-

eral years' duration. Digestion generally poor. Has "sour stomach" and nausea. Bowels regular. Occasionally rheumatic pains; urinates frequently, sometimes with slight burning; tongue slightly coated white; eats meat, generally beef, three times a day; very fond of sweets; smokes from five to seven cigars and takes a little whiskey daily. Does not drink much water and has comparatively little exercise.

This train of symptoms, indicative of what Bulkley aptly terms "defective disassimilation," goes very largely to make up what we are daily learning to recognize, at the so-called "gouty state," a condition in the production of which functional derangement of the liver is supposed to take a not inactive part. But whence comes this functional derangement of the liver?

More than ten years ago it was shown that functional derangement of the liver, characterized by furred tongue, loss of appetite, sallowness of the skin, etc., was caused by impeded circulation in the liver, due to, or rather secondary to, irritative conditions of the gastric mucosa; and at the same time the idea was advanced that certain poisons were generated in the intestinal tract upon which the bile acted as an anti-septic.¹

Since that time it has become fact that many poisons are generated in the stomach and intestines, notably lactic, acetic, and oxalic acid, acetones and various micro-organisms which depend largely upon the liver for their elimination or destruction; and if this burden be too great for this long-suffering organ to accomplish, or the burden be too continuously borne, the liver itself must sacrifice some part of its integrity. On this point I cannot refrain from quoting from Mons. Boix's interesting work, entitled "The Liver of Dyspeptics." Referring to the circulation of these poisons of intestinal origin in the liver, he says: "Once the poison is in the presence of the hepatic cells, one of three things may happen: either the functioning of these cells will be normal and adequate to destroy or transform the poison, the whole evil being averted in the afferent portal vessels; or their functioning will be in-

¹ Lumeian Lectures, by Lauder Brunton.

adequate ; and then if the amount of the poison be very great, the cells will succumb. If the amount is not so large, insufficient to immediately alter the cells, they will be able to transform a portion of the poison, but the remaining portion may pursue two paths : first, that of the intra-lobular veins, and there will be a slow intoxication of the whole economy ; second, that of the biliary canalicule, which will convey the poison outwardly, but not without injury to themselves.”¹

Auto-intoxication then, this “slow intoxication of the whole system” above alluded to, which results from the production of poisons within the economy, which in their turn are due to improper kinds and quantity of food and general disobedience to all hygienic laws pertaining to eating and drinking, accounts in very large degree for the occurrence of eczema in the adult.

All agree that any irritation applied to the exterior of the skin may cause eczema ; it is equally sensible to believe that the circulation through its interior of a medicine containing irritative toxic principles will cause equally severe results. This it accomplishes in two ways : by its intrinsic irritation from within, and by so impairing the nutrition of the skin as to make it much less resistant to injury from without.

APPENDICITIS.

BY NATHANIEL W. EMERSON, M.D., BOSTON, MASS.

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

It is not so very long ago — within the memory of almost every one here—that it was comparatively rare to operate for appendicitis, and too often then was the operation undertaken as a last resort. If the patient died, those interested had a comfortable feeling that everything possible had been done and consequently there need be no regrets. How different is it at the present time? In certain cases many of us say “too late” with the utmost regret, because we are certain that prompt measures would have saved the life. A brief retro-

¹“*Liver of Dyspeptics,*” by Dr. Émile Boix, page 35.

spect of some of the steps leading up to the present status of the operation among the foremost operators may be of passing interest.

When operation became quite generally advocated by surgeons as the only means of saving life in some cases, there was a storm of protest from a large proportion of the profession. The position of surgery was not clearly defined, because not enough was known of what actually occurred during the process of developing an inflamed appendix. Out of a mass of discussion *pro* and *con* was finally evolved one firm stepping-stone to the practice of to-day; that where pus was present there was nothing to do but operate and give it a vent. And to-day I think it is almost axiomatic that such cases are proper subjects for the surgeon and the surgeon only. This was a decided gain for a proper understanding of all that appendicitis means, and led to much enlargement of our knowledge. It was not long before peritonitis had a new meaning, and we soon came to know that peritonitis — barring traumatism — usually meant in the male appendicitis, and in the female either appendicitis or inflammation of the tubes or ovaries. When this point was once established, how different the view of peritonitis as formerly understood, and how quickly we came to appreciate the enormous death rate of this so much dreaded disease, and the futility of much of the former treatment !

Frequent operation by a great number of operators under widely varying conditions led to the publication of an enormous literature upon the subject, most of it in magazines current during the last fifteen years. Together with repeated operations on pus cases and the almost universal discussion of the symptoms individually and collectively, it was not long before the diagnosis was readily made by the most ignorant of the profession, and indeed even by the laity before the physician was called. Through these means we learned that certain symptoms were almost classical to the disease, and were so much discussed that soon everybody in the profession knew that a sudden attack of violent, persistent vomiting with exquisite pain in the abdomen, more often in the right

iliac fossa, great sensitiveness to manipulation, and the development of a tumor in this region, together with rigidity of the right rectus muscle, meant appendicitis and nothing else, and that such a group of symptoms was highly dangerous. Also that Nature tried to wall off pus as it formed ; and that she anticipated its formation by depositing masses of quickly formed adhesions, welding the intestines together and to the abdominal walls, thus effectually shutting in and localizing the focus of pus. In many of these cases the operators found themselves too late. Pus was not only present but had burst its confinement and nothing could be done. A few experiences of this kind led the operator to resolve never again to allow a case of such nature, under any circumstances, to go on to extremity, and thus earlier operations were undertaken. These in turn led to increased knowledge of a definite character, and such that the earlier operation was constantly more and more successful. We found the adhesions in process of formation delicate in character and easily broken up ; that in the earlier stages of the disease the appendix was more readily and easily enucleated with much gentler manipulation, and that the whole condition was simplified ; also, that by operation we cut off instantly the attack and convalescence was at once substituted. The change is marvelous at times. There is no long-drawn-out convalescence. Had we rested here an enormous advance had been made, but instead of stopping, we were only arriving at the point where we were in a position to gain intimate knowledge of what appendicitis really meant.

We are all familiar with pneumonia and have remarked what occurs in cases where the acute stage is obviated. Even after the chill we are sometimes able to abort the inflammatory stage. We know we have won a battle, but also know the convalescence will be out of all proportion to the length of the acute stages. In appendicitis this is not so. The patient may be in imminent danger, but extirpation of the cause of offence ends the difficulty, and it is remarkable how prompt is recovery. It seems a purely local affair, even when pus is present. As the appendix is a useless organ in health,

when diseased, while dangerous in the extreme, its extirpation involves no sympathetic or compensatory disturbances only so far as the progress of the disease has caused them. The patient is rid of an offender upon whom he is not dependent in health and whom he only misses after its offence.

Instead of discussing any longer pus cases, we were led to discuss the conditions antedating the development of pus and speculating how to forestall it. We soon recognized a class of cases variously called, the term "recurrent" sufficing for our use here ; that is, cases which never completely recovered from the initial attack. The patient recovered enough to resume the duties of life, and was comparatively well, and even for short intervals apparently completely restored, but occasionally and from unknown or trifling causes experienced another and still another attack, until more or less permanently crippled. It then became recognized that such cases were hopeless so far as a complete recovery was concerned, and quite generally was it accepted that after three or four such attacks the best relief was afforded by a removal of the appendix ; and waiting for a subsidence of the attack was advised, the operation to take place during an interval. These patients almost invariably recovered after operation. Groups of one hundred and even more of such cases, with no deaths, are reported by several operators — a truly remarkable showing. Would anybody claim that he could take any one of these groups — made up of consecutive and not selected cases — without operation and lose not one ?

The literature of the last fifteen years is everywhere punctuated by the oft-repeated statements to the effect that "after four attacks I always advise operation" — "after three attacks the operation alone will afford relief." These observations are all definite advances marking off stopping places in the development of the individual from which he never recedes. Whenever one sees or hears such a statement he may be certain that it means a conclusion after much speculation along definite lines. But the matter does not yet rest, and one is finally obliged to face the question, "If after three or four attacks we advise operation, why not after two?"

I do not here propose to discuss this question, since it is in itself a subject for a paper of this character, but I am very certain in my own mind that a second attack, even in mildest cases, is a sufficient invitation for interference. This does not question the fact that many such cases get well permanently ; but many of them also have a third and fatal attack. Better to operate on many cases which would never have resulted fatally than to allow one such case to be lost. This is especially so since almost invariably, even in the mildest cases, the operation cures the symptoms. It is therefore in any event not without lasting benefit, aside from the permanent elimination of a menace to life. In mild recurrent cases, where we know pus is neither present nor threatened, it is perhaps better to defer operation until abatement of inflammation takes place, because the technique is then simplified. But in severer cases, where pus is already in process of formation or threatened, the time to operate is when the surgeon first sees the case. This conclusion is arrived at, not from speculation, but from actual experience and the lessons taught by it. By prompt interference we anticipate pus, limit adhesions, absolutely interdict the inflammatory process, forestall perforations about which adhesions have not formed, and bring at once to a definite and controlled termination a process over which we have little or no restraint. Also, by promptness, in complicated cases we offer a sure chance of relief. As an illustration of a fortunate outcome in a complicated case by prompt action, the following is cited : A woman was sent to the hospital with acute appendicitis, the symptoms being well defined. Examination revealed also a uterine fibroid as large as a child's head. The operation was undertaken immediately, and showed a markedly inflamed appendix closely adherent to the tumor, pressure from which may have been the cause of the inflammation. Hysterectomy, together with removal of the appendix, resulted in an uneventful recovery. Had this case proceeded to the formation of pus, as was likely, a complicated operation must have resulted, with at best only a partial relief, and all undertaken with much more danger to life.

Again, a young girl was sent to us as an emergency case. It was a classical reflection of acute appendicitis of severest type. There was persistent and aggravated vomiting, exquisite pain, which began on the right side but was more diffuse when first seen by us; the right rectus muscle was fixed, with a plainly perceptible tumor in the right iliac fossa easily mapped out under gentlest palpation. Besides these characteristic symptoms, there was a high temperature, pulse 110, anxious expression of face, constipation, and tenderness in the right half of the abdomen when moderately deep pressure was made upon the left side. This was one of a class of cases which formerly we left to pronounce itself, or to get over the acute stage, with the idea of operating in the interval. The operation was undertaken as soon as possible after her admission to the hospital, without doubt within an hour of it, and what was found justified the good judgment of such a step. The intra-abdominal mass was adherent to the abdominal wall, and was composed of intestines and omentum firmly agglutinated yet easily separated from each other, a line of cleavage always being readily found. Deep in the abdomen and behind and to the inner side of the cæcum was found a very much enlarged and angry appendix, acutely inflamed throughout, with two points upon its originally free border undergoing a process of gangrene and inevitably sure to have ruptured in from twelve to eighteen hours more if left to themselves. They were already black, of the consistency of soft soap, and separated from each other by perhaps one half inch of highly inflamed tissue. The adhesions were so thorough in this case that probably a large abscess would have resulted, confined in such a way that the abdominal cavity would not have been involved. Yet this is as purely conjecture as it would have been to have allowed the case to go on awaiting an "interval." From the violence of the symptoms it could easily and quickly have continued to a general septic peritonitis.

In any event an operation would have been necessary in two or three days to evacuate pus, and we should have had a slow and tedious convalescence at best. By attacking it

when we did, no difficulty was experienced in removing the whole appendix intact and securing primary closure, with the result that the temperature was normal the next morning and all acute symptoms had disappeared. Convalescence was immediate and uneventful. It is a rule, not alone with us, but several others of the staff at the hospital, to operate on such cases immediately upon receiving them, and every time we do it our judgment is confirmed and we are more eager to so treat the next case.

The best method of treating the stump of the appendix is Dawbarn's, and after trying the several methods most in use this is now invariably employed when possible. After tying off the meso-appendix and isolating the appendix where it joins the cæcum, a fine silk is passed, by means of an ordinary sewing needle, about one quarter to three eighths of an inch from the appendix in such a way as to surround the base. The suture is placed like a basting thread and passes in and out of the muscular layer of the intestines. The appendix is now cut off about one half inch from its base, the stump dilated, and then inverted into the intestine. While held here the silk is drawn tight and tied. The result is a complete turning of all appendix remains into the bowel, and the bringing together of peritoneal surfaces in such a way that adhesion must take place. After the silk is tied and cut short, a very fine catgut is passed as a continuous suture from the mutilated meso-appendix on to the intestine, including only peritoneum, and covering in the site of the appendix. This method is far ahead of simply ligating the appendix, cutting it short, treating the stump with carbolic acid, and covering it with a cuff of peritoneum.

Also, there is at present more uniformity in closing the wound, better results being attained from suturing each layer separately. This is more often done now since hernia is less likely to follow. It seems a natural procedure since the different layers of the abdominal wall are so well defined and easily found. Save in some pus cases, hernia is not necessary.

SYPHILIS OF THE NOSE, WITH REPORT OF FOUR CASES.

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

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

The tertiary form of syphilis is of great practical interest to the physician, from the fact of its comparative frequency, of the great difficulty oftentimes of obtaining any history of the primary lesion, and of the years which may elapse between this lesion and the local tertiary manifestations.

The initial lesion rarely occurs in the nose, though the disease may be communicated in a variety of ways other than by cohabitation. Many cases of chancre of the lip and of the tonsils have been reported.

Perhaps some of you will remember of a case reported by myself before this society, some years ago, where the disease was communicated to an abrasion of the lip. Secondary lesions do not often show themselves in the nasal passages in adults, though in children suffering from congenital syphilis, coryza, and nasal inflammation, probably manifestations of the secondary stage accompanied by the typical skin eruption are frequently found. But, with one exception, I have not succeeded in finding any record of chancre occurring in the adult nose.

This exception was a case reported by Dr. John L. Coffin in the *New England Medical Gazette*, November, 1896. The third stage, on the contrary, is often here localized. As is the case with tertiary lesions elsewhere, periods of from three to fifteen years or more may elapse between the original infection and the pathological process under consideration. The early symptoms may have been so slight as to have escaped notice, the secondary process lacking in many of the characteristic symptoms, and therefore undiagnosed, so that if from the local condition of the nose you suspect syphilis, the patient, however honest, may be totally unable to give you any facts in the history of the disease which could possibly be of service.

When we add to this early uncertainty a desire on the patient's part often to conceal the nature of the disease, it is then no wonder that the diagnosis sometimes becomes difficult.

The cartilaginous portion of the septum, as a rule, only on one side, is the most common portion of the nose affected by the gummatous infiltration. Isolated gummatous tumors, though occurring, are more rarely seen; the appearance is, rather, that of a general submucous infiltration, involving the whole anterior portion of the nasal septum. The disease, apparently, in a measure, respects anatomical boundaries, as is seen in the fact above stated, that the infiltration is often confined to the cartilaginous portion of the septum. This same infiltration may affect the perichondrium and cartilaginous tissue as well as the softer parts. Next in frequency are infiltrations of the inferior turbinated body. Here also the infiltration involves not only the softer parts, but the periosteum and bony substance itself. Often these tissues, the ethmoid, vomer, and floor of the nose, are involved. The infiltration, following the same general rule, rarely invades the naso-pharyngeal space if the intra-nasal tissues are primarily affected; nor does it extend to the vestibule and outer portion of the nose, although the nasal bones may be diseased with external puffiness, and redness over these bones, as evidence of the internal diseased condition. From these facts it is readily seen that the symptom from which the patient first complains is unilateral nasal obstruction. If the gummatous deposit is considerable, the obstruction will be accompanied by a heavy boring pain in the nose, this symptom lasting sometimes for many months before the breaking-down or ulcerative process begins. This ulcerative process involves only those portions invaded by the gummatous infiltration.

If the destructive process be not arrested, the destruction of the nasal tissues may be so considerable as to produce marked external deformity. The symptoms of the second stage then must be of a different character, namely, a certain amount of freedom from the nasal obstruction, a con-

siderable discharge of muco-purulent material mixed with shreds of necrosed tissue and accompanied by a most disagreeable odor. Especially is this latter symptom manifest if the nose becomes occluded by this cast-off material. The general health of the patient now suffers. Headaches, a sense of lassitude, poor appetite, poor digestion, and loss of weight, accompanied by a certain amount of nervous irritability, occur. Only three other diseases of the nose present symptoms which are in any way similar: chronic rhinitis (only similar in the first stage of the tertiary lesion), sarcoma, and tuberculosis. If the diagnosis is not clear, the administration of some form of iodine will, in the majority of instances, eliminate or substantiate the presence of syphilis. Regarding the treatment of the disease, there is, I believe, quite a difference of opinion in our school as to whether or not we are justified in giving material doses of the iod. of pot. or iod. of sod., followed by, or combined with, some form of mercury. Our "Homœopathic Materia Medicas" have in them drugs presenting symptoms similar to the syphilitic nasal diseases under consideration, notably, am. met., kali bich., hyd., phy., and iod., but I believe we have insufficient evidence of cures performed by these drugs, or of the deposit of gummatous material, followed by this destructive process, having been controlled by small doses of the indicated drug.

I have known of a number of cases, under the best homœopathic medication, to have gone from infiltration to destruction of healthy tissue without apparent interruption in the slightest degree. For many years it has been a well-known fact that iod., in the form of pot. or the iod. of sod., has a very marked and immediate influence upon the development of the gummatous tumor.

It seems homœopathic to the disease, but is not sufficiently so to enable us to arrest it with small doses of the drug; ten, twenty, thirty, and even sixty grains of the iod. of pot. daily are frequently necessary to arrest the progress of the disease.

To the earlier stages of syphilis, and to the stage follow-

ing the gummatous deposit, merc. seems homœopathic, but here again it must be used in material doses in order to produce the desired effect.

I trust that if any here present have had experience with the treatment of syphilis with the homœopathically indicated remedy, that we may be given the benefit of such experience, for it seems to me that as we stand at present the treatment of syphilis, by strictly homœopathic medication, is far from satisfactory. The cases I have to report are as follows:—

Case No. 1. Mrs. A., age fifty-three, consulted me November 3, 1896. Complained of nasal obstruction on right side. Since August had slight pain, watery discharge from this side; general health poor. Absolutely no history obtainable.

Examination showed infiltration of the inferior turbinated body, almost completely obstructing nasal respiration, on this side. It was with difficulty that the probe could be introduced into the nose between the turbinated body and septum.

The reduction of the infiltrated tissues with cocaine was very slight, but sufficient to show an ulcer involving the upper middle portion of the turbinated body, of hard base and raised edges, filled with grayish semi-cheesy material, giving rise to considerable odor. The other portions of the nose and throat seemed to be in normal condition, except for slight redness of the soft palate. Suspecting syphilis, I gave the patient three-grain doses of the iod. of pot., combined with essence of pepsin, after each meal, while I cleansed the ulcerated surface thoroughly with peroxide of hydrogen, sol. November 27, no change. I increased iod. to five grains after each meal.

December 1, very much better. Continued medicine. From that time until the day of her discharge (February 5) there was steady improvement, so that on this date respiration was quite free on the affected side, and the ulcer had disappeared.

The patient was directed to consult the family physician, and be treated constitutionally for some months. In this

case the lesion was slight and the discomfort not very great, but it was undoubtedly a mild manifestation of the tertiary form of syphilis.

Case 2. Mr. M., age forty-two, consulted me June 14, 1897. Gave history of nasal obstruction of both sides since last October; greatly increasing, so that for the last four months has not been able to breathe through the nose at all. Complains of soreness of right nostril and of occasional bloody discharge from this nostril. General health not very good. Complains of nervous irritability and fits of depression. On examination the soft parts of both sides were so infiltrated as to render inspection of the internal portions of the nose impossible. Upon reducing the parts with cocaine a long ragged ulcer was found on the cartilaginous septum on the right side, which at one point had almost produced perforation, surrounded by redness and infiltration. I was unable to obtain any history substantiating the evidence of syphilis, but notwithstanding this fact, after cleansing the parts thoroughly, prescribed five-grain doses of the iod. of pot. after each meal for three days, then to increase the third dose to ten grains. June 29, the infiltration almost entirely disappeared. Could breathe through nose perfectly. Ulcerative process over cartilage lessened. Kali. iod., ten grains, after each meal and before going to bed.

A month later his physician telephoned me that the nose seemed to be in a perfectly normal condition. Advised continuation of iod., followed by merc. bin., for some time.

Case 3. Mrs. L. consulted me April 28, 1897. Complained of pain and stuffiness of the nose, of profuse watery discharge (sometimes purulent). Difficulty in breathing, dating from October last.

Examination showed apparent atrophy of the inferior turbinated body on the right side, of general infiltration of the soft part, deflection of the cartilaginous septum toward the left, and hypertrophy of the left inferior turbinated. Directed her to cleanse nose twice daily with an alkaline solution, followed by an application of melted vaseline in an atomizer. Prescribed protoide of mercury 3 x tablet every two hours.

May 1, about the same. Left side slightly better. Treatment continued.

May 3, only slightly, if any better. Treatment still continued.

May 5, rather better.

May 10, nose looks very badly. Slight puffiness and redness over right nasal bone. Suspect syphilis, but can obtain no history, and the appearance and social position of the patient would rather exclude the disease in one's mind. I did discover, however, that husband was suffering from locomotor ataxia. Knowing this disease to be frequently of syphilitic origin, I gave patient three-grain doses of iod. of pot.

May 17, found nose in very much better condition. By persistent questioning I discovered that ten years previously she had suffered from an ulcerative sore throat, lasting for some months. Increased iod. to five-grain doses four times daily.

May 22, head cold. Discontinued potass. iod. and substituted merc. prot. 2 x every two hours.

June 1, about the same. Prescribed mercu-auro, three drops morning and night, with three grains of iod. of pot. after each meal.

June 7, increased mercu-auro to five drops, iod. of potass. the same.

July 6, nose very much better. Can breathe comfortably through both sides. I then discovered that the ethmoidal septum had been perforated. The supposed atrophy of the inferior turbinated body was really a breaking down of the whole structure through a former gummatous deposit. There was no ulceration in the left side, but the right side had undergone very extensive syphilitic infiltration. As merc. aur. seemed to interfere with the digestion, I discontinued it and gave nux. vom. for three days and then returned to iod. of pot. after each meal. Patient has steadily improved up to the present time in every way, although there is still considerable discharge of muco-pus from the nose.

Case 4. Mr. T., age fifty, consulted me October 9, 1896,

suffering from obstruction of the right nostril, with excoriation of the lower anterior portion of the right side of the cartilaginous septum.

The obstruction had been of over a year's duration. Little or no discharge from this nostril, but there was a sense of fulness and dryness. General condition not good. Subject to fits of melancholy and of nervous irritability. Emotions easily aroused. Thinking the condition to be a simple rhinitis, and the ulceration of the cartilaginous septum to be a mechanical irritation by the patient's own finger nail, I prescribed an alkaline douche for the nose, and owing to some general symptoms gave internally kali. bich.

October 16, slight cold. Otherwise condition the same.

November 7, no better. Owing to a peculiar condition of the tongue, I questioned patient and found probable evidence of an early syphilitic lesion twenty years ago. Prescribed iod. of pot., six grains after each meal. To continue alkaline douche.

November 23, nose very much better. Continued.

November 24, very little trouble in the nose. Ulceration on cartilaginous septum healed. Directed patient to continue medicine. He did not come in again until April 21, nearly three months later. Had taken no medicine for a month, and as a consequence nose had been troublesome again. Prescribed merc. bin. 2 x tablet every two hours.

April 28, no medicine for a week. Nose about the same. Complains of pain in lower portion of the chest, with troublesome cough. General symptoms better, bry. 3 x four times a day.

June 2, feels generally better, but nose is stopped up again and is almost as uncomfortable as at first. Prescribed iod. of pot. five grains, after each meal for three days, then four times a day.

June 30, nose unobstructed and comparatively free from any abnormal appearance.

July 27, no trouble with nose. Has continued medicine. From the fact that the symptoms subsided under the iod. of pot., to reappear from its discontinuance and from the early

history obtained, rather late in the treatment of the case, I felt fairly sure it was a case of tertiary syphilis of the nose. From these cases and a few others I have been fortunate enough to see I cannot draw accurate deductions, but from the facts obtained in watching the disease, besides observations on quite a number of cases where the disease was locally manifested on the soft palate, pharynx, tonsils, hard palate, and larynx, I have come to place considerable reliance on the iod. of pot., as an aid in diagnosis, and as a powerful agent toward preventing destructive processes.

TUBAL DISEASE.

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

Introduction.

This subject, tersely expressed in two words, seems at first thought to carry little with it of significance; but alas! to one who comes in contact with gynæcological cases, and finds on examination the unmistakable pathological changes which are characteristic of tubal disease, and then demonstrates and exposes to vision through operation the devastating effects upon the whole reproductive system of woman, he can but be horrified at the far-reaching injury which this form of disease is working upon the human family.

Clinical View.

First. A young woman of irreproachable purity of character marries. Within a short time, a few weeks or months, she seeks relief from an irritating, debilitating, purulent vaginal discharge, accompanied with pain in one or both ovarian regions. She has emaciated, she has lost the healthy glow on her cheeks, her eyes are lustreless, her physical vigor has departed, and she is a wreck. Examination discloses a more or less profuse leucorrhœal discharge, vaginitis, and in each tubal region aggregations of sensitive tissue. She is sterile; childbearing is out of the question. The subsequent history is either lifelong invalidism with

possibly frequently recurring acute attacks of salpingitis and abscess formation, otherwise known as pelvic abscess, or operation for the removal of the appendages, and possibly the womb also.

What is the explanation of all this? Simply this, that the patient is an innocent and unsuspecting victim of gonorrhoeal infection.

Second. A woman who has undergone, we will assume, normal parturition, develops in the course of ten days or two weeks a high temperature, with pain and discomfort in the pelvic region. Her convalescence is prolonged for weeks, and maybe months, until she finally is able to be up and about but does not regain her usual health. Examination discloses tumefaction in each tubal region. She never becomes pregnant again. She either drags out years of invalidism, or is finally subjected to operation for removal of diseased appendages.

The explanation of all this is lack of strict cleanliness on the part of physician or nurse in attendance upon the case at confinement. Unclean fingers have been introduced into the vagina, or unclean syringe nozzles have been employed in giving douches, and have thus implanted microorganisms which have developed, reached the cavity of the womb, and thence the Fallopian tubes, and have thus worked destruction to the generative system of the patient, and cut off all hope of future offspring.

Obviously both of the conditions above outlined are avoidable. In the first, an innocent and trusting wife is the victim of a vile, diseased, and immoral husband. In the second instance, a mother, it may be with the fondest hopes for future children, is made sterile for life through the ignorance or carelessness of either her attending physician or nurse in confinement, or both.

Third. We occasionally though rarely meet with tubercular salpingitis in young unmarried women, which develops spontaneously from causes, manifestly, over which they have no control, and so far as we now know is an occasional form of tubal disease due to hereditary taint.

Fourth. The question may pertinently be asked, is there not an appreciable percentage of cases of tubal disease which arise from causes other than those enumerated above? While it must be admitted that such is possible, it is the writer's belief that they are of extreme rarity. However, with the prevalence of pyogenic micro-organisms, it must be admitted, with the commonplace employment by women, in all conditions and stations in life, of devices to prevent pregnancy, all forms and varieties of douche nozzles, the rather indiscriminate use of uterine sounds by physicians, any or all of which, unless scrupulous asepsis be observed, may be germ carriers, that it does not require an extreme stretch of the imagination to believe that tubal disease of a pyogenic character from these sources may occasionally exist.

Pathological Considerations.

It is but comparatively recently that our present ideas of pelvic inflammations have taken shape. Pelvic cellulitis and parametritis are terms which convey but little idea of the actual condition as we now view it, and are becoming obsolete terms. It is true that the term para-metritis indicates the location of the inflammation, and in its first employment no suspicion existed of the true origin of such inflammation. It was supposed to take its origin in some way from the uterus itself.

Pelvic cellulitis is a term which, with our present knowledge, we can find no excuse for using. This nomenclature was applied to the disease through the mistaken idea that a suppurative inflammation is prone to arise spontaneously in the sub-peritoneal connective tissue of the pelvis. All the knowledge which we at present possess leads us to believe that it never occurs in this way.

Modern Pathology of Pelvic Abscess.

According to recent investigations and theories, all cases of so-called pelvic inflammations of the female originate from septic matter which enters or is introduced to the

vagina, reaches the cavity of the womb, thence enters the Fallopian tubes, and from them infects the pelvic peritoneum either through exit from their fimbriated extremities, or perforation of their walls.

One of several phases of the disease now develops, governed by circumstances, regarding which we now possess no knowledge.

First. Extension of the septic invasion to the pelvic peritoneum, and maybe the whole peritoneal cavity, and death, constituting the familiarly known, popularly termed condition, "inflammation of the bowels." This sequel appears particularly likely to occur following septic invasion of the tubes after parturition or abortion, but is not likely to follow gonorrhœal invasion, nor tubal disease apparently spontaneous in its origin, such as might occur from use of uncleanly douche nozzles, specula, and sounds.

Second. Nature appears in many instances to anticipate the menacing danger, and seals up the fimbriated extremity of the tube, so that the inflammatory process never really invades the pelvic peritoneum. The virulence of the microbial material may be of a low order, or the natural resistance of the patient's tissues may limit the extent of the disease, so that it always remains within the cavity of the tube, with maybe a sufficiently adequate exit of the gradually accumulating muco-purulent matter through the uterine aperture into the cavity of the womb, and so on through the cervical canal into the vagina, and appears at the vulva as a chronic leucorrhœa.

Fallopian tubes which have thus passed through the acute stage of the inflammatory affection, and have reached the chronic condition, are found with thickened walls, tortuous outlines, sealed and possibly adherent fimbriated extremities. The victim of such disease is barren. It is often extremely interesting to trace the relations of cause and effect in cases of women who have borne one child only, and this confinement has been followed by the distinctive symptoms constituting what we call puerperal fever, child-bed fever, etc. In the absence of other causes of such barrenness, we may

be very positive in concluding that the tubes, as a result of the post-parturient microbic invasion, have become sealed, and functionless as far as the transmission of spermatozoa or ova is concerned.

Third. Infective material reaches the tube, rapid development of inflammation ensues, with copious pus formation. Nature has anticipated the invasion by sealing the fimbriated extremities. There is inadequate exit for the rapidly forming pus, at the uterine apertures, and consequently they become entirely occluded. The tube becomes distended, the walls thin to the point of rupture. The subsequent history of the case depends upon through what segment of the wall the perforation occurs. If it be upward, the discharge takes place directly into the peritoneal cavity, with general infection of same, and death in a few days. It appears, however, that this is not the usual course, but that for some reason, possibly because that the lower segment of the tube is without a peritoneal covering, and thus thinner, perforation occurs downward, and the pus escapes within the folds of the broad ligament. This view tallies well with the clinical conditions actually met, for in the great majority of instances a pelvic abscess encroaches upon the vault of the vagin, or appears in the posterior *cul de sac* rather than elsewhere. The conditions exposed through abdominal section in such cases also substantiate this doctrine, for such pelvic abscesses are always found with a wall or roof shutting them off from the rest of the peritoneal cavity, and this wall or roof covered with peritoneum. This shows conclusively that the suppurative process is extra-peritoneal, and has been so from its origin. There seems no explanation for such a relation other than that above mentioned; occasionally a pelvic abscess rises high in the abdomen, still pushing the peritoneum before it, reaching well above the brim of the pelvis. Such a condition upon the right side has occasionally been mistaken for appendicitis. An excessive development in this direction is, however, not common. There is usually, if operative interference be not resorted to, spontaneous discharge through the vaginal vault or per rectum.

(*To be continued.*)

MINOR AIDS TO DELIVERY.

BY MARY E. MOSHER, M.D., ROXBURY, MASS.

By minor aids I mean any and all measures which tend to shorten and alleviate the sufferings of labor without the use of forceps. In my experience of over four hundred cases I have had forceps used but twice. One a *primipara* of sixteen years of a very nervous temperament. The other in a woman who had had ten children and was very much worn out, and who was delivered of an enormous fourteen-pound child. The case of the *primipara* was in the first year of my practice, where the minor aids of which I am to speak were not used. The case being left to nature for many hours, then consultation called and forceps applied.

I commence with the minor aids from the time the patient comes to engage me, giving advice as to the mode of living especially dressing, without compression or weight to the abdomen, as do the Indians or foreign peasants, who usually have easy labor; nutritious food at regular hours, a goodly amount of exercise as much as possible in the open air; bathing the external genitals with cool water every day. Anything which strengthens the nervous system helps at the birth. When I am called at term, if labor has begun and I find on examination that the presentation is normal, from that time until the end of the third stage I assist nature almost constantly.

One of the principal things to be thought of is nourishment. I give immediately after or between the pains at intervals of two or three hours a cup of plain or malted milk, quite hot. Patients usually do not want to take anything, but with a little urging will yield. I have never known them to refuse to take anything in the shape of medicine that they think will relieve, and in the same manner you can get them to take the milk.

I give the patient a strong salt-water enema, as hot as can be borne, followed by another in an hour or two, if labor is slow. This not only empties the rectum, which is very

necessary and beneficial, but also the heat relaxes the muscles, and the strengthening effect of the salt balances the weakness which usually follows the use of enemata. The rectal is followed by a very hot vaginal douche. While some think the hot douche takes away the necessary secretions of the vagina, I believe the hot douche relaxes the rigid cervix, and rubbing lard freely into the vagina and perineum after the douche more than makes up for any loss of secretion. For some time before reading Dr. Winterburn's article I had found the free use of lard very beneficial in croup, bronchitis; and on the mammary gland when the milk ducts seemed to be constricted and painful I have seen almost immediate relief come from the application of hot lard, the ducts seem to relax and the milk flow freely, so I felt sure of none but good results when rubbed into the genitals at labor.

I carry a preparation of chloral which I got from Professor Danforth some nine years ago, and where the first stage is slow and the pains annoying and hard to bear, I give two teaspoonfuls of it, repeating it in half an hour if necessary. It seems to give them courage to bear the pains. I use it in all cases excepting those very rare ones where labor is rapid and almost painless. In two cases when the pains had been frequent, short, sharp, and almost useless, it put the patient to sleep for an hour or two immediately after taking it; the patient waking with renewed energy, labor was rapid until the close.

After these measures have been used I saturate a piece of absorbent cotton with a ten per cent solution of cocaine and completely cover the cervix. This application dilates the os and relieves pain. The first time I tried it as an experiment in a case where the patient had been operated on for laceration of the cervix, and was extremely nervous and did not bear pain well. She complained of a terrible feeling in one part of the cervix. As soon as the pressing pain came I used the cocaine in the manner described. The effect was remarkable and almost immediate. Then at intervals of fifteen or twenty minutes I used it again. Since that time I have used it in nearly every case with great satisfaction to the

patient and myself. I believe it has not only saved the patient much pain, but also made the use of forceps unnecessary.

The doctor should stay with the patient from the time the second stage begins, helping and encouraging with every pain. It is rarely that a patient asks for ether in the first stage of labor; and in the second stage during a severe pain if you say, "Now would n't you like to have me give you a little ether or chloroform and deliver you and put an end to all this pain?" very few but would say, "Oh, yes, doctor, right away!" But it is much better to take an interval of ease when she is more reasonable and say, "Now you see how little need you have of ether, and I will help you in every way."

One of the main aids in the second stage is properly directed abdominal pressure. Pressure on the fundus uteri has been used from time immemorial among many nations who are destitute of any scientific knowledge of obstetrics; but abdominal pressure as well as obstetric forceps can be very harmful, yet if the following rules are observed it is absolutely devoid of danger to mother and child. Pressure should never be applied before the os has been fully dilated, and should be used very cautiously after the head has begun to distend the perineum. The posterior fontanelle must coincide with the centre of the os. It is especially useful to intensify feeble uterine contractions. Hot compresses on back and over perineum give great relief. I had a patient call for them at the commencement of every pain; they helped her so much. If not convenient to have the hot compress, the hot-water bag up against the back at the time of the pain will help greatly. A patient can stand it very hot at such a time. I often give a little ether or chloroform on a handkerchief, and let the patient or nurse press it up to the nose during the last pain, while the head is passing the perineum.

There is a decided difference in leaving a case to nature and using the measures which I have advanced. Using forceps, I will admit, shortens labor, but it is at the expense of the future condition of the maternal tissues. The afterpains

are much worse when forceps are used, lacerations more frequent, subinvolution more common.

It has been said, and truly, that the obstetric forceps have saved many lives, yet I believe more disturbances, mental and physical, can be laid to the indiscreet and unnecessary use of forceps than to any other instrument. Death of the child has been caused by the application of forceps, and that which is worse than death, the cases similar to the one cited in the *Archives of Pediatrics* for March of this year, where parturition lasting twelve hours, forceps were applied causing cerebral injury, resulting in imbecility.

Then the mental effect on a woman is bad to have forceps used too often. She says, "Oh, I had such a terrible time, I had to have instruments used!" Now, if it is better to use forceps early without any particular indications except that either the patient or the doctor is tired and wants to shorten the time, the sooner we educate the patients to the idea that forceps are nothing to be feared but rather to be courted, the better for them. But I believe that forceps should not be used where they can be avoided without risk to the patient, and never when the presentation is normal without using other means first. It stands to reason that elastic tissues such as those of the uterus, vagina, and perineum will return to their normal condition better when stretched gradually, than when great force is used and the tissues are wrenched instead of stretched. I have known many cases where forceps were applied without trying hot douches, or even encouraging the patient to bear the pains; simply leaving the case to nature for a certain time and then applying forceps. Now if these means are employed in every case and forceps applied only to save life instead of time, women would not dread childbirth as much and would be in a better condition physically and mentally; for the majority of uterine, vesical, and rectal disturbances following labor are in cases where forceps have been used. I realize it is hard to give so many hours to one case, especially when others require our services at the same time; but if it is best for the patient, then we should either give them all the time required or not take the cases.

EDITORIAL.

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

LEGISLATION FOR THE INSANE.

By the time this number of the *Gazette* reaches its readers, the annual elections will have taken place, and the gentlemen who are to constitute the Legislature of eighteen hundred and ninety-eight will have been chosen. We wish, therefore, to forcibly remind our subscribers that legislation concerning the insane, important and imperative in character, was postponed until the impending session. This legislation has for its object the separation of the insane from the pauper class of the State, the consequent abolition of the present Board of Lunacy and Charity, and the establishment of a Commission or Board of Lunacy.

The control of all the insane in the State shall be vested in this commission or board, two or more of whose members shall be expert *alienists*, and by the commission shall be placed in such State hospital or other institution as shall be deemed for the best interest of the patient, and enable him or her to have the best help toward recovery. This will entirely prevent the course of action heretofore frequently, if not generally, carried out by the selectmen of towns and city governments. Hitherto it has been the custom of the selectmen of a town, when notified of the commitment to a State institution for the insane of some person having a legal residence in the town over which they preside, to immediately remove such insane person from the hospital, where he is receiving such care and treatment as may tend to his recovery and return to a useful station in life, and to place him in the town almshouse, where he receives no treatment, and where consequently his malady tends to become chronic and incurable.

Even should the insane person unhappily present such type of malady that cure, under present known treatment,

may be impossible, the simplest and fundamental principle of Christian charity would make us wish that these unfortunate invalids should be taken care of in such way as shall be of most comfort to themselves and safety to the community.

Nowhere can this be done so well, so safely, so economically as in the hospitals established by the State for this purpose, under the supervision and care of men and women who are making the cure, amelioration, or care of this unfortunate class of invalids their life work.

The expense under the proposed new legislation will be borne by the State, and, being distributed over the whole Commonwealth, will be more equally borne than by the present method.

That the scheme above, which, as we understand it, states the points substantially as embodied in the proposed legislation during the last session of the Legislature, will be presented in the same form this year cannot be assured, but that some legislation will be brought forward looking to the accomplishment of some of the above changes, notably the separation of the insane from the pauper class, is more than probable. Let each reader, then, of the *Gazette* see his or her representative and senator, explain the matter to him and arouse his interest. Instil into his mind that this is a question which involves the life or worse than death of eight thousand of the people of this State, and that it is too important, too serious a question to be "played politics" with. They may think they have a right to trade votes on matters pertaining to railroads, subways, water and gas companies, insurance and taxes, but this matter must be decided by their best judgment under guard of their Christian conscience.

EDITORIAL NOTES AND COMMENTS.

THE NEW ENGLAND MEDICAL GAZETTE.—While the representative medical journal of the present day must be a leader in thought to its constituents, it must also, to a certain extent, follow the lines laid down by *the* physicians; not *any*

physicians, nor *all* physicians, but the men who stand for what is wisest, strongest, and most productive in the profession. Their wishes, suggestions, and criticisms must be heeded, and their interpretations of what a representative journal should be must be carefully considered.

It would seem as if the consensus of expression on the subject on the part of such men pointed to a demand for official organs of their school, which, while welcoming new light on new subjects as well as old, should discard nothing of value bequeathed it from the past, and which should approach the consideration of all topics of importance to the profession in a dignified and impartial if critical spirit.

Such a journal the *New England Medical Gazette* professes to be, and what it professes that also it seeks to exemplify. Articles appearing on its pages are accepted on their merits. Large latitude is allowed for the expression of individual opinion, provided it represents something of value to the reader, and provided also that personalities and a low trend of thought are avoided. Reports of society meetings keep the physician posted as to the doings of representative medical bodies, while editorial notes and comments are suggestive of much of interest that might otherwise escape notice. The editorials must speak for themselves, yet it may not be amiss to emphasize the desire and intention of the editors to choose themes of vital interest to the profession, and to write upon them in an earnest, straightforward, and helpful manner. With the coöperation of the *Gazette's* many friends it is hoped that the "Personal and News Items" may be made even more complete in the future than in the past.

The book department is of undoubted value to physicians. Prompt and conscientious reviews of new books keep the profession posted as to recent medical publications and aid in making selections for library shelves or study table.

Abstracts from many of the leading medical journals on both sides the water are epitomes of medical thought and progress, and save the reader much time and fruitless search through innumerable pages laden with everything, perhaps, but the gist of that wherein the greatest interest lies.

Add to the foregoing sections the "Publishers' Department," which it is hoped may prove both instructive and entertaining, and the completed outline of the *Gazette* is indicated.

It is the representative homœopathic medical journal of the Eastern States, and as such may, perhaps, be pardoned for expecting as well as desiring the financial support and fraternal recognition of the members of that school of practice whose aims and interests it faithfully endeavors to further.

CRIMINAL ABORTION. — We are in receipt of a communication from the Newport, R. I., Medical Society, signed by Dr. Valentine Mott Francis, president of the society, and by other prominent medical men in Rhode Island, asking that we call attention of our readers to an address delivered before their society, August 12, 1897, by H. R. Storer, M.D., of Newport. We are very glad to comply with this request and wish a copy of the address could be placed in the hands of every member of the profession. The subject of the address was "Criminal Abortion: Its Prevalence, Its Prevention, and Its Relation to the Medical Examiner."

The author refers to the fact that forty years ago (in 1858) he was led to the discovery of the frequency of wilful abortion among the respectable and better class of people by the prevalence of certain uterine difficulties, which invariably occur after abortion. The attention of the profession was called to this fact, and its effect on the population, in an essay entitled "Decrease of the Rate of Increase of the Population." This paper, as the author states, "created a perfect whirlwind of surprise and indignation in Boston."

As a result of this and other publications tending toward the same subject the American Medical Association presented a memorial to the Legislature of every State asking for a revision of its laws on criminal abortion. As to the condition of affairs to-day the author says:—

"For a while it really seemed that the intellect of the people had been sufficiently interested and their recognition

of accountability sufficiently aroused to produce a permanent impression for good, but the adults of those days are mostly dead, and their children and grandchildren form a new population with fresh instincts and desires. . . . Abortifacients are openly sold and publicly advertised, and the doctrine that the limitation of childbearing is justifiable is daily preached. At trials, those most closely interested combine to suppress or distort evidence, hired experts assist them in doing so, and juries, and sometimes judges, do not seem to appreciate the true character of the offence. The newly created profession of medical examiners has bravely attempted to secure convictions, but against their zeal and faithfulness and skill there is pitted an increased alertness of criminal advocates."

The three great causes the author believes to be: ignorance of the crime, apathy of the profession, and defective laws. The concluding pages of the address are taken up with interesting comparative statistics, bearing on the increase of population.

As we remarked in the beginning, every physician should read this address and take home to himself for thought the truth which it so plainly states and ably supports by statistics.

After all, we of the medical profession are the ones at whose door the responsibility of this condition largely lies. We have shirked and are constantly shirking this and similar responsibilities. It is condoned, as are syphilis and gonorrhoea, lest the profitable patient become offended. If ignorance of the dire results of abortion is a cause, as the author maintains, who but we are most largely culpable. We have before maintained, and we reiterate it, that such a *healthy* interest in all these matters should be stimulated and encouraged by every physician among his clientele, that they shall appreciate the necessity of, and demand for their maturing children proper instruction by competent instructors.

Such knowledge, fearlessly promulgated among the people by the physicians themselves, would, we believe, ultimately result in the demand for and the enactment and enforcement of more stringent laws.

SOCIETIES.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

Special Meeting.

A special meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, October 21, at eight o'clock.

Medico-Legal Section.

ALONZO BOOTHBY, M.D., Chairman: J. W. HAYWARD, M.D., Secretary;
MARY E. MOSHER, M.D., Treasurer.

The following sectional officers were elected for the ensuing year: S. H. Calderwood, M.D., Chairman; Annie M. Selee, M.D., Secretary; Herbert D. Boyd, M.D., Treasurer.

PROGRAM.

Address, The Responsibility of the Physician under the Common Law. By Theodore H. Tyndale, Esq.

Discussion was opened by E. P. Colby, M.D., and continued by Drs. J. H. Sherman, H. C. Clapp, F. W. Elliot, and Alonzo Boothby.

REGULAR MEETING.

The regular monthly meeting of the Boston Homœopathic Medical Society was held at the College Building, East Concord Street, Thursday evening, November 4, 1897, at 7.45 o'clock, President George B. Rice in the chair.

The records of the last meeting were read and approved.

The following physicians were proposed for membership: Mary E. Hanks, Harry O. Spalding, of Boston; Charles E. Libbey, of Saxonville. David W. Wells, M.D., of Boston, was elected to membership. Upon recommendation of the Executive Committee it was voted to appoint an Obituary Committee to draft resolutions on the death of Annie Louise Farrington, M.D. The Chair appointed on this committee, Drs. Eugenie M. Phillips, Alice M. Patterson, Nelson M. Wood.

Scientific Session.

Pathological specimens :—

George H. Earl, M.D., presented a specimen of acranial monster.

Section of Materia Medica.

JAMES S. KENNEDY M.D., Chairman; MARION COON, M.D., Secretary;
W. N. EMERY, M.D., Treasurer.

The following sectional officers were nominated and elected for the ensuing year : Winthrop T. Talbot, M.D., Chairman ; Marion Coon, M.D., Secretary ; Willis M. Townsend, M.D., Treasurer.

PROGRAM.

1. Serum Therapy, F. B. Percy, M.D.
2. Toxine Treatment of Malignant Disease, Horace Packard, M.D.
3. Materia Medica in Its Relation to Modern Specialties, Conrad Wesselhoeft, M.D.
4. Blood Plasma and Immunity, F. P. Batchelder, M.D.

Drs. John L. Coffin and Mary E. Mosher discussed Dr. Packard's paper. Dr. Sutherland, in the discussion of Dr. Percy's paper, said that serum therapy as a theory appeals to him more than any other in medicine except homœopathy. Serum therapy offers an explanation of the curative power Nature has exerted for all time. He thinks we do not give Nature credit enough for her cures, especially in infectious diseases. She probably produces an anti-toxine which is curative in its nature. Personally his experience has been limited to diphtheria, where he believes it to be safe and satisfactory. If fresh and properly prepared, it is non-pathogenic. If bad results occur, they are due to the preservative employed (camphor or carbolic acid). He thinks serum therapy must always have a use as limited as vaccination. By this means smallpox has been almost entirely eradicated. Possibly anti-toxine may exterminate diphtheria in a similar manner. If serum therapy is ever perfected, he thinks its usefulness will always be confined to infectious diseases.

Serum therapy is not an illustration of homœopathy.

Anti-toxines are non-pathogenetic, and should not be confounded with toxines, which are pathogenetic.

Dr. J. Heber Smith referred to the supposed danger from the injection of this alien serum and the destruction of the red blood corpuscles. Dr. F. P. Batchelder referred to the original experiments wherein alien blood serum was introduced into the venous circulation with subsequent destruction of many red blood corpuscles. In using anti-toxine the serum is injected into the lymph spaces, and necessarily undergoes some modification in traversing the lymphatic circulation, hence does not exert a globucidal influence upon the blood corpuscles.

Dr. G. A. Suffa, in discussing Dr. Conrad Wesselhoeft's paper, said that in iritis we have an inflammatory condition in a very vascular tissue. If left alone, in three days adhesions of the iris to the lens capsule will form, and if atropine be not used they will become firm and cause no end of trouble.

Prof. John A. Rockwell, in discussing Dr. Batchelder's paper, emphasized the prominent part taken by the body fluids and tissues in the attainment of so-called natural immunity. He further urged that in our enthusiasm to secure "acquired immunity" we do not overlook that natural immunity which has carried so many medical men and nurses through epidemics unharmed. The poor and rich, alike ill nourished, are both more susceptible to inroads of disease. Overloading the system with food material may quite as much unfit a person to resist disease as underfeeding.

Dr. Packard said: "To no one does this matter of resistance and immunity come home more closely than to the surgeon. Note the great differences in patients as to the progress of their case, the repair of tissues and resistance to surgical diseases. How else can we account for the ravages of suppurative disease following very slight infection? How can we account for the formation of localized suppuration where no abrasion of the skin or mucous membrane exists, except on the theory that pus microbes floating in the general circulation become localized with consequent pus formation?"

“All surgeons, in spite of the utmost care in aseptic and antiseptic methods, frequently meet with suppuration, due in many instances to micro-organisms present in the patient's circulation which go on to pus formations because of deficient tissue resistance.”

J. EMMONS BRIGGS,

General Secretary.

THE NEIGHBORHOOD MEDICAL CLUB.

The regular monthly session of the Neighborhood Medical Club was held at the Tuileries, Commonwealth Avenue, Wednesday, October 20, 1897.

Dr. F. D. Leslie was host of the evening. The postprandial exercises were opened by a brief symposium on “The Doctor's Legal Liability.” Dr. J. H. Sherman spoke of a well-known case in which a physician of high standing and long experience was compelled, as the result of a lawsuit, to pay \$10,000 for alleged want of skill and care in an obstetric case. Another case was cited, equally without cause in fact or equity, in which the *ad damnum* was \$5,000. The plaintiff in these malicious suits was, as a rule, ignorant and poor, and was urged to enter suit by some shyster lawyer who took the case as a speculation. It was possible that such litigation in certain cases might be avoided if the physician was not taxed for real estate; at least this would tend to deter unprincipled lawyers.

Dr. Ruggles thought that the protection afforded by holding real estate in the name of another was rather seeming than real. Few physicians would care to submit to the publicity of a poor debtor's oath, and that was practically the only escape from a judgment secured by an unfavorable verdict.

Dr. Perkins held that no reputable physician would appear for the plaintiff in such fake cases of malpractice.

Dr. Bliss suggested that no physician, who lives as most do, for at least one half of the working day in his buggy, could afford not to have an accident policy at a yearly expense of \$10 for each horse, securing him from loss in accidents in which he may have been an innocent party.

Dr. J. T. Sherman had long carried such a policy and thought it a good investment on account of the freedom from anxiety and the peace of mind afforded.

Dr. Leslie opened the discussion upon appendicitis. Until recently his cases had in the main been treated medically, with satisfactory results, but his views had undergone a change. One case, presenting few symptoms that pointed to the lesion, apparently did well under medical treatment for two weeks, then suddenly without warning grew worse and at the operation the abdomen was found to be full of fetid pus. A general suppurative peritonitis followed with fatal results. Other cases of a milder type, treated by medical means, had recovered. An efficient treatment of these milder cases was a hot wet compress locally and bry., calc. phos., or mag. phos., as indicated. He was not always clear as to the indications for surgical interference, and this uncertainty was not made less by the fact that some surgeons advised immediate operation, while others of equal reputation counseled delay in cases presenting practically the same symptoms. A rising temperature, an increasingly rapid pulse, sensitiveness on deep pressure over McBurney's point, a rigidity on the right side and persistent vomiting, if all present, called for an immediate operation. If a number of these symptoms were absent, the case presented one of the most serious questions the general practitioner is called upon to meet. His recent experience renders him more ready than formerly to seek surgical aid. About half of his cases have been in females, as contrasted with the eighty per cent in males of the text-books.

Dr. Damon thought that a surgeon may well be called early that he may share the responsibility of the decision.

Dr. J. H. Sherman has seen very few cases of appendicitis in a practice extending over many years. He has never lost a case and has relied exclusively upon medical treatment.

Dr. Elliott was opposed to the use of opium in the early stages, although later it might sometimes be of advantage. In the initial attack merc. sol., in material doses, followed by a saline purge, was useful. Several appendices were shown and histories of the cases given.

Few major operations have so high a percentage of recoveries as appendectomy in interval cases. It is not too much to say that the danger from a diseased appendix is far greater than the risk of an operation undertaken in the absence of acute inflammatory disturbance.

Dr. J. T. Sherman was accustomed to use sodium sulphate in large doses in the early stage of the disease, and generally with good results. The rationale seemed to be that this dosage acted both as a hepatic stimulant and aroused peristalsis of the bowels, thus draining the infected area and removing both the pathological germs and their poisonous products. If the catharsis was not promptly followed by improvement, the case was referred to a surgeon.

THE PRACTICAL IMPORTANCE OF HUGHES' CYCLO-PÆDIA OF DRUG PATHOGENESY AND THE REPERTORY THERETO.

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

[*Read at the Semi-annual Meeting of the Massachusetts Homœopathic Medical Society, October 13, 1897.*]

Mr. President and Members of the Society, — The announcement was inadvertent that this was to be a critical analysis of Hughes' Cyclopædia; my purpose is to speak of the great value and merit of the work, especially in its relation to the repertory which has just been announced.

What we desire to get is practical knowledge of the *materia medica*, that is, of drugs whose properties are known with relation to their use in disease. We will take it for granted that such drugs cure the sick, and we will not discuss that question at all, except to say that as long as the world stands it has been believed that when one is ill he must take "medicine" to get well. That was in the early days of medical history, but the confidence in medicine has not been shaken yet; on the contrary, it has increased; especially since Hahnemann's time it has become axiomatic that the only way to know anything about the substances to be taken into the system in disease, is to test them first upon the healthy organism. Internal medication is still striving toward perfection as a science, and let me

here say a few words concerning our present sources of information on the subject of practical therapeutics.

What we have heard here to-day in regard to specialties, and in the reports from special bureaus, would seem to show that the mechanical treatment of disease is in the ascendancy, but it must not be forgotten that treatment of disease by internal medication is still made the subject of study, and is progressing under the care of the most eminent medical minds of the age, and that the general practitioner is not yet extinct.

Among the sources of information in regard to methods of using *materia medica* are text-books on pathology and therapeutics. These teach us little more than routine prescribing, by telling us what medicines are good for certain diseases; they specify as well as possible a certain number of such medicines, but they cannot specify indications for remedies, as such indications actually occur in practice; these can only be found in a complete pathogenesis like that of Hughes', with the aid of a good repertory. (Books of that kind are those of Hartmann, Baehr, Kafka, Goodno.)

There is another class of text-books, partly digests, partly compendia of *materia medica* proper (Farrington, Cowperthwaite); these are all excellent in their way, also serving the purpose for which they were intended, provided always they state the best ideas of other men, yet they are not, strictly speaking, sources of original information, but rather the works of authors than of authorities, and hence not exactly fountain-heads of the true knowledge of *materia medica*.

What we need first, last, and all the time are books containing the records of original research, that is, of provings — the only reliable and safe basis of therapeutics, whether in specialties or general practice. Now, Hughes' "Cyclopædia of Drug Pathogenesis" is such a work. It is not intended to replace, but only to supplement Hahnemann's "Materia Medica Pura." A great deal has been added to the *materia medica* since Hahnemann's time; material has been collected, and stored away in periodical literature, awaiting the time when it could be put to practical use. Dr. Hughes has done this in a scholarly and conscientious manner, without any other reward than the consciousness of having faithfully completed the task intrusted to him. By thus supplementing Hahnemann's work he has improved it by corroborating its contents, or at least affording us the opportunity of doing so.

Neither is it intended to replace Allen's great work. Speaking of these last two, a slight comparison is not out of place here to show

where they differ from the work of Dr. Hughes. The latter contains original and unchanged proving records, while Hahnemann's "Materia Medica Pura," and Allen's Encyclopedia have their matter arranged anatomically, thereby already impairing the originality and purity of the material. Such an arrangement undoubtedly facilitates the finding of symptoms, but at the same time it distorts them by changing their place in the context. Also when you take these very remedies arranged anatomically and compare them with the original provings, you will be surprised to see how their import has been changed in their arrangement into separate anatomical groups.

The value of Hughes' book is enhanced on account of its making a critical choice in the selection of provings — a method which Hahnemann and Allen do not adopt in the same degree. If you will read the introduction to the Cyclopædia, you will learn from it that Hahnemann has used a great many provings whose authors and whose methods were uncertain, and that he included many clinical symptoms which were not the result of provings, but which were a transcript of cured cases, the symptoms of which were supposed to belong to the medicine to which the cure was attributed. Useful as this may be, it is not strictly speaking "pure materia medica" in Hahnemann's own sense. These provings are all contained in the Cyclopædia, but may easily be distinguished by their smaller type. Then there are the most reliable provings, whose authors and methods are known, while less reliable provings, or those made with excessively high attenuations, are omitted. Such information is not lost, but may be found in Allen's Encyclopedia. In Hughes' work, on the other hand, we find reduced to normal relations again that which was separated in Hahnemann's and Allen's works.

The Cyclopædia was prepared partly under the auspices of the British Homœopathic Society, and partly under those of the American Institute of Homœopathy, the beginning of the work dating from 1882. There will be time to say only a few words of how to study it: Take up almost any of the principal remedies there named, such as Aconite, Belladonna, etc., and read it through. If the anatomical schema should fatigue you, this narrative style would fascinate you like a story, and you would not care to lay it down until you had finished it. You would then already have retained much of it in your mind, partly because you observe a series of necessary consequences, and partly also because there is noticeable a repetition of effects. If you will then close the book and write down what you remember, you will find that materia medica is more

interesting and less difficult than you would suppose from the reputation which it has gained entirely from poor methods of studying either the schematic arrangements or less reliable sources. Follow this plan with one or two remedies every week or every day if you have time, and you will not find it as difficult to acquire a good share of the materia medica as it would be to learn anatomy or pathology. You will soon become aware that the test of a good proving is the conformity and agreement between the statements of the various provers; if their results are not as reliable as desired, each will tell a somewhat different story, or a very tedious, rambling, endless one, such as nervous invalids tell us. Now, if you have taken note of the most characteristic but congruent symptoms, then proceed at once to make *your own anatomical arrangement* of them. Some years ago I read an article here which I called "Every Man his own Bookmaker." I was not sure at that time as to whether I had said anything to the point; but I have become more and more convinced that it is best for each to make his own repertory. I say it for the reason that each one can make the best use of his own work which he understands. If I should make such an anatomical arrangement or repertory, it would be of less use to others than as if they had made it themselves out of familiar material. But such a repertory for private office use must of necessity be small; still it would have the inestimable advantage of having introduced the author to, and familiarized him with, the larger and complete repertory of the Cyclopædia now being issued. Without such preparatory work the new repertory to the Cyclopædia would be difficult to use.

The arrangement of the new repertory is simple, but will require time and patience in its use. It is a complete reference to Hahnemann's "Pure Materia Medica," to "The Chronic Diseases," to the "*Fragmenta de Viribus*," and lastly to the four volumes of the Cyclopædia itself. A desired symptom can readily be found in most or even in all of these works by following the reference. But that means work, and on that account many may not care to use it much; for this same reason the Cyclopædia has not been respected as it should have been. Yet, if the general practitioner would prove his right to exist by the side of the mechanical specialist, he can do it in no other way. Again, as long as the field of general therapeutics is but just beginning to be opened by better sources of original work and better books, constant mental application is a necessity; and mainly, if we are convinced that medicine can best be given according to the law of similars, there is no other way to demonstrate it except

through faithful application, study, and above all by the cultivation of a certain degree of talent for the acquisition of such knowledge.

In times when every mother of a family had her "domestic physician," this work with its accompanying box was safely put away in some closet, and was supposed to contain all sorts of useful directions for any emergency that might arise. Perhaps this did not occur for a long time, until suddenly in the night some one was taken desperately ill. The book was wanted, but only found after much searching, because its hiding place had been forgotten; and when at length found and opened, where among the four hundred pages of wisdom was the thing to do mentioned? To save an anxious mother from such a dilemma, she was urged to wait for a time when everybody was well in the family, and then to read the book carefully and repeatedly, and also to scan it from time to time in order to know what each chapter contained, and where subjects were to be found. Then, in an emergency, the book would be of great comfort and assistance. The same applies to the Cyclopædia and the repertory belonging to it. Let us all become acquainted with it before emergencies arise. There is a mine of wealth there, but no easier to get at than the gold in the Klondike region.

REVIEWS AND NOTICES OF BOOKS.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders, M.D., PH.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College, Philadelphia. Illustrated. Philadelphia: W. B. Saunders. 1897. pp. 1287.

Few houses are getting out a more desirable line of medical books than the house from which this new work on practice comes. This latest volume from its press will be gladly welcomed by practitioners of all schools, as furnishing within reasonable limits a comprehensive survey of the field their energies must cover.

Although necessarily devoted, as its title indicates, to the practice of medicine in general, much space has been given to diagnosis, differential diagnosis and treatment. This is as it should be, since correct deductions in a given case lead up to the proper selection of methods of relief, and a wide knowledge of the latter is essential for the obtaining of satisfactory results.

The historical development of the subjects treated has been to a large extent wisely omitted.

Under special etiology, bacteriology receives prominent mention in deference to its relative importance among means for rapid progress in discovering the causation of disease.

Over fifty diagnostic tables have been introduced into the text with excellent effect, many of them presenting the comparative features prominent in differential diagnosis, at once fixing the attention upon the most salient and important points.

The therapeutic formulæ will prove of little use to the homœopath, yet it is well for him to know upon what weapons his brethren of another persuasion are relying when engaged in the same conflicts with disease. Dosage is given in accordance with the metric as well as the customary system, and temperatures after the Centigrade as well as Fahrenheit scale. We note with pleasure the simplification of orthography and terminology in many instances, but regret that such changes have not been carried out and applied to all chemical terms in accordance with the rules adopted by the American Association for the Advancement of Science.

The illustrations and plates throughout the book are not numerous, but are well chosen. The type is clear and sizable, the binding neat and serviceable. The indexing is good, but the cross references might have been further extended to advantage. The contents of this work are arranged under eleven principal divisions as follows: Part I, Infectious Diseases. Part II, Constitutional Diseases. Part III, Diseases of the Blood and the Ductless Glands. Part IV, Diseases of the Respiratory System. Part V, Diseases of the Circulatory System. Part VI, Diseases of the Digestive System. Part VII, Diseases of the Urinary System. Part VIII, Diseases of the Nervous System. Part IX, Diseases of the Muscles. Part X, The Intoxications; Obesity; Heat-stroke. Part XI, Animal Parasitic Diseases.

A HANDBOOK OF PATHOLOGICAL ANATOMY AND HISTOLOGY, with an introductory section on Post-mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. By Francis Delafield, M.D., LL.D., and T. Mitchell Prudden, M.D. Fifth Edition. Illustrated by 365 wood engravings printed in black and colors. New York: William Wood & Co. 1896. pp. 846.

The authors of this valuable work have carried out to a gratifying extent their intention to give to students and physicians the knowledge necessary for the making of autopsies, the preservation of tissues and their preparation for microscopic study, and to outline the methods of study of pathogenic micro-organisms.

To an equally gratifying extent they have succeeded in describing concisely and well the lesions of the acute infectious diseases and, so far as they are known, the micro-organisms concerned in their causation, the various phases of degeneration and inflammation, the character of tumors, the special lesions of different parts of the body, of the general diseases, of poisoning, and of violent deaths.

The above enumeration gives a good general idea of the scope of this work. To place the treatment of one subject above another would be to make, perhaps, unjustifiable comparisons, since commendable conscientious care is shown in the consideration of the several topics appearing under each of the four parts into which the whole is divided. In the first part, however, one of the best sections is on post-mortem examinations, the subject being treated in a thorough and explicit manner with repeated injunctions to exercise due care in medico-legal cases, cases of suspected poisoning, and in examining bodies of newborn children.

A most interesting and instructive section in the second part is that devoted to infectious diseases. The illustrations of the pathogenic micro-organisms add much to the text. Another section, that on tumors, gives an extended exposition of the subject, entering sufficiently into detail and comparison of types to render differential distinction of cell growths comparatively easy.

The third part, given over to the pathological anatomy and histology of the organs, is an extended *résumé* of the subject, and is well and freely illustrated, the cuts under the respiratory and vascular systems and the urinary apparatus being specially fine.

In the fourth part may be found a consideration of the lesions found in the general diseases, in poisoning, and in violent deaths.

All the sections of the book have been revised, some of them largely rewritten, and many excellent new cuts added.

THE EYE AS AN AID IN GENERAL DIAGNOSIS. By E. H. Linnell, M.D. Philadelphia: The Edwards & Docker Co. 1897. pp. 248.

The author says he has written this book from the standpoint of the specialist for the student and general practitioner. It embodies the personal experience of the writer during a general practice of twenty years, and fifteen years' experience in the treatment of ocular diseases. "It has long seemed to the writer that this subject was too much neglected by the general practitioner. The record of the pulse, temperature, and respiration, urinary analysis, etc., are among

the everyday routine methods of diagnosis, but the indications furnished by the eye are too little understood, and too often overlooked."

The book consists of two parts; part first relating to the Eye Symptoms of Nervous and Constitutional Diseases, and part second to Reflex Neuroses.

Beginning with affections of the eyelids, conjunctiva, sclera, cornea, etc., the author very interestingly shows how we may find many and important indications of general disease, which will often be of the greatest assistance in leading to a correct diagnosis, or in confirming one made from other indications.

The chapter showing the indications of various intracranial and spinal diseases, occasioned by affections of the external ocular muscles, shows great depth of research, and plainly indicates how important is a thorough knowledge of the eye to the physician who would successfully diagnose and treat nervous diseases. In the second part of the work, the chapter on epilepsy and eye strain as a causative force is especially to be commended for the fair and broad manner in which the discussion is maintained. As a whole, the work should prove an acceptable contribution to our literature in a field which has not heretofore been very carefully explored.

A. W. H.

PRACTICAL DIAGNOSIS: THE USE OF SYMPTOMS IN THE DIAGNOSIS OF DISEASE. By Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics in the Jefferson Medical College of Philadelphia, etc. Philadelphia and New York: Lea Brothers & Co. 1897. pp. 605.

That the second edition of this work on diagnosis follows the first within little more than a year attests the favorable recognition it received, a recognition partly due undoubtedly to the admirable arrangement of the subject matter.

This arrangement presents the symptoms used in diagnosis first, and follows with a consideration of their application to determine the character of the disease, — a reversal of the usual plan.

Thus the physician, instead of making a supposititious diagnosis and perusing an article, more or less lengthy, calculated to confirm or disprove his deductions, may take such symptoms as appeal to him as leading ones and under each, in this work, find causes and diagnostic significance compactly arrayed for his immediate use by selection or elimination.

The advantage of this arrangement in the making of a differential

diagnosis is evident, especially as the text is sufficiently full to afford something more than a mere skeleton outline.

Some four hundred pages, the major part of the book, treat of the manifestations of disease in organs. The remaining hundred and fifty pages of text deal with the manifestation of disease by symptoms. There are over two hundred engravings and a dozen colored plates illustrating the subject matter. The index is deserving of special mention. It occupies fifty pages, double columns, and is exceptionally complete. As a guide to medical diagnosis in bedside practice this work will undoubtedly prove of genuine and general assistance.

OBITUARY.

DR. M. M. AVERIL.

Dr. M. M. Averil, for many years a successful practitioner in Lynn, died at her home in that city, November 3, 1897.

DR. WILLIAM H. LOURGEE.

Dr. William H. Lourgee, of Lawrence, one of the most prominent of its physicians and a resident in that city since 1857, died suddenly at his home, Thursday evening, November 18. The doctor was born in Hanover, N. H., in 1832, and was a graduate of Hahnemann Medical College of Philadelphia, Pa., class of '57. He became a member of the Massachusetts Homœopathic Medical Society in 1866; served as its vice-president in 1876, and as president in 1880. In his private as well as in his public life he was highly esteemed.

PERSONAL AND NEWS ITEMS.

DR. E. RAY BUHRMAN, graduate of the Southern Homœopathic Medical School of Baltimore, has been appointed second assistant female physician at the Westboro' Hospital.

DR. JULIA A. MARSHALL has removed from Haverhill and opened an office at 218 Elm Street, West Somerville.

DR. CHARLES W. STILES, recently of Newburyport, has removed to 17 Rowena Street, Ashmont.

DR. LUCILLE A. JAMES has given up her practice at Davidson, Conn., and located at 155 West Newton Street, Boston.

DR. H. E. PACKER, recently of Barre, Vt., has changed his residence to Woburn, where he will occupy the office formerly occupied by Dr. Springer and later by Dr. Shephard.

PUBLISHERS' DEPARTMENT.

MALT AND COD-LIVER OIL.—The onset of cold weather, with blustering northerly winds, sleet, and snow, means an immediate increase in the number of cases of heavy colds, grippe, bronchitis, and pneumonia. The treatment of any or all of these cases must include careful attention to the strengthening of the patient's power to resist the depressing and enfeebling effects of disease. We know of no preparation more truly lending itself to this need than Otis Clapp & Son's Malt and Cod-Liver Oil Compound.

Consider for a moment the elements which enter into its composition: Malt, a food product supplementing the action of enfeebled digestive organs by furnishing nourishment and by converting starch into an easily assimilated form of sugar; cod-liver oil, a nutritive agent widely known and of great value *when introduced into the system in a form not antagonistic to the patient, and capable of retention and assimilation.* We are, of course, referring altogether to preparations of cod-liver oil which contain the essential properties of the oil itself. There are so-called cod-liver oil preparations which contain none of these properties, but which are nevertheless extensively sold to an unsuspecting if penny-saving public.

The fatty principles of the oil, upon which so much stress has from time to time been laid, are not of themselves and necessarily true tissue builders. Conjoined with the alkaloidal constituents of the oil and rendered by expert manipulation ready for and capable of immediate absorption, they become active factors in the promotion of metabolic changes throughout the body.

By this natural stimulation three desired results are attained; namely, an increased demand for more nourishment, an additional supply of suitable nutritive material, and a corresponding adequacy of ability to appropriate and apply the same to the body's needs through the natural processes of absorptive and constructive energy.

To return to the necessity for an article not antagonistic to the patient and one easily retained. Otis Clapp & Son's Malt and Cod-Liver Oil Compound meets these requirements as well as those we have already spoken of. It is practically tasteless, that is, minus such a taste as excites dislike and aversion. It has been taken without difficulty by patients easily nauseated and possessed of that trying accompaniment, an irritable stomach.

Furthermore, the union of malt with cod-liver oil is not a mere mechanical one. It is a true chemical combination, including also the practical absence of free fat.

A well-known Boston physician writes: "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 dialyzer 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."

So important a subject is naturally capable of an almost indefinite expansion. Further information will be given from time to time in this department, though the multiplication of words can hardly prove as weighty as the practical testimony of one's own experience, an experience easily within the reach of any physician who will make trial of the virtues of Otis Clapp & Son's Malt and Cod-Liver Oil Compound.

TIRED ENOUGH ALREADY.—*Perry Patetic*: "Gee whiz! This here paper says the blood in a man's body travels more 'n 60,000 miles in a year."

Wayworn Watson: "Wot did you go an' tell me that fer? Ain't I tired enough already?"—*Cincinnati Enquirer*.

MEDICINE COVERS.—When medicine is prepared in water other instructions should be given besides those of having the tumblers

and spoons used perfectly clean. The patient or nurse should be told to keep the prepared medicine in a cool place, and protected from dust and other foreign matter.

Pieces of paper or small dishes are liable to slip from the top of a tumbler, but a medicine cover, such as can be obtained at Otis Clapp & Son's, will prove the one thing needful to properly protect the medicine. Medicine covers are not necessarily expensive. A single one of plain ground glass costs but fifteen cents, while a pair may be had for a quarter. Silver-plated covers are more elaborate, and fifty cents apiece is the retail price, or one dollar apiece for sterling silver. The latter, however, will last a lifetime, and an accidental fall to the floor will not injure it.

The ground glass ones, nevertheless, answer every purpose, and the special purposes of keeping medicine uncontaminated and free from evaporation.

PHOTOGRAPHY UP TO DATE. — *First Doctor*: "Good photograph, is n't it?"

Second Doctor: "Fairly good. Flatters the left lung a little, I think." — *Puck*.

CARBONATE OF LITHIUM TABLETS. — These tablets contain two grains each of the citrate of lithium, and are intended for the preparation of a superior Lithia table water. By dissolving one tablet in a quart of pure water fresh Lithia water may be made as often as desired, and wherever the user may happen to be. It is a valuable aid to digestion, and may be used constantly with the greatest advantage, especially by people of a uric acid diathesis. It is a true physiological diuretic, and a solvent of an excess of urates.

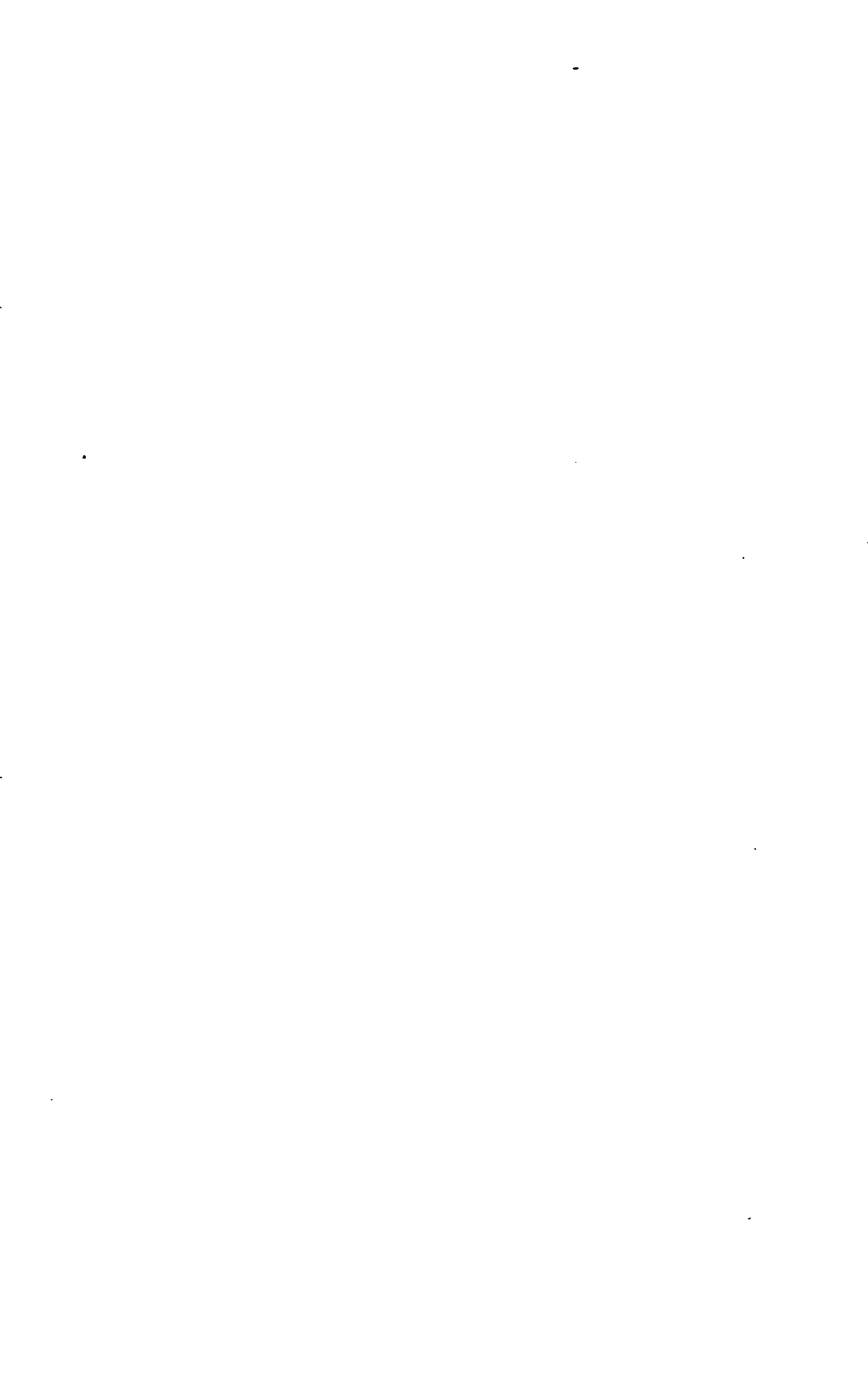
If you have patients suffering from gout, rheumatism, stone in the bladder, calculi of the kidneys, and kindred affections, Otis Clapp & Son's Carbonate of Lithium Tablets may prove a valuable adjuvant in the treatment of these diseases. Many cases of chronic indigestion and constipation have also been greatly benefited by the use of Lithia in this convenient form.

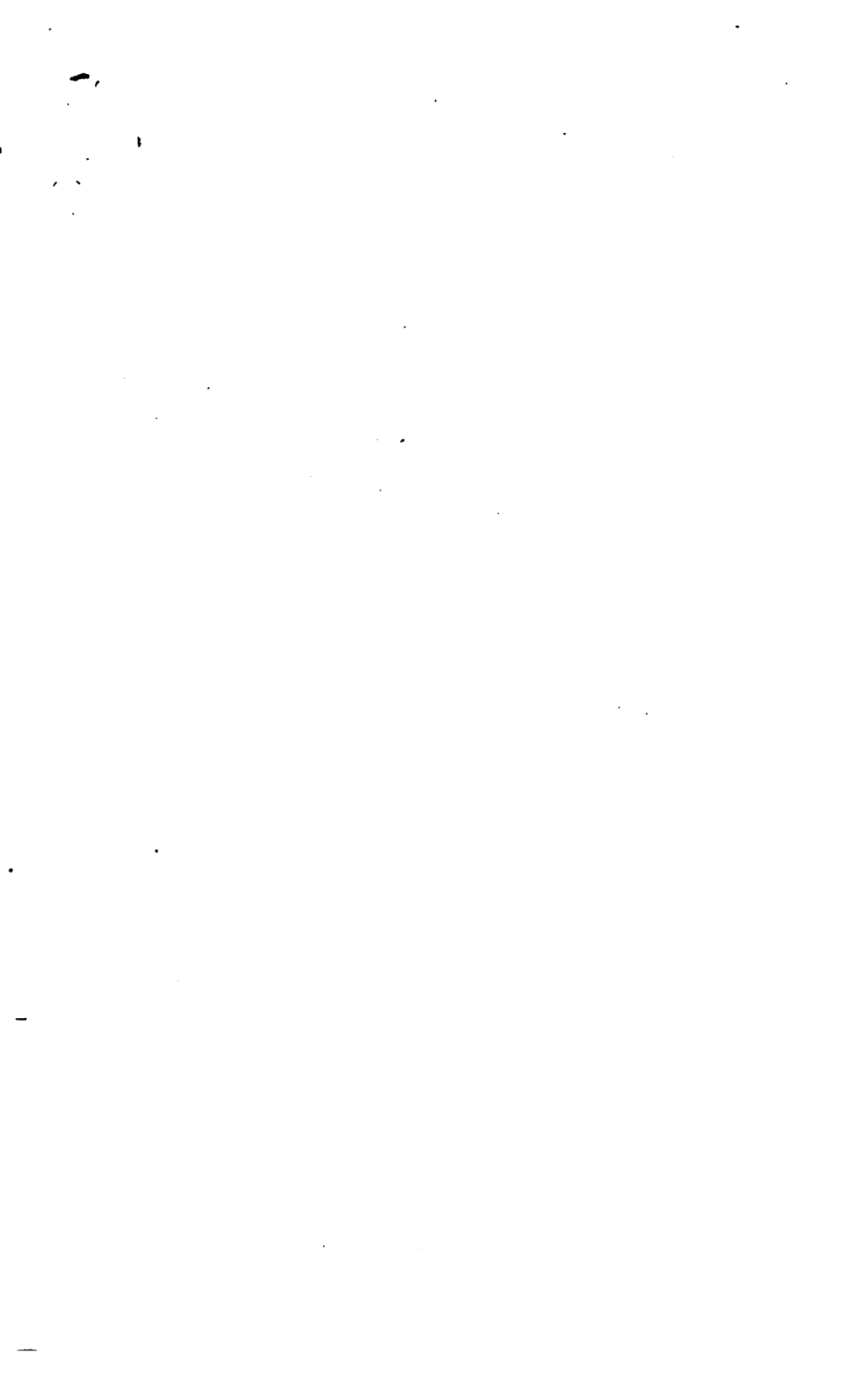
Lack of uniformity in the proportion of the different constituents present in ordinary mineral waters is avoided by obtaining Carbonate of Lithium Tablets.

One hundred tablets will prepare 100 quarts of Lithia water. There are 100 tablets in each bottle.

Price per bottle, retail, 50 cents; to physicians, 35 cents.







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