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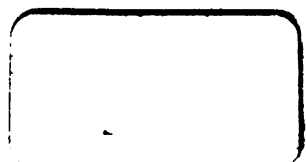
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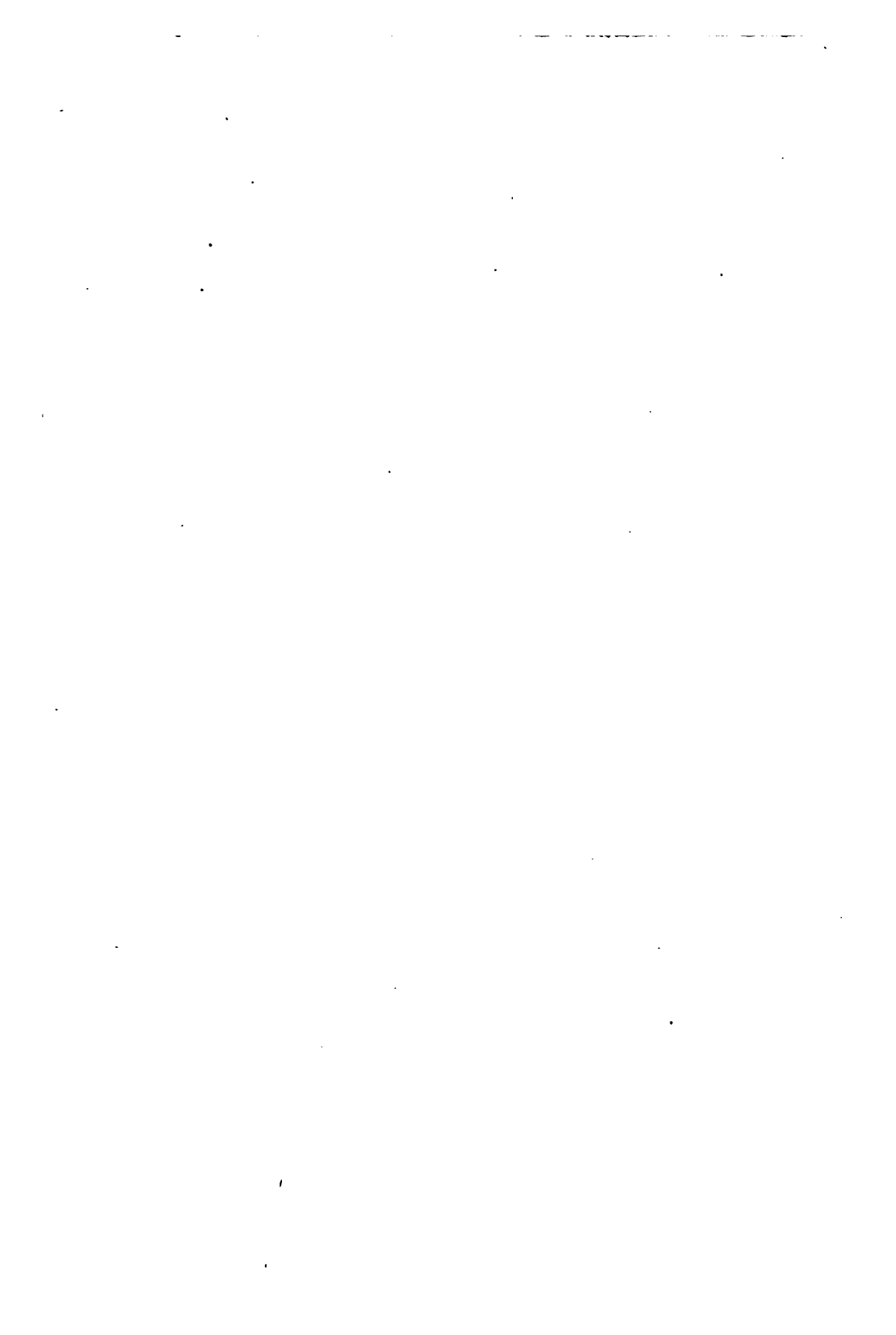
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THE
NEW ENGLAND
MEDICAL GAZETTE

A Monthly Journal

OF

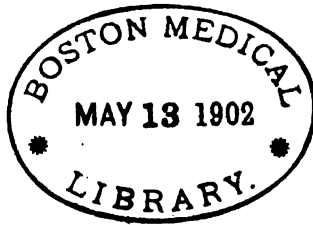
HOMŒOPATHIC MEDICINE.

"Die milde Macht ist gross."

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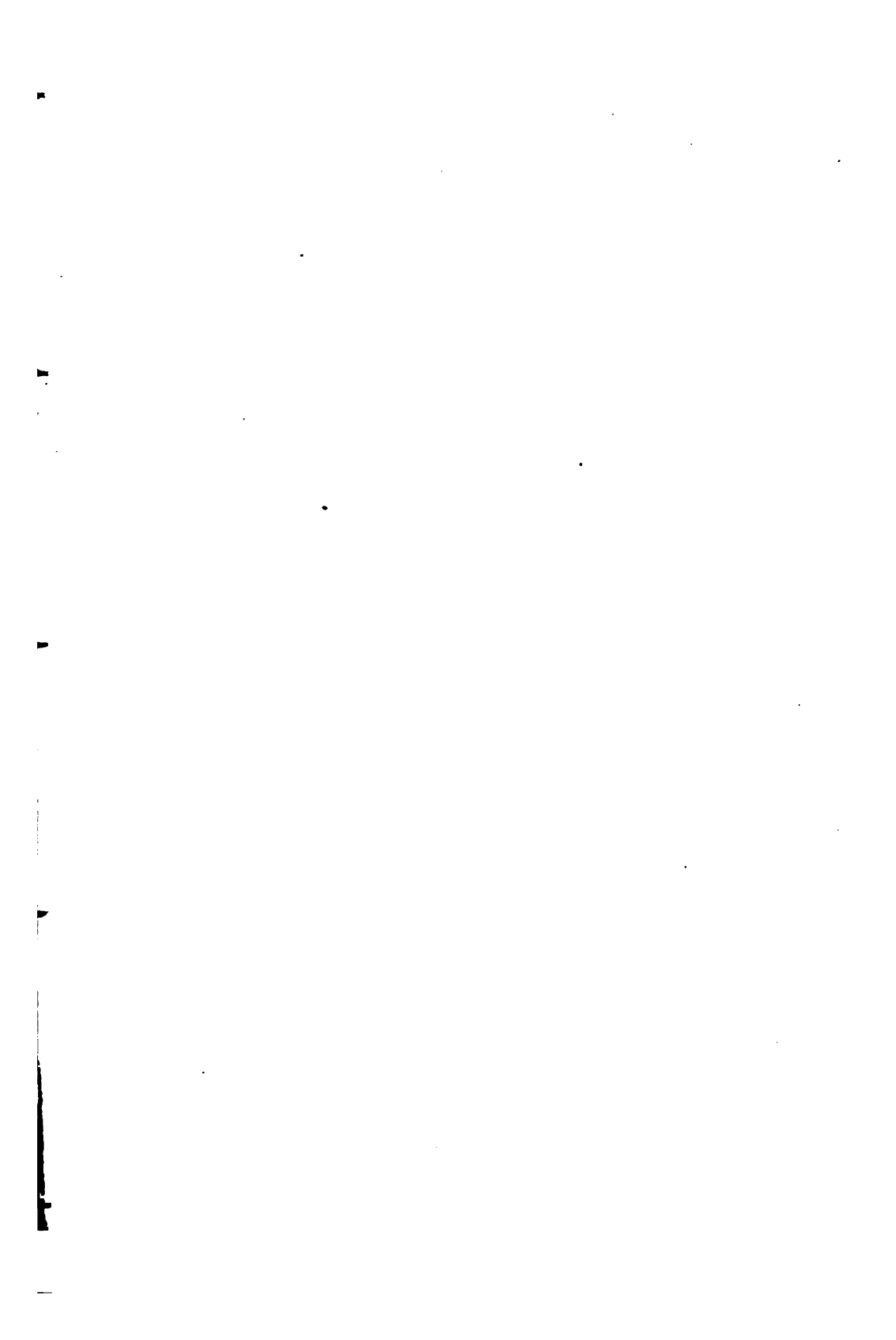
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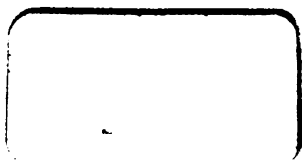
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Medical Association : " The matter of medical legislation is a delicate one from a professional standpoint. The passage of medical practice acts has been urged by the medical profession, and we have been distinctly misunderstood in our attitude toward legislation. There is a feeling in the community and on the part of legislators that in some way the medical profession wishes to put a fence around the practice of medicine, in order that those who are on the inside may fatten. It is persistently charged that we wish to create a medical oligarchy, to which only the few shall be eligible. For selfish reasons it is said that we desire to limit the number of medical men, to the end that we alone may occupy the chosen field. To the credit of the better elements in the community it must be said that such charges largely emanate from those whose interests are identical with the diploma mills and the various forms of quackery. The profession urges medical legislation, not from selfish and interested motives, but in the interest of the public health.' At no time has it desired legislation which shall limit the number of medical men, but it has insisted that those who pose as practitioners of the healing art should be in effect what they claim — masters of medical science.

The government licenses pilots and engineers in the interests of the public. We merely point out that the same precautions should be taken in protecting the individual life, that are taken for the many. It is the duty of government to ascertain the qualifications of medical men who pose as qualified practitioners. This is the attitude of the medical profession upon this question, and so far as we are personally concerned, we would rather there were no medical practice acts, because they are not necessary for our protection, but simply for the protection of the public."

Another objection which has always been urged with great force is that it restricts the liberty of the individual. Any person has absolute right to select any method of treatment in a supposed or real illness that he sees fit, or to choose any

person to attend him that he pleases, and so far as the individual is concerned this may be right, but as far as the community is concerned it is essentially wrong; for the reason that no individual has the right to endanger the life of his neighbor or the community in which he lives by the failure of the medical attendant, whom he chooses to employ, to recognize diseases dangerous to the public health.

We have also heard an objection raised, that you cannot by legislation educate people to the necessity of recognizing those who have ability and those who have none. That is very true, and for that reason registration is necessary. You cannot legislate people to be honest, therefore laws are passed to punish theft. You cannot legislate people to be moral, therefore laws are passed to protect the community from immorality. You cannot legislate people against sudden rage or a spirit of vengeance, consequently laws are passed against murder and violence. And although you cannot by law enact as to what physician, or what class of physicians, or what means of skill, medical or otherwise, people may choose to employ for the cure of their ailments, it is right and proper that registration should be passed, protecting the community from the deplorable consequences of ignorance in all matters pertaining to the cure of the sick. As one of the many instances where this lack of sufficient knowledge has worked irremediable harm, resulting in the death of the individual, I cite from the *New York Medical Journal* of March 10, 1900, with editorial comments thereon: "A case recorded in the *Western Medical Review* for December 15th, comes, if accurately stated, clearly within the limits of criminality. A professing Christian Science Healer of Fort Dodge, Iowa, undertook the sole charge of the case of a child suffering from post-pharyngeal abscess. The burrowing nature of this disease is well known, and the importance of providing an outlet for the pus is beyond question. This was not done, and the consequence was that the child died from asphyxia. Mr. Lincoln, the healer in question

signed the certificate as the 'attendant nurse,' giving the cause of death as 'spasms.' Many of the cases where death ensues under Christian Science treatment are those of incurable disease, concerning which, while it is probable that proper skilled aid would have ameliorated suffering if not prolonged life, it is yet impossible to assert positively that such would have been the case, and still more impossible to state that Christian Science was in any sense a cause of death. But the case now recorded is one in which proper treatment would undoubtedly have saved life, and death was directly due to its being withheld. Although we believe that Iowa is one of the states that have legalized this pestiferous and unscrupulous charlatanry, there should still be a remedy in firm application of the law of malpractice." Also, in the same issue of the *New York Medical Journal*, I cite an editorial entitled "Faith Healing and the Law." "According to the *New York Tribune* for March 5th, the aid of the law is to be invoked to rescue a young woman in Chicago from the criminal folly of the faith healing community. The young woman is said to be suffering from 'brain fever,' which from the reference to her screams of agony we take to be tuberculous meningitis, and these wiseacres, led by a former 'regular physician,' are attempting to cure her by casting out devils, anointing the head with oil, and other methods." The Humane Society and the health department having no legal ground to interfere, a judge has been appealed to for an order to commit her to the Detention Hospital for treatment. The absurd blasphemy of these people is exemplified in the following statement, which purports to have emanated from one of the before mentioned physician's disciples: 'Miss Bettison's illness is due to the rapidity of her spiritual experience. It is due to the struggle between the Holy Ghost and whatever of evil there is in her for mastery. The Holy Ghost seems to have come to her all at once, and it is more than her body can stand. We feel sure she will be well in a few days if we are only left alone

and allowed to care for her as Dr. Gentry says.' We are no advocate for any undue interference with the personal liberty of the individual adult, in full possession of his faculties, to get his treatment in disease done for him as he gets his laundry — anywhere and by any method that pleases him. But children, who are incompetent to take care of themselves, and adults who are mentally incapacitated, either permanently or temporarily, have a right to protection from the vagaries of fanatics," As to the right and interest of the community to enact laws for sufficient protection in this respect, I cannot do better than repeat the words of Mr. Justice Field, of the Supreme Court of the United States, in the case of *Dent vs. West Virginia*, in delivering the opinion, he said: "The power of the state to provide for the general welfare of its people authorizes it to prescribe all such regulations, as in its judgment will secure, or tend to secure them against the consequences of ignorance and incapacity, as well as of deception and fraud. Few professions require more careful preparation by one who seeks to enter it than medicine. It has to deal with all those subtle and mysterious influences upon which health and life depend, and requires not only a knowledge of the properties of vegetable and mineral substances, but of the human body in all its complicated parts, and their relation to each other, as well as their influence on the mind. The physician must be able to detect readily the presence of disease, and prescribe appropriate remedies for its removal. Every one may have occasion to consult him, but comparatively few can judge of the qualifications of learning and skill which he possesses. Reliance must be placed upon the assurance given by his license, issued by an authority competent to judge in that respect, that he possesses the requisite qualifications. Due consideration, therefore, for the protection of society may well induce the state to exclude from practice those who have not such a license, or who are found upon examination not to be fully qualified. No one has a right to practice

medicine without having the necessary qualifications of learning and skill; and the statutes only require that whoever assumes, by offering to the community his services as a physician, that he possesses such learning and skill, shall present evidence of it by a certificate or license from a body designated by the state as competent to judge of his qualifications."

The general recognition of the necessity for registration is evidenced by the fact that of all the civilized countries, China and Japan are about the only ones without any special law. From an article of Julius Schwabe, editor of the *Duetsche Medicinische Wochenschrift*, we learn that the following countries have regulations governing the practice of medicine: "No special laws. 1. China and Japan. 2. The requirement of a diploma or certificate authorizing the holder to practice in his own community—many states in the United States and some states in Africa. 3. The passage of a state examination—some states in the United States, Austria and Turkey. 4. The passing of a state examination, with some concessions as to preliminary examinations—Argentina, Denmark, France, The Netherlands, Spain, Sweden. 5. Regular courses in the community's own schools—Belgium, Greece, Italy and Portugal. 6. The same, with evidence of preliminary education—Germany, Russia and Switzerland. 7. Denial of all foreigners of the right to practice—Luxemborg and Servia." The earliest legislation of which we have any record, as far as I have been able to learn, was passed by the legislature of Virginia in 1639, in regard to regulating fees. Out of thirteen colonies there were only two where laws were enacted in regard to defining the qualifications of a physician. In 1840 laws were enacted by nearly all the legislatures of the United States to protect the citizens from the imposition of quacks. Between 1840 and 1850, however, the cry of monopoly was raised, and most of these laws were repealed or lapsed into "innocuous desuetude." In 1859 North Carolina passed a

law creating a State Board of Medical Examiners, and in 1874 Kentucky enacted a law creating district examining boards, but this soon became a dead letter. In 1875 Nevada, and in 1876 California and Texas legislated upon the subject. In 1877 Alabama established a State Board of Medical Examiners, and Illinois passed a Medical-Practice act, the execution of which devolved upon a State Board of Health, created by a separate enactment. Within the next two years only two other states took action—Kansas in 1879 (repealed in 1881) and New York in 1880. In 1881 nine states and one territory enacted medical practice laws, viz.: Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Nebraska, New Jersey, Pennsylvania and Wisconsin; in 1882 Louisiana, Mississippi, New Hampshire, New Mexico, South Carolina, West Virginia and Wyoming; in 1883 Delaware, Michigan, Minnesota, Missouri; in 1884 Dakota and Virginia.

Thirty-two of the states now require an examination before permission to practice is obtained, the mere holding of the medical diploma not conferring the right to practice. Many efforts have been made from time to time to enact legislation in our own state, but not until 1894 was definite legislation enacted. This law, at present, as you all know, renders an examination before the State Board of Medical Registration requisite for a permission to practice medicine, but the law does not prescribe definitely any preliminary education. In some states a diploma from a chartered medical school is accepted as sufficient evidence of ability. This is not so in this state, and a perusal of the reports of the various examinations, to which we shall refer later, shows that this provision is a wise one. The practical working of the law in this state, however, is essentially handicapped by the exemption of all clairvoyants, hypnotists, magnetic healers, masseurs, Christian scientists, osteopaths, or any other method of healing, so long as they do not advertise themselves as physicians. While nominally forbidding this class of people

to practice medicine, it practically leaves a wide open door for an imposition upon the public to a full extent of all forms of charlatanry.

What is essential to any law is not only that such people should not have the right to use the title of doctor, but that they should be obliged to give evidence of sufficient knowledge of disease to enable them to recognize diseased conditions dangerous to the public health.

As the law stands at present, should a physician from neglect or any other cause, fail to report to the proper authorities a disease dangerous to the public health, he is subject to a penalty; while similar failures on the part of the clairvoyant, Christian scientist, etc., etc., is subject to no penalty whatever. That is, we have a law for protection which does not protect. The modifications of our present state law for the remedying of this condition of affairs, is absolutely and immediately imperative.

An examination of the various reports of our present State Board, and especially the results of the examinations heretofore held, showing as they do a large per cent. of applicants who have been refused permission to practice, illustrates one of two things — either that a large proportion of those who apply are not graduates of a medical school, or that the standard of the requirements for graduation from our medical schools is not sufficiently high or else not rigidly enforced. As evidence of this, permit me to give briefly a few results of various examinations held within the past four years: In 1897 there were 492 applicants and 152 rejections, an average of 31 per cent. rejected. In 1898 total number of applicants 489, 134 rejected, making an average of 25 per cent. rejected. In 1899 the applicants numbered 480 and 141 were rejected, an average of nearly 26 per cent. rejected. In 1900, out of 428 applicants, 136 were rejected, an average of 31 per cent. Thus, in the past four years, of 1889 applicants, 563 have been rejected who would otherwise be practicing medicine today.

It may also interest you to hear a brief sample of some of the questions and answers, showing if these are a fair sample of the papers excluded, the examination is by no means too rigid. These questions and answers are taken from the report of the State Board of Registration of Massachusetts for 1899 and 1900. They are in every case taken from the papers presented by graduates of medical schools, and each answer is exact as to spelling, punctuation, capitalization and phraseology, and no one student is quoted more than one:—

Q. Acute iritis,— diagnosis and treatment?

A. With this trouble there is trouble in the sight owing to the inflammation which causes a blur of the sight the treatment would be to treat the system internally and then send to an optician and have the eyes fitted with proper glasses.

Q. In the second stage of labor what conditions would require the application of forceps?

A. I think a transverse position would require the use of forceps.

Q. Differentiate infanticide from foeticide?

A. The first is an instance in which the mother kills the new born, the next is an instance in which the child is born alive, but immediately upon birth dies as a result of its own strange conduct.

Q. Describe operation and after treatment for amputation of the leg at any point of election?

A. In operating the leg at the middle of the tibia I will first put my rubber band little below the knee, made a circular incision to cut the skin, made my flap, saw the tibia and ulna attach the tibial and ulnar arteries, stop the others little hemorrhages by compression and made an antiseptic dressing with iodform gauze.

Q. Describe a thrombus and tell how it is produced?

A. A thrombus is a foreign substance detached from some remote organ carried through the circulation, occluding

the lumen of the vessel. It may be a detached piece of the valvular structure of the heart.

Q. Of what value is sugar as a food ?

A. The sugar by the glycoenic function of the bile is transformed in glucose and is the principle component of the blood.

Q. Describe the two main cavities of the body and name the organs contained in each ?

A. The body is formed by two cavities the thorax and abdomen. The thorax is a cavity surrounded in front by the sternum and behind the spine laterally the ribs external is covered by the epidermis connective and interstitial tissues is divided by the abdomen by the diaphragm.

The organs which contains is the heart, lungs, stomach. The abdomen is a cavity composed externally by epidermis and internally by a membrane called the omentum."

Comments upon such results of medical education are unnecessary.

The recent lengthening of the course of study from three to four years in all the best medical schools of the country is undoubtedly a move in the right direction, but improvement should not stop here. More attention should be paid to the preparation for entrance to a medical school.

The Johns Hopkins Medical School demands not only the diploma of the Bachelor of Arts degree, but also evidence of ability to read French and German, and of laboratory training in physics, chemistry and biology.

The Harvard Medical School accepts the A. B. diploma as evidence of fitness to pursue professional studies, requiring only that the holder shall possess an adequate knowledge of inorganic chemistry. It also provides for the admission, by a vote of the faculty, of young men not holders of an A. B. degree, who may furnish satisfactory evidence that they have obtained an equivalent education, and that they are consequently able to profit by the instruction which the school has to offer. Collegiate training as a preparation for a profes-

sional career, is undoubtedly of great value, but nevertheless, a properly conducted examination for admission is a better test of fitness to pursue the study of medicine than the possession of a diploma, the value of which varies so much according to the college bestowing it and the mental capacity of the holder of the diploma. Many young men who are unable to bear the expense of a literary college course, by close application to private study, prepare themselves for a professional career better than many holders of the A. B. degree.

Usually the first year of a medical college course is spent in a course of study which should have been taken before entering the college. On the other hand, a great many of the holders of the A. B. diplomas are young men who have simply frittered their time away during their college course, and who are graduated more because they have gone through the prescribed course than from any special effort upon their part to thoroughly discipline their minds.

I have chosen the medical departments of the Johns Hopkins and Harvard Universities as being the two institutions generally recognized as the leaders in medical education in this country.

But to return briefly to the subject of registration, an examination of the reports of the various state examining boards shows a marked discrepancy, both in the means required and in the results obtained. Thus, many states requiring an examination in a large range of subjects, often-times show a smaller percentage of rejections than other states nominally requiring much less. Consequently, under the present condition of affairs, reciprocity between the different states is hardly practicable.

So far as the practical working of the present registration law in our own state is concerned, we believe it to be one of the best. The question of favoritism in any individual case, or discrimination in favor or against any institution, is absolutely out of the question, as is evidenced from the fact that

no applicant is known at the time of the examination or during the criticism of his paper, by the individual members of the examining board, as he is simply known by his number. The essential difficulty with our law is not in its practical application, but the fault is inherent in the law itself.

To summarize briefly, the following facts are deduced: That there is a general wide-spread recognition of the necessity of a law governing the practice of medicine; and that there is some law in existence in every state in the Union governing medical registration. That the laws in different states vary to such a degree in the standard required, that it makes reciprocity between the states, under this condition of inequality, an impossibility. That the beneficent results of the impartial and rigorous application of the law in our own state is evidenced by the abolition of several fake medical schools. By the fact that since the operation of the law more than 2000 persons have been compelled to drop the title of Dr., and also by the rejection of 563 unfit applicants since 1897.

The inherent defects in the law itself seem to be, first, that it does not define the practice of medicine; secondly, that it does not require every person who undertakes the cure or healing of disease to show by proper examination before the board, sufficient medical knowledge to protect his patients from imposition and the community from the spread of contagious diseases.

I would demand that every clairvoyant, faith curist, Christian scientist, osteopath, and every other fake, be compelled to pass an examination before the State Board which should show that he has sufficient knowledge to diagnose diseased conditions in the individuals submitting themselves to his care, and thereby protect the patient and the public, and they should be subject to the same laws and penalties as regards the reporting of contagious diseases to the proper authorities, as members of the regular profession. Personally, I believe that no one is more cognizant of defects in the

present law than the present board of registration; no one is more desirous of its improvement or more zealous in their efforts to bring it about. But it cannot be done by them alone. They must receive the full support and hearty co-operation of every member in all branches of the profession. Each and every physician, among his clientele and the community in which he lives, must constantly use his influence to educate the people to this necessity. It is a duty which every physician owes to himself and the public, and a duty which he cannot in safety neglect.

THE BROTHERHOOD OF MAN.

"No man is born unto himself alone.
Who lives unto himself, he lives to none.
The World's a body, each man a member is
To add some measure to the public bliss.
Where much is given, there much shall be required;
Where little, less."
— FRANCIS QUARLES.

ON THE THERAPEUTICS OF CATARRHAL AND NEUROTIC GASTRIC AND INTESTINAL DISEASES.

C. WESSELHOEFT, M. D.

[Read before Boston Hom. Med. Society, Nov. 1, 1900.]

I feel very much tempted to say a good deal about the diseases of the digestive organs, but I wish only to devote a short paper to the homœopathic therapeutics of those affections. Diseases are not so easily recognized as would appear from text books. I desire to repeat this here and suggest that inflammation of the œsophagus, acute catarrh of the stomach, phlegmonous gastritis, ulcer, cancer of the stomach, are all distinguished well enough in books, but that they are not so readily differentiated in actual practice from those forms of so-called dyspepsia which present themselves there very often — I may say every day — while the acute cases occur rarely compared with the ordinary chronic dyspeptic cases.

It is the neurotic dyspeptic to whom I refer; he is always

in evidence; in the office of the general practitioner, or the specialist of the eye, the throat, or of any other organ, and the patient of this kind is governed in the choice of his specialist or general practitioner entirely by the notion or theory which that patient has formed in his own mind. If he fancies that his eyes are affected he will seek relief at the hands of the proper specialist; if he thinks that his stomach or liver is out of order, he goes to a stomach or liver specialist, if there is any, or as very often happens to the general practitioner, who in these days might as well call himself a stomach specialist, or specialist for dyspepsia, so numerous are the patients of that kind.

Now, in all these cases it is of vital importance always to make very sure of whether we are dealing with an actual inflammatory or degenerative disease of the *stomach*, or whether we are dealing with a neurosis more or less deep seated, not in the stomach, but in the brain or in the great sympathetic itself.

It will now be understood why I think differentiation of gastric disorders difficult, and why it is very difficult to convey to students the real relationship of these disorders.

Of the actual acute forms, the treatment by diet and medicine suggests itself more readily than it does in the neurotic forms, (but I will say first that in the December number of 1890, of the *North American Journal of Homœopathy* will be found an article entitled "Observations on the Pathology and Therapeutics of certain cases of Dyspepsia," comprising observations gathered from thirty-two tabulated cases.*).

This paper is only intended to supplement some points of the paper just mentioned, chiefly concerning homœopathic remedies. In considering the acute forms of gastritis, catarrhal, phlegmonous, and the catarrhal symptoms induced by ulceration and cancer, there is one remedy to which I would draw your attention and that is *Rhus*.

* See also articles on "Habitual and Neurotic Constipation," *Am. Journal of Homœopathy*, Sept., 1895, and Oct., 1896.

In "Hughes' Cyclopædia" we find the following gastric symptoms caused by *Rhus radicans* and *Toxicodendron*, considered identical. Soreness of the throat, with intense burning extending to the stomach. Irritation extends to the mucous membranes, redness and swelling of the throat,
. . . great thirst, irritable cough, nausea and vomiting,
. . . colicky pains throughout abdomen, especially during the nights and aggravated by eating and drinking. Diarrhœa frequently comes with tenesmus and the stools are often bloody.

These observations are fully corroborated by other provers named in the cyclopædia. Although each prover of case of poisoning adds some minor features to the gastric symptoms of *Rhus*, it is evident not only from these, but also from the violent form of inflammation which *Rhus* excites on the skin, that it ought to promise relief if applied according to the homœopathic maxim in various forms of inflammation of the stomach, and so it does.

I have used it frequently in acute gastritis of children and adults where arsenic is usually given without result because it is not indicated. *Rhus* suits best where there is loss of appetite, bitter taste gradually increasing to nausea and vomiting with pressure in the stomach, nocturnal colic, diarrhœa, etc., as we have seen.

Rhus is not usually selected as a remedy for gastric diseases because it is not fashion. But where it seems to me to promise much would be in those rare forms of phlegmonous gastritis. Nor is it necessary to wait for simple catarrhal inflammation, for the very symptoms I have enumerated above also occur in cancer, as well as in ulceration (ulcusrotundum, etc.) of the stomach. It is best to use it not lower than 3x, or even above to the fifth.

Among the other remedies such as *Pulsatilla*, *Nux vomica*, *Arsenic*, there is another which fashion has very much overlooked in cases of acute gastritis and that is *Cantharis*. This, like many other toxic substances, is supposed to act

only upon the bladder and kidneys, and is under the ban of fashion. A fashion once set will endure for a long time. Some one will say that *Calendula* cures all soreness (I believe it is said to be indicated in incised wounds); it has become the fashion; its tincture is sold by the gallon, I presume it is grown in fields and harvested with the mowing-machine, while if its pathogeny be referred to, there is nothing to account for its popularity.* So it is with *Baptisia*, our commonest pasture weed, once said to be good for typhoid, is now regularly given and sworn by; when neither its pathogeny nor proving indicate any activity of that drug at all, its symptoms bearing on typhoid being the result of the alcohol of the tincture (See *N. E. Med. Jour.* of Feb., 1891.)

Such is fashion; while medicines whose pathogeny is quite indicative of useful results are left out of sight. Thus *Cantharis* is one of the remedies which should not be overlooked in certain forms of acute gastritis. For among the effects of *Cantharis* there appear cutting pains in the stomach and umbilical region and epigastrium; burning pain in the throat and stomach—(usually associated with irritation of genital organs) nausea, vertigo, burning in mouth and throat, violent retching and vomiting—ardent thirst (the kidneys and bladder always primarily affected.) I have found *Cantharis* most useful in violent attacks of acute gastritis and have, therefore, called attention to this very incisive remedy. It should be given not lower than the 3 and will act high as the fifth and beyond.

I will not say that either of these medicines will supersede *Nux vomica*. This is always indicated in obstinate retching and vomiting of a cramp-like nature, when the inflammatory process is not so marked as the nervous irritation, chiefly marked by empty ineffectual retching, little or no thirst.

This powerful and most useful polychrest is so well known

* One prover Franz; no information as to dose and repetition, and uncorroborated by others. *Hughes*, Vol. IV., p. 730.

that I omit its details for the present but shall refer to it again if I have time.

I will not take up too much of your time with acute cases, which are comparatively easy to reach and usually of short duration, but I wish to emphasize the axiom once for all, that no medicinal application is of the slightest value unless the diet is regulated by proper restrictions in the first place. To say this metaphorically, dieting in acute gastritis means to rest the stomach, just as you would rest a broken limb, the least use of which prevents union. In acute digestive disturbances abstain from food as much as possible and return to it slowly.

I still wish to say something about our friends, the chronic dyspeptic. They will be our friends if we can give them relief. If I describe one of them you will recognize them as a class. This patient is generally above middle age, generally somewhat anæmic, anxiously scanning you to see if in your face he can detect the right doctor, whom as yet he has never found. If asked how long he or she has been ailing, the answer will be several months if not years. All food distresses; it seems to lie heavy in the stomach; there are uncomfortable sensations which pass from epigastrium to the back; there may or there may not be nausea, generally there is none; but the symptom the patient dwells most on is "wind or gas in the stomach." The tongue is often not coated and the bowels are usually regular enough. What the patient wants is to get rid of that gas, and he will often proceed to give you an exhibition of the quantity of it in his stomach by a process of eructation (known in horses as a bad habit called cribbing, which they show by a noise they make in their throats while trotting and also in the stalls.) It consists of swallowing air into the stomach and then ejecting it by eructation. Examination shows the patient's stomach not to be distended at all.

There is no doubt that he has many bad feelings, often very voluminous; but when we come to the disentanglement

of the whole case we find that the patient has no dyspepsia at all. What food he takes is properly digested, as indicated by the fecal discharges; his appetite is good but he does not dare to eat for fear that the food will hurt him and cause the gas to bloat him.

If in such cases we find constipation, it is simply absence of regular stools from insufficient food which the patient fears. But the stools indicate digested food, and when that is the case, dyspepsia is not present.

The whole condition is caused first by a hereditary predisposition traceable to a hypochondria of a parent or two. If not this, to overwork, mental anxiety and business and family cares. I do not know which are the most difficult to treat. First comes the question of diet; the patient must be persuaded to eat, and not abstain too long from food. "But it will hurt me and cause gas," will be his reply. It is now that the doctor must resort to argument adapted to the patient's understanding, to the effect that he must put up with a certain degree of pain, for there is every evidence that the food digests; that he must not allow his stomach to dominate, but give it the work to do, by taking moderate quantities of food rather oftener than three times a day. After regulating this matter, comes the selection of the appropriate medicine. I need not look far in my note book to find a case. October 24, J. A. was here two years ago for headache, gas, etc., was benefitted and wants to be again. His case now is: Gas after eating. Headache in the morning, dull, heavy, does not want to rise; bad taste in mouth; sedentary work, no exercise. Last time *Nux vomica* 3x cured him; he has the same again with strict injunction to saw wood, or ride a wheel, or walk an hour every day.

October 23d, Th., Mrs. — 30: Neurasthenic and hypochondriacal to prostration; could write page after page of distressing symptoms most of which she refers to abdomen; claims to have terrible distress there from diarrhoea. Feels as if her head, her eyes, her heart were all affected; spends

most of her time in bed, fearing diarrhoea. This is the only positive symptom she has, and amounts to two or three rather loose stools a day, with some tenesmus and mucous discharge. She has had Mercurius v., 3x, one tablet every three hours, and is now much better of her bowel trouble, but quite as disconsolate as before. She continues Mercurius v., but has to be much encouraged and made hopeful.

I will not weary you with cases of this kind, but refer briefly to a few remedies which, after encouragement, are applicable in neurotic cases. There are three species of neurosis which are very often associated with what the patient calls dyspepsia—flatulence, pressure, fear of food, while stools, etc., show digestion to go on properly. These forms are Hypochondria, Hysteria and Neurasthenia. The hypochondriacal man or woman dwells on his or her disease; thinks of it, tries to find its cause; is sometimes melancholic but usually dyspeptic. Hysteria is characterized by lack of self control; Neurasthenia by want of muscular and mental endurance, tiredness.

These forms are often associated with each other. The hypochondriacal woman is generally neurasthenic; men sometimes but rarely; or she is apt also to be hysterical; but all these forms, combined or uncombined are in a majority of cases associated with neurotic dyspepsia, but our remedy should be directed mostly toward the symptoms presented by the nervous system, of which the semblance of dyspepsia is only a part. It is in our case the most prominent part, and the most prominent symptom which should guide us in seeking for its remedy.

In an article written six years ago* I have endeavored to point out the class of remedies to choose from in cases of neurasthenia, including hypochondria and hysteria, without reference to dyspepsia. Now the same class of remedies has a very strong bearing on cases of neurotic dyspepsia.

In this as in my former lectures on the study of the

* *Therapeutics of Neurasthenia*, N. E. Med. Jour., Dec., 1894.

materia medica, I still adhere to the principle that medicines should be studied according to their botanical and chemical groups, which resembling each other in this respect, will also resemble each other toxicologically.

At the head of the list stand *Nux vomica* and *Ignatia* (belonging to the order of Loganiaceæ). It is certainly unnecessary to enumerate the indications for either, especially for the former. I can only briefly give the indications upon which I prescribe *Nux vomica*: Great worry about patient's condition; he is anxious and wants to know the cause of this or that sensation; ascribes it all to his stomach which feels to him as if "bloated with gas," thinks he can't digest his food because the gas in his stomach causes so much pressure. He eats little, and has irregular stools. So in addition there is nausea, costiveness, headache in the morning with coated tongue, why, then, the case is clear enough.

Conium Maculatum is strongly indicated in the symptom of gas in the stomach where there is no gas; but where the patient has loud and long eructations often cultivated by habit, and the mental conjecture that he must get rid of that gas. Constipation associated with hypochondriacal introspection, or hysterical loss of self control and nervous palpitation.

The relationship of *Conium* to certain forms of nervous dyspepsia might lead us to think that *Cicuta* would also be indicated here; but this is so strongly related to the spasm-producing drugs, decided epileptic form attacks being frequent among its effects, that we find no place for it in nervous dyspepsia.

Helleborus comes very near to it (in the class of Helleborineæ). It is a remedy to which I owe much gratitude. Its severe cerebral symptoms, approaching actual meningitis, point out its sphere of action, not only in its relation to the cerebral membranes, but to the cerebrum itself. I use it in cases where there is melancholic depression, dullness of the senses; where patients complain of great pressure upon the

vertex ; vertigo, flickering, qualmishness, nausea, empty eructations, burning pain in stomach, prostration.

If these symptoms are the result of actual acute cerebral irritation, Helleborus is undoubtedly indicated ; and when they arise from a general neurotic condition simulating acute disease, Helleb. relieves very well indeed. In fact it appears to me as if a deep-seated hypochondriacal condition, with melancholic tendency were pathologically due to a chronic meningeal inflammation which sooner or later might end in actual degenerative disease, and I do not hesitate to give that remedy when these cases are ushered in by or take the form of chronic dyspepsia, always bearing in mind that I must distinguish between the purely neurotic and the actual catarrhal form. I am inclined to think that Helleborus is related more to the former than to the latter.

Hydrastis Canadensis is commonly used only in catarrhal affections of the fauces and bronchial tubes, but it has a much wider range than that, its sphere extending to the digestive tract producing cutting pains in the bowels, constant dull aching in the stomach, umbilical pains and stool, along with obstruction of the nose and coryza. Scattered throughout its provings are many neurotic symptoms, which should point to that remedy in cases of neurotic digestive disturbances associated with catarrh of the fauces, larynx and bronchia.

Cimicifuga Racemosa (or *Actæa r.*) is much more far-reaching than *Hydrastis*. The neurotic element largely prevails among its effects, together with digestive disturbances. The dull pain in the vertex appears quite often in its provings, faintness in epigastrium and nervous uneasiness ; often with neuralgic pain in the eyeballs. Abdominal fullness ; excruciating pain in the bowels, much rumbling of wind. Thin, dark, offensive stools. With these go mental depression and suicidal tendency ; internal tremors in stomach ; cannot fix attention ; nervous uneasiness, interpreted by compilers (see Hering) to mean that the prover "declares she will go

crazy." I can find no such expressions in authentic provings, and think that it means nothing serious, and only that the prover has got into a nervous state. But it is just this nervous condition combined with the digestive disturbances which suggests the use of *Cimicifuga* in neurotic dyspepsia.

If I have not used it often I ought to have done so, and think that in that case I should be able to report favorable results derived from that medicine.

There are many others. *Pulsatilla* is well known, but it needs supplanting by other medicines where thus far it has been expected to do most of the work alone.

I must also add *Cocculus* and *Agaricus* to the list; the latter with its derivative *muscarine*, is a very far-reaching poison producing great nervous weakness and exhaustion with manifold digestive disturbances, whence it should be used in neurasthenia and neurotic dyspepsia.

This does not exhaust the list nor the subject. I could do little more than to point out a few of the overlooked remedies which can help us out in those tedious and distracting cases, and have preferred to do it in this way instead of detailing clinical cases from my practice.

SPINAL ANAESTHESIAS BY THE TUFFIER METHOD.

BUFFALO, N. Y., Nov. 19, 1900.

Editor of The New England Medical Gazette, Boston, Mass.:

DEAR DOCTOR,—As the profession generally is quite interested in the results of Medullary Narcosis (Spinal Cocainization) I take the liberty of sending you (as well as other of our journals) a report of my first case, (the first I understand to be reported from Buffalo.) Mr. Curtiss, a patient of Dr. Chadwick's, sixty years, entered the Homœopathic Hospital November 9, for a removal of a tumor of the thigh. Being the attending surgeon he came under my care. He

had suffered a slight apoplectic stroke one year ago, leaving his speech affected slightly, but not impairing in any way his tactile sense. Height, five feet, eight inches; weight, one hundred pounds; general condition, good; previous narcosis, none; respiratory and circulatory system, normal; temperature on morning of operation, 99.2; pulse 100; urine, slight trace of albumen; knee terk exaggerated; pupillary reaction normal.

The method of injecting the cocaine into the sub-dural space was practically the same as that recommended by Tuffier. Patient sat on the edge of the operating table, back to the light. The articulation of the fourth and fifth vertebræ was located by drawing a line from one iliac crest to the other; such line crossing slightly above the articulation. The needle used was such as belongs to the ordinary aspirating syringe, about two and one-half inches long and of a calibre three time that of an ordinary hypodermic needle. The long bevel had been filed down reducing the bevel length one-half. Dr. Critchlow, pathologist to the hospital, had in charge the preparation of the cocaine solution. It was intended to have used a freshly prepared solution, made by first boiling the water in a test tube, then adding three-tenths of a grain of the cocaine crystals to fifteen minims of this sterile water, but owing to the absence of the crystals a 2 per cent. drug store preparation of indefinite age was rendered sterile, and fifteen minims of this was drawn into a sterile syringe. The point selected for the insertion of the needle was three-eighths of an inch to the right of the median line and midway in the interspace, caused by the fourth and fifth vertebræ being pulled apart when the patient bent forward. The needle having been rendered thoroughly sterile, and the back of the patient being well scrubbed, he was directed to bend forward in the "scorcher's position." The needle detached from the syringe was inserted at the point mentioned, being directed upward and inward, passing slowly through the structures. It passed two and one-half

inches without the escape of the spinal fluid. The patient being thin, I felt confident a needle of that length was sufficiently long. No fluid appearing, the needle was withdrawn and inserted on the left side at a corresponding distance and angle; no fluid escaped. The space between the fifth vertebra and sacrum was then selected, but the needle could not be inserted more than one and one-half inches. Selecting a point not more than one-fourth inch from the median line and between the fourth and fifth vertebrae, the needle was inserted at a very slight angle to the spine; in fact, were the patient sitting straight upright, the needle would be at a right angle with the spine and but slightly directed from without inward. Again it was pushed in slowly, and at a depth of two and one-fourth inches the spinal fluid escaped. Two drops of clear fluid showing unquestionably that the sub-dural space was reached. The syringe was then attached (all instruments having been rendered sterile) and fifteen minims of a 2 per cent. solution was slowly injected, allowing forty seconds for this procedure; the needle was then withdrawn and puncture sealed with collodion.

Patient was placed on his back on the operating table, and close observations were taken by Drs. Groesbeck and Critchlow every few minutes. The following is their report:—

Administration of cocaine 12 o'clock, 32 minutes, 30 seconds.
12.30 P. M. (before injection), pulse 116, temperature 99.2-5;
12.36 P. M., pulse 126; 12.43 P. M., pulse 134; 12.48 P. M., pulse 78;
12.51 P. M., pulse 68; 12.55 P. M., pulse 86; 1 P. M., pulse 90;
1.05 P. M., pulse 97; 1.07 P. M., operation completed.

Partial anesthesia first appeared in thigh 12.36, six minutes after the injection; sensation still present in the feet; slight tremors through the legs. 12.43, anesthesia complete below the lumbar puncture. Operation begun.

12.46, when asked if felt pain, said, felt some pulling at seat of operation. 12.50, anterior crural nerve exposed, and when pinched or pricked with knife patient complained of

sharp pain ; otherwise he complained of no sensation whatsoever during the entire operation.

The operation consumed thirty-two minutes from the first incision until the complete closure of the wound. The anesthesia lasted from 12.38, when dullness to pin prick was first noticed in the thigh until 1.15, when it had almost entirely passed away. A total of thirty-seven minutes. The operation consisted in making an incision down the thigh from the ranus of the pubes for a distance of five inches. The tumor was encapsulated and embedded beneath the rectus and adductor longus muscles and attached to the pubes. Branches of the anterior crural nerve were cut, as well as a number of small blood vessels.

During the operation the patient talked freely and said he felt very comfortable, not complaining of nausea once ; although he looked pale throughout the operation. He had regained complete sensation in his feet within two hours after the operation. He passed a comfortable night and felt the next morning like getting up, no nausea or vomiting following. He has continued to do well (now the fourth day) since the operation.

Some points to be gained from even this one case are, first, that although the patient was susceptible to cocainization, yet he took it well and rallied quickly from its effects, unusually so in fact, as the majority of cases reported where they have been influenced at all by fifteen minims of two per cent. solution have remained under its effects from forty to seventy minutes. Second, the difficulty of reaching the canal by following the carefully worded instructions of Tuffier ; I was unable to reach the medullary space by three repeated punctures, but when I started the needle nearer the spinal process and directed it more nearly at a right angle with the length of the spine and but slightly from without inward, I secured the fluid at once. Third, that had the operation required an hour or more, I should, in his case, have been obliged to repeat

the cocaine injection or resort to chloroform because the effects lasted less than forty minutes.

Just what this method is going to do for us both in surgery and obstetrics remains to be seen, but it promises sufficient to induce us to make the most practical investigation concerning its employment.

DR. WM. G. WILCOX,
Buffalo, N. Y.

**SECOND ANNUAL REPORT OF DR. H. C. CLAPP,
OF RUTLAND SANATORIUM.**

Sept. 30, 1900.

To the Trustees of the Massachusetts State Sanatorium:

GENTLEMEN,— My first annual report was made to end on Oct. 10, 1899, because that date was exactly one year from the day when the Sanatorium (then called Hospital) received its first patients.

To conform, however, to the other reports, my second annual is made to end on Sept. 30, 1900, which makes the period to be covered, and now under consideration, less than a full year by about ten days.

During this time there have been admitted to the Sanatorium under my care 143 patients. These, with the 77 remaining at the time of my last report, Oct. 10, 1899, make a total of 220 patients treated during the year. Out of this number 144 (69 males and 75 females) have been discharged. Of these discharged patients 12 had remained in the Sanatorium, for one reason or another, less than one month, which was, of course, too short a time to warrant deductions as to the efficacy of treatment, although some of them manifestly improved. Of these 12 one entered the Sanatorium in practically a moribund condition, and died in a very few days. She had been accepted on examination three or four weeks

previously, but did not come to Rutland when requested to do so, because, as she afterwards explained, she was suddenly taken sick at home. At last she forced herself to take the journey, but on reaching the Sanatorium, was too much exhausted by the acute miliary tuberculosis (which had meantime complicated her disease) to allow of her being sent home. A regulation has since been adopted requiring a second examination of "passed" applicants, who do not enter for two or three weeks or more.

Leaving out of consideration these 12, we have 132 discharged patients, whose cases will be considered statistically in this report. Of these cases 82 on admission were incipient, 40 were moderately advanced, and 10 were far advanced, according to the definition of these stages given in my report of one year ago.

By *incipient* cases are meant those which present evidence of a small tubercular deposit in one or both lungs, but without very decided constitutional disturbances. By *moderately advanced* cases are meant those where the tubercular deposits are larger and are beginning to soften, and the constitutional disturbances are prominent; or where, without an extensive infiltration; the pronounced rational symptoms indicate a greater susceptibility of the system to the poison. Far advanced cases require no definition.

The average length of stay of these patients was six months and six days. Only 14 remained longer than one year.

The results of treatment are clearly shown by the following tabular view, not only for the 82 incipient cases, but also for the 40 moderately advanced and the 10 far advanced cases, under the headings of Apparently Cured or Arrested, Improved, Not Improved and Died. The reasons for the selection of these headings were given in my last report. Finally, the results for all stages of the disease combined appear under the same headings.

In the latter line, of the 49 improved, 28 were certainly very much improved.

132 patients who remained for 1 month to 19 2-3 months.

Condition on Admission.	Apparently Cured or Arrested.	Improved.	Not Improved.	Died.
82 Incipient cases	53	28	1	0
40 Moderately advanced cases,	6	18	15	1
10 Far advanced cases	0	3	6	1
	—	—	—	—
Total (132.)	59	49	22	2

From these tables the following very favorable percentages may be obtained :—

OF THE INCIPIENT CASES THERE WERE

	Per Cent.
Apparently cured or arrested	64 ½
Improved (including also greatly improved)	34 ½
Not improved (worse)	1 ½

OF THE MODERATELY ADVANCED CASES.

Apparently cured or arrested	15
Improved (including also greatly improved)	45
Not improved (including worse)	37 ½
Died	2 ½

OF THE FAR ADVANCED CASES.

Improved	30
Not Improved (worse)	60
Died	10

OF ALL THE CASES IN MY SERVICE

Apparently cured or arrested	45
Improved (including much improved)	37
Not improved (including worse)	16 ½
Died	1 ½

As in my last report, the expression *apparently cured* indicates cases in which the phthisical cough, fever, etc., are practically gone, no tubercle bacilli being found in the sputum (or there being no expectoration), and the physical signs either having entirely disappeared, or if any remain, indicating a healed lesion.

Tubercle bacilli were found in the expectoration of 117 of my patients and were not found in 15 cases. The sputum from the whole of the Sanatorium has been sent indiscriminately to the pathological laboratories of the Boston University and of the Harvard University Medical Schools, sometimes to one and sometimes to the other, just as it happened. Of the 15 cases in which no tubercle bacilli were found, seven had no sputum to examine. Of these seven, three had had hemorrhages, one had a tubercular knee (which has since been operated on at one of our hospitals in Boston), two had decided physical signs, and the last had constitutional symptoms which made it at least very suspicious.

Of the 8 cases where sputum existed, but contained no bacilli, three had had hemorrhages, one was so far advanced that the patient died at the Cullis Consumptives' Home within a few weeks after leaving the Sanatorium; one was an old and well-marked case of fibroid phthisis, and the other three were incipient cases with physical signs and symptoms fairly well marked if not absolutely conclusive.

The greatest weight gained by any one patient discharged during the year was 49 pounds. Of the 132 patients, 127 gained weight during their stay, and the average gain was 13 2-3 pounds. Five lost weight, and the average loss was 4 pounds. This is certainly a very satisfactory showing.

The better results obtained this year, as compared with last, are undoubtedly owing, to a great extent, to the fact that more applications for admission having been received a more judicious selection of patients, as to physical condition, could be made. Still more satisfactory work could be done if the applications were so numerous that only incipient cases could be admitted. One practical difficulty now in the way of our admitting only such cases is to be found in the fact that very frequently persons in the early stages of consumption are either unaware of their condition, or on being informed, are very reluctant to believe it, and persistently refuse to do the right thing, because they deem it unneces-

sary, or else because they feel that they cannot afford to give up work in order to attend to themselves. When, however, they have pursued this policy long enough to become incurable, they are willing enough and anxious enough to do anything, whether it be in their power or not. The large number of such applicants, many of whom have exhausted all, or nearly all, of their resources, is exceedingly distressing and pitiable indeed, and constantly calls attention to the great need which exists for some suitable provision for this unfortunate class of advanced consumptives, to be made either by our commonwealth, or perhaps better by districts, counties, cities or towns.

An erroneous idea prevails, to some extent among certain physicians in Massachusetts, that our rejection of an applicant necessarily means incurability. This is far from being the case. We endeavor to select from among the applicants those who seem most likely to improve, and that to the greatest extent and in the shortest time, so that the beds can be occupied by as many patients as possible in succession, and can thus do the most good to the greatest number. The standard of admission may vary somewhat from time to time, according to the number and physical condition of the applicants.

An effort has lately been made to ascertain, as far as possible, the present condition of the 29 patients who were reported as apparently cured or arrested in my first year of service, and who are now more or less widely scattered. A carefully drawn up letter, with numerous questions designed to elicit information as to the presence or absence of important symptoms, the ability to work, etc., was printed and sent to these former patients, and all but one replied. To my great gratification, the answers indicated that 24 or 25 out of the 29 still remained up to that time in pretty good condition, in spite of the fact that in some cases it was impossible for them to avoid unhygienic surroundings. Of about one-

third of these patients I was able to make a physical examination which corroborated these conclusions.

Very likely some allowance is to be made for optimism in the report of those not thus examined; but not, I think, sufficient to influence the results very materially.

As if to compensate for these relapses, four of those who had been reported only as improved when discharged in the first year, were found to have advanced in health, as a result of a careful outside continuance of the treatment initiated at at our Sanatorium, sufficiently to warrant the change of designation to apparently cured or arrested.

It may not be out of place to add that your physicians are eagerly looking forward to the erection of the hall for recreation, religious services, and other public gatherings, which is sorely needed, as well as the administration building, with proper examination and waiting rooms, laboratory, throat room, etc., also the new dining hall, all of which will be valuable additions to the equipment of the institution.

I desire to record here my continued satisfaction with the work of my assistant, Dr. D. P. Butler, Jr., who has been very faithful in the performance of all his duties. The nurses, too, as last year, have been very efficient.

Respectfully submitted,

HERBERT C. CLAPP, M. D.

EDITORIAL.

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

The subject of overstudy in our public schools, and more particularly the damage done children by the night study necessitated thereby, has again come somewhat prominently to the front. It is a subject in which every physician is interested, and therefore we feel we are justified in quoting from the opinions of two of our representative physicians, one of each school, as recently published in a Boston daily paper.

Dr. Geo. L. Walton, one of, if not the leading, neurologist among the old school in Boston, says:—

“I should think that average children of 12 or 13 years could stand a certain amount of home work, unless occupied with other outside duties, as music, dancing lessons, or household cares beyond their years, or in attending parties and entertainments. The more such sources of exhaustions are added the less the ability to stand the school work either in or out of regular hours.

“With regard to evening work, the question is largely one of artificial light, and with children, as well as with adults, great care should be taken, not only that proper light be used, but also that glasses be worn when needed, for eye strain is often a potent factor in brain fatigue.

“I have not been able to satisfy myself that nervous exhaustion as a result of school work is prevalent among children in this vicinity, and should be inclined to think that inability to keep up the work occurs largely among children either exceptionally delicate or occupied by other wearying pursuits than those connected with the school.”

As one who deservedly commands attention among professional men of our own faith, Dr. Sutherland, the Dean of Boston University School of Medicine, says:—

“The question of home study is one to which I have given serious thought, and I have come to the conclusion that there should be no night study for children under 14 years of age. I will go farther, and will say under 16 or 17 years of age. Then it should be confined to one or two hours. After a student enters college it is a different matter. The body has then attained its growth, and systematized study will do no harm.

“It is a grave fault in modern education that growing children are so crammed with study that their minds are forced to the detriment of the body. Better results would be accomplished with a strong, healthy body and a well regulated, not an overtaxed, brain.

“Not only should there be no study at night for growing girls and boys, but there should be a proper amount of fresh air and physical exercise in the afternoon as well. If this and home study cannot both be accomplished, the work should be sacrificed for the salvation of the body. Let such children learn what they can in the school room, and let the rest go rather than have them grow up to find themselves with wrecked constitutions when they are called upon to perform the strenuous work of life.

“Why is it that men are stronger than women as a rule? There is a prevalent opinion that they are healthier by nature. Such is not the case. Women are weaker than men because of their bringing up. While the boys are turned out to romp, to play, in short to become athletes, their sisters have their duties about the house; they are taught to sew, to sing, to play, to dance, in order that they may be graceful. But wouldn't it be better to be strong first?

“It is considered necessary for a girl to have so many accomplishments. To the cultivation of these her education

is turned. She sits at the piano and practises, while her brothers, shouting over their game of ball or whatever it may be, are building up hardy, robust bodies. That is why, when they come to maturity, their constitutions can stand the strain of life work better than the average woman can.

“So much for children when they are growing. When they enter college and become men and women the face of the matter changes. Night work must be done then, and can be done without injury. In the post graduate courses in the scientific schools, the law schools and the medical schools, there are from 24 to 36 hours of lecture work a week, with a proportionate amount of outside study. In my own department in the Boston University the students have from 32 to 36 hours a week in the lecture rooms and laboratories. Beyond this they must find the time to study and perform the required outside work.

“It is imperative that they should devote to their profession many hours of the night, yet my experience has been that these men and women are in a better physical condition when they complete than when they commence their four years' course. Their bodies have reached maturity, however, and can stand the strain of night work. There is the difference.”

Although there seems to be some difference of opinion here expressed, we are inclined to think it is more apparent than real. The fact is both are right. Dr. Walton says if outside matters, such as dancing parties, music, etc., are not indulged in, the study does no harm; and Dr. Sutherland says these things do harm, largely because the girl especially must have, in addition to studies, *accomplishments* acquired at the expense of time which should be given to the building up and strengthening of the body. The question is a complex one. Many elements such as individual abilities and idiosyncrasies, hereditary tendencies, home influences and atmosphere must be taken into account, and these vary to such a great extent that absolute conclusions are impossible.

Each physician's opinion must be largely based on the children with whom he comes most in contact and whose physical welfare he has had much to do with. For this reason we believe that the well founded opinion of a conscientious and observant general practitioner is of more value than that of the specialist. From our own observation, made during several years in general practice, during a part of which we had to do somewhat with school management, we certainly were convinced that children from the years of 12 to 16 were often over taxed by their school work, *in addition to what was demanded of them in other directions*; in other words the attainment of *accomplishments*. One or the other should certainly be modified, and we should not attempt any longer to make a girl of 18 or 20 an educated (?) and accomplished young lady.

Again the courses of study are altogether too diffusive. We believe it taxes the mind during the developmental period much more to be constantly diverted from one topic to another than if it was held more continuously to one line or branch of study until it was thoroughly mastered. *Everybody* cannot know *everything*. It would be better if our public school system turned out *somebody* who knew *something* and knew it thoroughly.

OBITUARY.

Dr. Sarah E. Sherman, of Salem, died recently. She was born in Fayton, Vt., April 28, 1845. After graduating from school, Miss Sherman taught school for a while. Later she began to study for the practice of medicine, and was graduated at Boston University Medical School in 1876.

In the fall of that year she went to Salem and began to practise, being the first woman physician in Salem. For many years she had a large practice. She was a member of

the school board for several years, and one of the originators of the Salem Woman's Club, and its first president. Miss Sherman was a member of the American Institute of Homœopathy, and at the time of her death lecturer on anatomy at the Emerson College of Oratory. She was a trustee of that institution and of Boston University.

EDITORIAL NOTES AND COMMENTS.

The exercises in connection with the opening of the new Homœopathic Hospital at the University of Michigan began Thursday, December 6, and continued through Saturday, December 8. The detailed programme was as follows:—

THURSDAY AFTERNOON.

Operative clinic, surgical amphitheatre, Dr. Claudius B. Kinyon, professor of obstetrics and gynæcology in the homœopathic department of the University.

THURSDAY EVENING.

Exercises in Sarah Caswell Angell Hall, Women's Gymnasium.

Prayer, Prof. Martin L. D'Ooge, LL.D., professor of Greek in the University.

Introductory, presenting James B. Angell, LL.D., president of the University, who presided, Prof. Wilbert B. Hinsdale, M. D., dean of the homœopathic department.

Remarks, President James B. Angell, LL.D.

Address, Prof. Charles E. Walton, M. D., Cincinnati, O., president of the American Institute of Homœopathy.

Address, the Hon. Henry S. Dean, Ann Arbor, chairman of homœopathic committee of the Board of Regents of the the University of Michigan.

Address, Malcolm C. Sinclair, M. D., Grand Rapids, president of the state board of registration in medicine.

Address, Prof. Charles Gatchell, M. D., Chicago, formerly professor of theory and practice in the homœopathic department.

Address, Rolin C. Olin, M. D., Detroit, member of the first graduating class of the homœopathic department.

Address, Prof. Royal S. Copeland, M. D., Ann Arbor, president State Homœopathic Medical Society.

Reception by the ladies of the faculty of homœopathic department in the women's gymnasium, for the speakers of the evening, alumni and friends of the department.

FRIDAY FORENOON.

Lecture in medical lecture room, Willis A. Dewey, M. D., professor of materia medica and therapeutics in homœopathic department.

Surgical clinic, surgical amphitheatre, Perry W. Cornue, M. D., acting professor of surgery and clinical surgery.

FRIDAY AFTERNOON.

The new hospital will be open to the public for general inspection.

FRIDAY EVENING.

Commencement of the Training School for Nurses, hospital lecture room, address by DeWitt G. Wilcox, M. D., Buffalo. Reception in new nurses' home.

SATURDAY FORENOON.

Lecture, medical lecture room, Prof. Wilbert B. Hinsdale, M. D., dean of the homœopathic department and professor of the theory and practice of medicine and clinical medicine.

SATURDAY AFTERNOON.

The hospital will be open for public inspection — *New Michigan News.*

A MEDICAL CURIOSITY.

The following "antique" may be of interest to some of our readers:—

WEST MEDWAY, MASS., Oct. 31, 1900.

DR. JOHN L. COFFIN, EDITOR NEW ENGLAND MEDICAL GAZETTE, BOSTON, MASS :

DEAR DOCTOR,— I have a little old book (just how old I don't know) that I send you an extract from. I thought it would interest some other doctor as it has interested me.

The capitals, punctuation and spelling are the same as in the book. Many of the s's are printed like f's. I have tried to write them in that way. Italics are underlined.

The cover is of wood, leather covered, about 4 x 6 inches in size. Is entitled "the Englifh Phyfitian Enlarged." Has 285 pages. No date of publication or name of author, but on the first page is written with pen, a name, and then following it, "Ejes Libor AD 1781

The Englifh phyfician

Enlarged

By

Nicholos Culpeper M D.

I think it was published in the last part of 1600 or the early part of 1700, as I have seen somewhere in the book a reference to some other book of his writing in 1681. If you wish to use this extract at any time it is yours.

ALVIN BOYCE.

HENBANE.**Description**

Our common Henbane hath very large, thick, foft, wooly Leaves lying upon the ground, much cut in or torn on the edges, of a dark ill grayifh green colour, among which arife up divers thick and fhort stalks two or three foot high, fspread into divers fmaller branches with leffer Leaves on them, and many hollow Flowers

scarce appearing above the Husks & usually torn on the one side, ending in fine round points growing one above another, of a deadish yellow colour, somewhat paler towards the edges, with many purplish veins therein, & of a dark yellowish purple in the bottom of the flowers with a small pointel of the same colour in the middle, each of them standing in a hard close husk, which after the Flower is past, groweth very like the Husk of Afarabacca, and somewhat sharp at the top points, wherein is contained much small feed very like the Poppy feed, but of a duskie grayish color. The root is great, while & thick, branching forth divers ways underground so like a Parsnip Root (but that is not so white) that it hath deceived divers. The whole Plant more than the Root hath a heavy ill fopporiferous smell somewhat offensive.

Place. It commonly groweth by the way sides, and under hedge sides and Walls.

Time. It flowreth in *July*, and springeth again yearly of its own Seed.

I doubt my Authors mistook *July* for *June*, if not for *May*.

Government and Virtues. I wonder in my heart, now Astrologus could take on them to make this an Herb of *Jupiter*, and yet *Mizaldus*, a man of a penetrating Brain, was also of that Opinion as well as the rest: the Herb is indeed under the Dominion of *Saturn*, and I prove it by this Argument. All the Herbs which delight most to grow in *Saturnine* places, are *Saturnine* Herbs. But Henbane delights most to grow in *Saturnine* places, and whole Cart-Loads of it may be found near the places where they empty the common Jakes, and scarce a Ditch to be found without it growing by it. *Ergo* 'tis an Herb of *Saturn*.

The Leaves of Henbane do cool all hot Inflammations in the Eyes, or any other part of the Body; and are good to affwage all manner of swellings of the Cods or Womens Breasts, or elsewhere if they be boiled in Wine, and either applied themselves or the Fomentation warm; it also asswageth the pain of the Gout, the Sciatica, and all other pains in the joynts which arise from an hot Cause, And applied with Vinegar to the Forehead and Temples, helpeth the Head-ache and want of

*Inflamma-
tive
Cods,
Womens
Breasts
Gout
Sciatica,
Joynts,*

fleep in hot Feavers, The juyce of the herb or feed, or the Oil drawn from the Seed doth the like. The Oil of the Seed is helpful for the Deafnefs, Noise, and Worms in the Ears, being dropped therein; the juyce of the herb or root doth the the fame. The Decotion of the Herb or Seed or both killith Lice in man and beaft. The fume of the dried Herb, Stalks and Seed, burned quickly healeth Swellings, Chilblains, or Kibes in the Hands or Feet by holding them in the fumes thereof. The Remedy to help thofe that have taken Henbane. is to drink Goats Milk, honeyed Water, or Pine Kernels, with fweet Wine: Or in the abfence of thefe Fennel feed, Nettle feed, the feed of Creffes, Muf-tard, or Raddish, as also Onions of Garlick taken in Wine, do all help to free them from danger, and reftore them to their due temper again.

Take notice, that this Herb might never be taken inwardly; outwardly, an Oyl, Oyntment, or Plaifter of it, is moft admirable for the Gout, to cool the Veneral heat of the Reins in the French Pox, to ftop the Tooth-ach being applied to the aking fide, to allay all Inflammations, and to help the Difeafes before premifed.

*Deafnefs
Noise in the
Ear,*

*French
Pox
Tooth-
ach*

GALVANISM IN PELVIC INFLAMMATORY LESIONS.—Galvanism properly applied offers to the conservative gynecologist the very best means of allaying pelvic inflammations. Electrotherapy is worthy of all the study you can give it; but recollect that the possession of a hammer and anvil does not make a blacksmith, nor an amputating case, a surgeon; and do not think because you have the most approved electrical apparatus in your office, it will make you an electro-therapeutist. Study its physiological and polar effects, prove it as you would any of your remedies, and you will find, as others have, that it has the widest range of all.—Dr. C. S. Neiswanger in *Minneapolis Homoeopathic Magazine*.

SOCIETY REPORTS.

WORCESTER COUNTY SOCIETY.

The Thirty-fourth Annual Meeting of the Worcester County Homœopathic Medical Society was held at Worcester, Nov. 14, 1900, at the Y. W. C. A. Rooms, Chatham St. The meeting was called to order promptly at 10 A. M. by the President, Dr. Amanda C. Bray. The records of the previous meeting were read and accepted; the annual report of the treasurer was read and ordered placed upon the records of the society. The following applications for membership were presented, and by vote of the society, referred to the board of censors: Albert E. Cross and Edwin Roy Leib, of Worcester; George Van Deusen, of Lowell; David P. Butler, of Rutland, and David W. Wells, of Boston.

The election of officers resulted as follows: President, Dr. J. F. Luscombe, Fitchburg; Vice-President, A. J. Atwood, Townsend; 2nd Vice-President, Dr. G. H. Wilkins, Palmer; Secretary and Treasurer, F. R. Warren, Worcester; Librarian, A. E. P. Rockwell, Worcester; Censors, E. A. Fisher, Worcester; Amanda C. Bray, Worcester, and Dr. R. G. Reed, Woonsocket, R. I.

The business session concluded, the meeting was placed in charge of the Bureau of Clinical Medicine and Pathology, Dr. Carl Crisand presiding. The first paper was read by Dr. H. A. Gibbs, and was entitled, "What shall we do with the Drunkard?" The writer believed that institutional treatment, especially for the confirmed inebriate, was essential for a complete cure. He also believed most thoroughly in mental suggestion in treating these cases; in restoration of the bodily functions and in the promotion of sleep and entire rest of the nervous system. For remedies he would suggest nitrate of strychnia and the salt of sodium and gold chloride. He uses apomorphia in doses of from 1-30 to 1-10

of a grain, for its physiological effect and also for its relaxing effect upon the nervous and circulatory system.

Dr. G. G. Shelton, of New York, was unable to be present and his paper, "Typhoid Fever, its dietetic and therapeutic treatment," was read by title. This subject, however, was the topic for a very interesting discussion, opened by Dr. Frederick B. Percy, of Brookline. Dr. Percy spoke of the different methods of feeding in typhoid. These methods embraced: 1, an abstemious diet; 2, a modified milk diet; 3, a diet of meat broths, with or without the addition of barley, sago, etc.; 4, a liberal diet, such as rice, eggs, farina, arrow-root, cocoa, etc. His method is to use the modified milk diet in most cases; in some cases, however, he believes a more liberal diet can safely be allowed, and that it often shortens convalescence. He mentioned the different therapeutic methods employed in typhoid, including the Brandt method, the antiseptic treatment of Woodbridge and Homœopathic medication. He believes fully in the hydro-therapeutic measures. For remedies, he has used with most success, Bapt. Tinc., Mer. Dulc., and Cupras Arsen 2x.

Dr. C. L. Nichols believes in milk diet, and at the end of second week usually gives some beef preparation and whiskey, in addition to the milk.

Dr. De Witt G. Wilcox believes that that most dread complication of typhoid—intestinal perforation, with resulting hemorrhage and inflammation, should be treated by surgical means.

Dr. E. A. Fisher reported a fatal case of typhoid fever, in which, at the autopsy, large and numerous perforations were present, yet there had been no evidence of blood in the stools.

The next paper on the program was by Dr. Wm. Morris Butler, of Brooklyn, N. Y., and entitled "Puerperal Insanity and its Homœopathic Treatment." This paper dealt with the etiology symptoms and homœopathic medication of this form of mental derangement. He believes that a large per cent. of the mental troubles of women arise from mental

derangement during the puerperal state. In the treatment of this condition, the writer mentioned as essential, a competent nurse, pleasant and well-ventilated apartments, plenty of healthy exercise and bathing. For remedies he advises the use of belladonna, hyoscyamus, platina, strychnia, stramonium, ignatia, etc.

Dr. Frank C. Richardson, of Boston, in opening the discussion, said that he believed the cause of the trouble must be removed before a cure could be expected. An examination of the blood or of the gastric secretion often revealed a cause of trouble which must be corrected before the patient could improve. Dr. De Ette Brownell had in some prolonged cases, where the tendency was toward dementia, used, with good success, Thyroid Extract. It seemed to exert a beneficial influence upon the mental condition of the patient.

The next paper was by Dr. De Witt G. Wilcox, of Buffalo, N. Y., entitled "Pelvic Inflammation." Dr. Wilcox spoke of the necessity of an early recognition of the causes which may lead to a pelvic inflammation, and of the responsibility of the family physician to whom these cases nearly always come in the beginning. An apparently slight inflammation of the meatus urinarius or of the vagina, will, if let alone, in an incredibly short time, extend to the uterus, tubes and peritoneum; hence, the quicker the primary cause is corrected and removed, the less damage will result to the general pelvic peritoneum. The treatment must be according to the extent of the disease. If a specific vaginitis only is present, the patient should be given a hot vaginal douche, followed by an application of a 1 per cent. argonine or protagol solution. She should then be put to bed and a bi-chloride douche given every three hours.

If the disease has extended a little farther and an endocervicitis is present, the same vigorous treatment must be pursued. The bi-chloride solution must be freely used and the cervical canal thoroughly cleansed. Finally, the canal should be painted with tr. of iodine by means of an applicator. Under no circumstances should a probe be passed through

such a canal, for fear of infecting a healthy uterine mucous membrane. If the disease has progressed still farther and an endometritis is present, we must resort to surgical measures. The patient should be anæsthetised, the uterine canal dilated and sterilized. This should be followed by a thorough curettage and intra-uterine douching. If the disease has extended to the pelvic peritoneum, in addition to the treatment of the endometritis present, the writer advised irrigation and drainage of the pelvic cavity through an incision in the posterior cul de sac.

Dr. Solomon C. Fuller presented an interesting paper on "A case of Uretastic Carcinoma of the Liver," illustrating his remarks with macroscopic and microscopic specimens of the growth.

Dr. J. M. Barton presented a clinical report of a case of "Carcinoma of the Lungs," and Dr. E. A. Murdock of a case of "Diphtheritic Paralysis."

A paper entitled "Prevention and Cure of Renal Calculi," by A. M. Cushing, was read by Dr. Crisand, in Dr. Cushing's absence. The author gave his experience with this condition and advocated the use of apocynum andros, which he had found to be almost .04 specific.

This paper closed the scientific session, and the society adjourned to Hotel Newton where fraternal greetings and dinner occupied the members and their guests, to the number of fifty-five, until 2.30 P. M. Dinner over, the toastmaster, Dr. G. Forrest Martin, of Lowell, called for order, and for nearly three hours there was "a feast of reason and a flow of soul," such as the society has seldom been privileged to enjoy.

In his opening remarks, Dr. Martin spoke of a tendency among young graduates of homœopathic institutions to grow rather ashamed of their chosen school of medicine, seeming to lack reasons for their belief and arguments in defense of it. This tendency is lamentable, and young physicians were urged to stand strong in their faith, knowing well the firm principles which they advocate.

Dr. Bray, the retiring president, in her address, urged upon physicians the importance of realizing their responsibilities as educators, and cited many cases in which a conscientious physician might have large influence for right solution of many every day problems.

Dr. Wm. M. Butler, of Brooklyn, gave a most interesting address on "The Homœopathic Institutions in the State of New York," showing the great success which has followed the long years of hard work necessary to found these institutions.

Dr. John L. Coffin, of Boston, compared Homœopathy of today with its standing thirty years ago, showing the wonderful progress and success of "the new school."

Dr. F. B. Percy gave as an ideal example of "The Family Physician," one with principles of truth, love, patience, honesty of purpose and true living, strong and well-defined.

Dr. Wilcox, of Buffalo, treated his subject, "The Scalpel," with a wit as keen and sharp as that instrument itself, constantly amusing his listeners by his clever puns, bright sallies and apt illustrations. In more serious vein, Dr. Wilcox emphasized the importance of only true-hearted, strong-purposed men using "the scalpel" in difficult surgery — men who thoroughly understand their work, and who operate for the good of mankind rather than for the pleasures of scientific and surgical study.

The topic "Nerves," was of necessity very briefly treated by Dr Richardson, as time had passed rapidly, and he, with other guests from the eastern part of the state, were obliged to leave at this point in the session.

Remarks were made by Dr. Rockwell on "The Microscope," and by Dr. Rand on "The Country Doctor." The meeting was adjourned after a unanimous vote of the society that the Thirty-fourth Annual Meeting had been one of the most profitable and enjoyable ever held.

F. R. WARREN, *Secretary.*

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Ninety-fifth Annual Session of the Medical Society of the State of New York will be held in Albany, Jan. 29, 30, 31, 1901.

The meetings of the Society have always been replete in scientific work as becomes the representative society of the medical profession of the Empire State—and it is confidently expected that this meeting will equal those which have preceded it.

This circular letter is sent to every member of the Society with the request that those who desire to read papers will communicate at once with the Chairman of the Business Committee, Dr. Frank Van Fleet, 63 East 79th Street, New York City, or with the President, Dr. A. M. Phelps, 62 East 34th Street, giving the title of the paper and such other information as the author desires.

As there will be a great many papers offered, and the time necessarily limited, it is suggested that papers be condensed as much as possible in reading, as they can be published more fully in the transactions. Arrangements for reduced fares can be made when purchasing railroad tickets.

A. M. PHELPS, A. M., M. D.,
62 East 34th St., New York.

BOSTON HOMOEOPATHIC SOCIETY.**BUSINESS SESSION.**

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, Dec. 6, 1900, at 8 o'clock, the President, F. W. Halsey, M. D., in the chair.

The records of the last meeting were read and accepted.

The following physicians were proposed for membership:
C. C. Morrison, 1740 Beacon St., Brookline; John F. Wor-

cester, 405 Washington St., Dorchester; David P. Butler, Jr., State Sanatorium, Rutland, Mass.; Robert W. Southgate, 2 Commonwealth Ave., Boston; Walter J. Graves, 77 King St., Dorchester; Bertha L. Hoskins, 97 Francis St., Brookline.

The Resolution providing for the appointment of a Standing Committee on Legislation was taken from the table, and, in its revised form, was adopted. The Resolution, as adopted, reads as follows:—

STANDING COMMITTEE ON LEGISLATION.

RESOLVED, the President shall appoint a committee of four, one member to serve one year, one for two years, one for three years, and one for four years. After the year 1900 one member shall be appointed each year, by the President, to serve four years. The President shall be chairman of this committee, *ex-officio*, and said committee shall have in charge all legislation or other interests which may affect the practice of homœopathy in Boston.

The Committee appointed to draw up resolutions on the death of Dr. Benj. H. West, reported as follows:—

WHEREAS, our Nestor, Dr. Benj. H. West, has been removed from us by death at the ripe age of four score and six, therefore,

RESOLVED, that in his death homœopathy has lost one of its earliest exponents in this part of the country, as well as one of its most earnest advocates.

RESOLVED, that although he has been in retirement from active practice for about thirty years, yet he has never on this account lost his interest in the cause, but has always been eager to attend our meetings, to lend his assistance when its interests seemed to be assailed or when aggressive action seemed to be needed. At such times, although his venerable appearance and long flowing white hair and beard picturesquely suggested the dignified patriarch, yet the fiery impetuosity of his speech and his sustained eloquence were convincing proof that in spirit he kept as young as the

youngest. A man of the highest character and of kindly disposition, he will long be missed.

H. C. CLAPP,
C. WESSELHOEFT,
H. B. CROSS,
Committee.

The resignation of Dr. Henry F. Batchelder, of Danvers, was accepted.

The following committees were appointed by the President:—

To nominate officers of the society for the ensuing year: Drs. John L. Coffin, Herbert C. Clapp and Emma J. Peasley.

Standing Committee on Legislation: Drs. S. H. Calderwood, four years; John L. Coffin, three years; T. Morris Strong, two years, and Frederick A. Davis, one year.

SCIENTIFIC SESSION.

Dr. Horace Packard exhibited a beetle 3-4 inch long and 1-2 inch wide, which he had extracted from a man's ear. Its presence had caused intense pain due to the front legs scratching the tympanic membrane.

Dr. H. P. Bellows exhibited a number of instruments which he had obtained in Florence, Vienna, and other European cities, while abroad last summer. A cap made of tape, to be used in binding down the ears when they project in infancy. A neat, compact box for utilizing the Edison current, which can be easily moved and placed anywhere, in clinics, could be put on the wall and furnishes a brilliant light for illuminating the field of operation. A strictly aseptic syringe, which can be perfectly cleansed, and works admirably. Three mirrors for examining the attic. A foreign body extractor. Two new instruments for the extraction of the anvil. A vibrating fork for producing low tones. A new instrument to assist the hearing, made of aluminum, can be attached to the ear or can be used for conversation.

REPORT OF THE SECTION OF OPHTHALMOLOGY, OTOTOLOGY,
AND LARYNGOLOGY.

N. H. HOUGHTON, M. D., Chairman.

ELIZA B. CANILL, M. D., Secretary.

L. H. KIMBALL, M. D., Treasurer.

The President appointed Drs. M. E. Mann, L. D. Miller and F. P. Batchelder, a committee to nominate sectional officers for the ensuing year. The committee reported as follows: Chairman, T. Morris Strong, M. D.; Secretary, G. A. Suffa, M. D., and Treasurer, Emma J. Peasley, M. D.

PROGRAMME.

1. Eye Strain, Notwithstanding Acute Vision. David W. Wells, M. D. Discussion by G. A. Suffa, M. D., and L. H. Kimball, M. D.

2. Tumor of the Parotid Gland (a case). T. M. Strong, M. D. Discussion by George B. Rice, M. D.

3. A Case of Chronic Suppurative Otitis Media. Frederick W. Colburn, M. D. Discussion by Howard P. Bellows, M. D.

4. A Differentiation (Eye). J. M. Hinson, M. D. Discussion by John H. Payne, M. D.

DISCUSSION.

1. Dr. Wells stated that 75 per cent. of all headaches were due to eye strain, though this did not preclude there being other factors, the correction of any one of which would relieve the difficulty, and that it would be a great help to the general practitioner if he had the means of discovering cases of eye strain.

Dr. Suffa: Dr. Wells, in his most interesting paper, has brought out in a clear manner important facts in regard to eye strain and its early recognition and correction, most of which I heartily endorse, and even desire to enlarge upon the advice that not only all backward children and those showing some *well recognized* evidence of eye strain merit examination, but that all children at the time of first enter-

ing school (if not previously examined) have their eyes carefully tested so as to be sure that they are not handicapped at the beginning of their career, often to a permanent detriment.

It is a well recognized fact that practically all children are born hyperopic, and that it is a normal evolution to outgrow this hyperopia during the growing period. Also that the accommodative power and the associated muscular action convergence are controlled by the third nerve, and that nerve stimulation of these functions and the centres of action are intimately related to each other, so that when accommodation receives a nerve impulse to focus rays from an object at a given distance that the converging muscles receive a corresponding amount of nerve force, but on account of the physical defect, hyperopia, it becomes self-evident that this relation has become disturbed in the majority of children, thereby causing a waste of nerve energy at a time when the system can ill-afford to lose it, to say nothing of the disturbances often produced in the eye-balls and their addenda during this period of evolution. To control and often prevent these local disturbances would well repay the trouble of making these examinations, even if no further benefits were derived. But I think I am safe in saying that the general benefit to the system, if this method were adopted, would be of inestimable value, and when this fact is fully recognized by the profession and the laity, and become an established system, which I fully believe it will in time, then will one great step have been taken to benefit mankind in controlling a condition seriously hindering nature to develop physically and mentally healthy individuals; and perhaps, who knows, thereby in time, so perfect the human ocular system that children will make their appearance with emmetropic and not hyperopic eyes.

While I am thoroughly in accord with the writer that all cases of chronic headache merit ocular examination, I cannot accept the statement that eye strain does not have its characteristic headaches, not alone in form and location, but often

in time of occurrence. Careful observation in this line has proven to me conclusively that frontal and occipital headaches, especially if precipitated by attending public places, etc., or upon near use of the eyes, are positive evidence of eye strain, even if visual acuity is normal, and I am not alone in this opinion as most modern writers agree on this point (Fuch, Miles Standish and Stevens). Neither am I willing to allow the discouragement of the general practitioner (to go unchallenged), to ascertain as much as possible of the visual and muscular conditions, as well as to question carefully the nature of the headaches, their time of occurrence and aggravations, always bearing in mind the characteristic forms before recommending an oculist. This exception is taken for two reasons. First, because the time has arrived when the family physician is consulted and expected to pass judgment whether or not it is necessary to consult an oculist. Second, because if these visual and muscular examinations are made, familiarity of ocular action obtained during these examinations will place the physician in a position to more readily recognize the nature of inflammatory eye diseases, and to differentiate between the comparatively harmless inflammation and those more serious inflammatory troubles, where valuable time is often irretrievably lost in not instituting prompt local medication or operative measures.

In the report of the 100 cases of eye strain, the statement is made that only those cases were omitted that showed some well recognized symptom of eye strain. As the doctor previously positively stated that there was no characteristic eye headache, and as 50 per cent. of these cases had nominal visual acuity, I would like to inquire what he considers well recognized symptoms of eye strain.

Dr. Kimball: I shall take but a few moments of your time tonight, as I do not really see much I can say supplementary to what has already been so well said. And what little there is I shall entrust to paper as my pen is always a decidedly more trustworthy servant than my tongue.

Dr. Wells is to be congratulated, not only on his excellent

paper, but also on the selection of a subject which should be of interest to the general practitioner as well as the specialist. And that is not so easy a thing to do, especially when the ground has been so thoroughly covered, as it has been in the so-called specialties.

My experience coincides with Dr. Wells in regard to the point which he wishes to emphasize, viz. : that normal vision in far distance does not always mean perfect eyes. This is contrary to the general belief among the laity. It is a very common occurrence for patients sent to an oculist for an examination, to *insist* that there can be nothing the matter with their eyes since they have very *far sight*; indeed, they take pride often in the fact that they can see farther than many of their acquaintances, and so use this as an argument to forestall the necessity of glasses, which they think the logical result of a visit to an oculist.

Following the line of Dr. Wells' classification, I have looked up the records of 500 consecutive cases examined for eye strain, with this result :

- Class 1. Vision practically normal.
 - " 1. 240 cases or 48 per cent.
 - " 2. Vision normal in one eye, reduced in the other.
 - " 2. 65 cases or 13 per cent.
 - " 3. Vision reduced in both eyes.
 - 195 cases or 37 per cent.

From the two series then we can reasonably infer that practically normal vision for distance exists in about 50 per cent. of the cases sent to an oculist for an examination.

Dr. Suffa: I would like to ask Dr. Kimball what was the age of the cases referred to by him?

Dr. Kimball: Thirty-six to forty years.

Dr. Klein: I agree perfectly with Dr. Wells. I think eye specialists sometimes go too far. I think chronic spinal meningitis is often forgotten as a cause of eye strain. I have seen cases which have been sent from dispensary to dispensary and to oculists, cured by a homœopathic physi-

cian as simple spinal meningitis. There are lots of diseases which could cause eye strain. I think we should differentiate between eye strain and diseases which cause or produce eye strain. All simple headaches should not be considered due to eye strain.

Dr. Wells: The question of examining the eyes of school children I hesitate to take up. Last year I read a paper upon the need of examining the eyes of school children, emphasizing at that time the importance of such examination. I stated such examinations were in vogue at Wellesley, Brookline and Waltham. Somerville has just adopted the plan. Hyde Park will do so.

In regard to the location of headache being a guide to the presence of eye strain, I think my point is well taken.

Criticism of Statistics. My idea of well recognized eye strain and its disappearance after glasses are fitted, I think is correct. Dr. Kimball's record of 500 cases and finding such close results, as he has given, strengthens my position.

Dr. Klein takes exception to the statement that 75 per cent. of the cases of chronic headache are due to eye strain. This leaves a good 25 per cent. of headaches which may be due to other causes, and the fact is here noted, as a caution of the oculist, that eye strain may be due to some lesion or pathological condition elsewhere.

2. "Tumor of the Parotid Gland (A Case)." Dr. Strong's paper detailed an operation successfully performed upon a tumor in the pharynx, which probably originated in the parotid gland. Healing was good and there has been no return of the growth.

Dr. Rice: So much has been said, and so well said, there is very little that I can add. Dr. Strong was so kind as to send me his paper. I have never seen anything like this tumor and had little idea what the growth was, as the history did not seem to point to a cancerous growth. I looked up the literature, but found very little of service. One surgical journal spoke of a mucous tumor, but nothing was said of this kind of tumor being seen *in* the throat, as before it had

occurred exteriorly. The operation was cleverly done and was eminently successful.

3. "A Case of Chronic Suppurative Otitis Media." Dr. Colburn, in his paper, reported an operation which he had performed for the relief of an obstinate case of neuralgia, complicating suppurative otitis media. The operation was the usual mastoid one, with curettment of all diseased tissue, and was entirely successful.

Dr. Bellows: I want to ask Dr. Colburn whether in the course of operating he found considerable tissue.

Dr. Colburn: Very little, and what there was was loose and decidedly soft.

Dr. Bellows: This case is one Dr. Colburn may well feel very proud of. I saw the patient before I went abroad, he was a very sick man. The diagnosis was well made and the difficult operation was certainly carried out in a very successful manner, the result being all that could be desired to surgeon and patient alike.

4. "A differentiation (Eye)." Dr. Hinson's paper went minutely into a differentiation between hoodoralum and chalazion, both as regards diagnosis and treatment, and it was followed with marked attention by the Society.

Dr. Paine: I will not take but a moment of your time. I have not noticed in Dr. Hinson's paper any reference to a little fibrous tumor which occurs outside of the tarsal cartilage, and I have been in the habit of cautioning all my pupils to differentiate between it and Meibomian cyst. The surgical interference with the first would have to be from the outside and cicatricial contraction might disturb the lids. Meibomian cyst is always operated upon from the inside of the lid. I am surprised that these cases should need surgical treatment, as they are much more readily reached by internal treatment. Pulsatilla and Staphisagoia will oftentimes cure cases more readily than any other. Belladonna is good when the swelling is considerable. Frequently I have found that surgical interference, when used upon the Meibomian gland,

is followed by inflammation of neighboring glands, and a succession of attacks result. I think surgical treatment should be taken as a last resort.

Dr. Suffa: I have tried remedies very often and have seen results only in the early stages, and then only from Sulph. 6x.

Dr. Payne: Pulsatilla and Belladonna have proved beneficial in my practice.

Dr. Klein: I agree with Dr. Payne. My way is to prescribe and recommend massage. I believe in absorption.

Sometimes I give a simple prescription, oxide of mercury to be applied to the lid. I think you get more results from massage than anything else. I recommend medicine, and if it does not do any good, I operate. When operating, instead of dissecting, I take out the whole sac.

Adjourned at 10.10.

EDWARD E. ALLEN,
Secretary.

NOTES ON PATHOLOGY.

CONDUCTED BY S. C. FULLER, M.D., PATHOLOGIST TO THE
WESTBORO INSANE HOSPITAL.

Two Cases of Acute Hæmorrhagic Pancreatitis.

Bryant (*Lancet* XIX. of Vol. 2, 1900, p. 134) reports two cases of this disease. In one of his cases there was extra-peritoneal, as well as intra-peritoneal fat necrosis. The extra-peritoneal necrotic areas were found in the mediastinal fat and pericardial fat. Although Williams* succeeded repeatedly in producing extra-peritoneal fat necrosis in cats by introducing small pieces of sterile cat's pancreas subcutaneously, if the fat necrotic areas found by Basler† in the

**Jour. Exper. Med.* III. 6, p. 585.

†Cited by Flexner in *Con. Science Med.* Dedicated by his pupils to William Henry Welch on the 25th anniversary of his doctorate, p. 743.

medulla of bones, and in the heart be excepted, this case of Bryant's is believed to be the first one clinically observed. Fitz[‡] has found that "disseminated fat necrosis in the abdominal cavity is comparatively infrequent in the suppurative forms of pancreatitis, while it is relatively common in the hæmorrhagic and the gangrenous variety." The histological changes of fat necrosis have been especially considered by Langermans;[§] and Flexner^{||} has materially contributed to the knowledge of fat necrosis by his experiments. In the case of Bryant's which showed the extra-peritoneal fat necrosis, the pancreas in its gross appearance consisted apparently of blood of a dark chocolate color. Microscopically there was present the characteristic interlobular fat necrosis, intense inflammatory reaction, granular and cloudy degeneration of the cells and failure of the nuclei to take the stain.

Both cases clinically presented the appearance of perforating gastric ulcer, and both were operated. In the case cited above the diagnosis of hæmorrhagic pancreatitis and fat necrosis was established from the operation. In the other case the diagnosis from the operation was negative. In each case the peritoneal cavity contained a considerable amount of bile stained fluid, which proved to be sterile, a condition which, of course, negated perforation. At the autopsies, in addition to fat necrosis and pancreatitis, gall stones were found. They were not, however, in either case obstructing the passage of bile, neither was there rupture of any of the ducts. The bile ducts and the liver tissue about the ducts, and in one case the gall bladder were as described by Dr. Bryant, in a "sodden and inflammatory condition." This condition he thinks permitted the escape of bile, which gave to the ascitic fluid the color noted at the operation.

[‡]The Middleton-Goldsmith Lecture cited by Flexner.

[§]Virchow's Archiv. CXXII. 252, 1890.

^{||}Jour. Exper. Med. II. 4, p. 413, and Con. Science Med. Loc. cit.

**A Case of Prolonged Sleep of Seven Months' Duration,
caused by Tumor of the Hypophysis.**

F. Soca (*Nouvelle Iconographie de la Salpêtrière* 13th year, No. 2, March-April, 1900, p 101, Cited in *Periscope of Jour. Ment. and Nerv. Diseases*) reports a case of this condition in a young woman 18 years old with no history of Syphilis. The somnolency supervened upon a sudden attack of unconsciousness. Blindness developed rapidly, double optic atrophy and dilated pupils not reacting to light were observed on ophthalmological examination. Inability to walk and incessant vomiting of a cerebral character soon developed. Following this a tendency to sleep was the chief symptom, and lasted for seven months. She could only be roused with difficulty to take nourishment. At the necropsy the base of the brain was found to be held firmly to the skull by a new growth. The growth covered the sella turcica and was in the tract of the first pair of cranial nerves. The olfactory peduncles were spread out but otherwise unchanged. The optic nerves were adherent to the tumor, and posteriorly the growth involved the third and fourth pair of nerves, but there were no adhesions. The neoplasm was sarcomatous. There were no symptoms of compression. This was explained by the soft character of the growth.

It is interesting in this connection to recall the studies of Brooks* on acromegalia. He maintained that the "so-called sarcomata of the hypophysis in acromegalia are lacking in two rather prominent traits of Sarcoma . . . metastasis and comparatively rapid growth." He is of the opinion that the apparent sarcomatous processes have been misinterpreted. He cites a case of McAlpin's in which there was extensive sarcomatous involvement of the hypophysis with no symptoms whatever of acromegalia. Brooks further maintains that the process is a simple hyperplasia—a true adenoma. In this case of Soca's we are not led to refer from the review that there were symptoms of acromegalia present.

*Archiv. Neurol. and Psycho-Path. Vol. 1, 4.

Such extensive sarcomatous involvement as is reported without acromegalia would at least seem to bear out Brooks' contention. However, as is seen, aside from disturbances that may be produced by destruction or alterations in the function of the hypophysis, enlargements of any character are capable of producing most profound pathological changes by mechanical pressure, because of the proximity of important structures.

Necrotic Broncho-Pneumonia with Streptothrix.

Norris and Larkin (*Four. Exp. Medicine* V. 2, p. 154) report two cases of this rare affection. Both lungs presented at autopsy the lesions of broncho-pneumonia in addition to the presence of whitish masses resembling actinomyces granules in the mucous membrane of the trachea and bronchi, and similar though smaller masses scattered through the lungs. Culturally a streptococcus and a streptothrix were isolated, the latter producing similar lesions when introduced into the trachea and into the ear viens of rabbits. The organism grows best under aerobic conditions. The authors consider it a true streptothrix and not a pleomorphic bacillus, and think "it identical with" or "at least closely related to" *Streptothrix Israeli*,* and to the species isolated to by Kruse.†

The Leukocyte Count in Serous Pleurisy.

Morse (*Am. Four. Med. Sciences* CXX. No. 6, p. 658) reports the results of 224 leukocyte counts in serous pleurisy. The investigation was made at the Boston City Hospital with the purpose of determining the diagnostic value of a leukocyte count in this disease and whether or not any information could be had as to the extent of the exudation. It is interesting that only 13 counts out of the 224 showed an increase of leukocytes per cubic millimetre. Nine cases

*Virchow's Archv. 1891, CXXVI. p. 11, cited by Norris and Larkin.

†Munch. Med. Wochenschr 1899, p. 749, cited by Norris and Larkin.

presented positive tubercular conditions, and in only one of these was there an increase of leukocytes. This case later came to autopsy and showed a secondary pneumococcus infection. The leukocytosis was of an intermittent character. There was observed no relation between the temperature and the counts, nor between the amount of fluid and the counts. The conclusion is therefore drawn, that primary serous pleurisy is not accompanied by an increase of leukocytes, except rarely, and then intermittently, and when accompanied by secondary inflammatory complications. In this it differentiated from pneumonia and empyema, conditions which show decided leukocytosis.

Primary Carcinoma of the Parovarium.

Talmey (*Medical Record* LVIII. No. 12, p. 452) reports a case in which both parovaria were the seat of primary carcinoma. The woman had been previously operated for carcinoma of the pylorus. At the autopsy, the seat of the left ovary presented a tumefaction the size of an apple and the right another the size of a fist. Four cm beneath the tube, on the left side an oval outgrowth 3 x 2 cm projects and on the right side 3 4 cm below the tube a similar outgrowth projects. Microscopically these outgrowths prove to be the ovaries which are beginning to be infiltrated with carcinomatous cells. The tumefactions proved to be carcinomata of the parovaria. Talmey considers each tumor a primary one.

REVIEWS AND NOTICES OF BOOKS.

A TREATISE ON FRACTURES AND DISLOCATIONS. By Lewis A. Stimpson, B. A., M. D., Professor of Surgery in Cornell University Medical College, etc. Illus. Philadelphia and New York: Lea Brothers & Co. 1900. pp. 842. Price, cloth, \$5 net; leather, \$6 net; half-morocco, \$6.50 net.

The original two volume work appeared in one in 1899, when the

different sections were entirely recast; nevertheless, the present edition shows numerous and important changes. Prominent among them is that representing the advance of our knowledge of traumatic hæmatomyelia, and the light it has thrown upon the prognosis and treatment of injuries of the spinal cord, and the judgment it permits concerning the supposed efficacy of surgical interference in such cases.

What the author has to say on operative treatment of fractures of the spine is, also, worthy of much consideration. This is a most interesting topic to the surgeon, many of the most experienced operators advocating early surgical interference in fractures of the vertabræ, possibly excepting the cervical.

Dr. Stimpson seems to think an operation "not likely to do harm," but other writers claim the mortality in such cases is fully 60 per cent. In his discussion of the subject, however, he is for the most part very conservative.

There are fifty-eight chapters in this book, and every variety of fracture and dislocation is explained, with the cause, pathology, symptomatology complications, diagnosis, prognosis, and treatment. There are many good reproductions of skiagrams, and other illustrations. The bibliography, while not too extended, will prove helpful to the studiously minded.

A TEXT-BOOK ON PATHOLOGY. By Alfred Stengel, M. D., Professor of Clinical Medicine in the University of Pennsylvania, etc. Illus. pp. 848. Philadelphia and London: W. B. Saunders & Co. Cloth, \$4 net; half morocco, \$5.

In the preface Dr. Stengel announces that considerable parts of the book were first prepared and used as the basis of demonstrations upon clinical pathology for students of medicine, and that prominence is therefore given to pathologic physiology, while discursiveness and citations of authorities have been avoided.

This is certainly the way in which a work intended for a text-book should be built up from actual oral instruction and clinical demonstrations. How successful the author has been is attested by the wide acceptance of this volume.

Its contents are divided into two parts. Under Part I., General Pathology, are chapters on the etiology of disease, disorders of nutrition and metabolism, disturbances of the circulation of the

blood, retrogressive processes, inflammation and regeneration, progressive tissue changes, bacteria and diseases due to bacteria, animal parasites and diseases caused by them; under Part II., Special Pathology, are chapters on diseases of the bones, the lymphatic tissues, circulatory system, respiratory system, gastro-intestinal tract, of the ductless glands, urinary organs, reproductive organs, of the joints, voluntary muscles, of the brain, spinal cord, and of the peripheral nervous system.

Too many books on pathology are mere compilations prepared chiefly from the writings of others, and we are glad to see one that attempts to give as much of original work as possible. Portions of it have been rewritten and amplified, especially the sections on pathologic physiology and neuro-pathology.

The illustrations are numerous and excellent. Wider margins would have improved the appearance of the book, and a wider back margin made consultation of the text easier. The general make up is, however, praiseworthy.

MANUAL OF THE DISEASES OF THE EYE, for Students and General Practitioners. By Charles H. May, M. D., Chief of Clinic and Instructor in Ophthalmology, Eye Department, College of Physicians and Surgeons, Medical Department, Columbia University, New York. Illus. New York: William Wood & Co. 1900. pp. 406. Price, \$2.

Ophthalmology is a branch of medicine not very familiar, as a rule, to the average practitioner. To such, a small practical manual like the above will be welcome, as where so many new books claim the time and money of the physician it can hardly be expected that he will purchase very voluminous works on the eye alone.

Dr. May's book really contains the fundamentals of ophthalmology in the twenty-six brief chapters he has written. In them will be found an account of all the common, and some of the rare, diseases of the eye, together with instructions for their diagnosis and treatment. Instruments and operative measures are described, and indications and contraindications for the latter outlined.

When it is remembered that the eye is not an isolated organ, but one very intimately associated with the rest of the body, the importance of being able to discover deviations from the normal must be recognized. A careful study of this book will give a good acquaint-

ance with all essential points, and supply a foundation for further knowledge which may be acquired at leisure, and as necessary, from larger text-books.

SAUNDERS' QUESTION COMPENDS-ESSENTIALS OF HISTOLOGY. By Louis Leroy, B. S., M. D., Professor of Histology and Pathology in Vanderbilt University, Medical and Dental Departments, etc. Illus. Philadelphia and London: W. B. Saunders & Co. 1900. pp. 231. Price, \$1, *net*.

That nothing succeeds like success may be said of Mr. Saunders' Quiz Compends, their popularity apparently increasing with every new addition to the series. The latest on histology is a worthy successor to those on other subjects which have preceded it.

It brings out the essentials in bold relief, and by a general resumé in the form of questions at the close of each chapter, makes memorizing easy. The illustrations could not be better if prepared for a far more elaborate work. It is very evident that they have largely been taken from original sketches, made from specimens most carefully selected.

It is a pity that a carelessness, most unusual in publications from this house, should have spoiled the appearance of many pages by folding and binding them so unevenly.

MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers Da Costa, M. D., Professor of Practice of Surgery and Clinical Surgery, Jefferson Medical College, Philadelphia, etc. Illus. London and Philadelphia: W. B. Saunders & Co. 1900. pp. 911. Price, cloth, \$4 *net*; half morocco, \$5 *net*.

In order to avoid dealing too superficially with surgery in general in a single volume, the author has thought it best to omit all discussion of such branches as ophthalmology, gynecology, rhinology, otology and laryngology. It is, of course, quite true that these are subjects more nearly related to the work of specialists. Few men, however, who devote themselves to surgery to any extent fail to find that gynecological work, at least, gives them frequent employment. Nevertheless, a book the size of the present one could be devoted to the surgical work of the gynecologist, and as it is essential that such work should be treated of at length, its omission here is less to be regretted.

Dr. Da Costa's manual contains instruction in the fundamental principles, the chief operations, and the accepted methods of modern surgery as a whole, and so far avoids on the one hand the fault of being wordy and cumbrous and on the other that of being too brief and incomplete.

The first chapter is given to bacteriology, the author being desirous of impressing upon the minds of students the relation between the science of micro-organisms, and the application of aseptic and antiseptic methods.

It is impossible to refer individually to all the prominent sections of this book; two, however, deserve special mention, viz., that on orthopedic surgery which gives much valuable information about such conditions as the surgeon or general practitioner frequently has to care for,—hip joint disease, club foot, Pott's disease of the spine, flat foot, etc., and the section on fractures and dislocations, which contains an interesting and extended discussion of their treatment.

In a word this is a good one volume surgery, well gotten up, fully illustrated and copiously indexed, and a desirable addition to the professional library of the all round surgeon.

THE NEW LIPPINCOTT MAGAZINE. Christmas number. December, 1900.

Readers of the "New Lippincott" will find many good things in the December holiday number. Amelia E. Barr contributes her latest novel, "Sones of Passage." Agnes Repplier is represented by a clever essay, "As Advertised;" George Hibbard has a bright one-act drama, "As Others See Us."

Two important papers, one on "The Strategic War Game at the U. S. Naval War College," by Lieut. J. M. Ellicott, U. S. N., and one on "An Anti-Masonic Mystification," by Henry C. Lea, LL.D. occupy several pages, while stories and verses, jests and anecdotes furnish entertainment and pleasure for all "New Lippincott's" friends.

THE PATHOLOGY AND SURGICAL TREATMENT OF TUMORS. By N. Senn, M. D., Ph.D., LL.D. Philadelphia: W. B. Saunders. 1900. Price, cloth, \$5.

The subject matter of this second edition is treated in thirty chapters; the first twelve of which are devoted to the consideration

of the general subject of tumors, their pathology, etiology, clinical aspects, diagnosis, prognosis, treatment and classification, the remaining chapters treat in detail of the various forms of tumors, their pathology, etiology and treatment. To those conversant with the first edition of this work comment on this is hardly necessary. Both as a text-book and treatise it is unsurpassed. The diction is explicit and comprehensive, operative measures are treated in detail and the work is profusely and superbly illustrated. The make up is consistent with the high standard established by this publisher.

STRINGTOWN ON THE PIKE. A tale of Northernmost Kentucky. By John Uri Lloyd. New York: Dodd, Mead & Co. 1900.

This is the author's second story. The narrative deals with country life in Kentucky and especially with the superstitions of the negro race and the profound motives they furnish for action. The book is interesting and instructive from start to finish. It is written close to actual life, and teems with incidents sometimes intensely dramatic. To quote from the *Boston Transcript* "In 'Stringtown on the Pike' the author has given us one of the strongest books of the season. A book that pulsates with life from cover to cover. An intensely human book and one that will soon not be forgotten."

The chapters dealing with the conviction of a man for murder on expert testimony and the subsequent proving of a possibility that the expert evidence was at fault will be of especial interest to the profession.

A TEXT-BOOK UPON THE PATHOLOGICAL BACTERIA. By Joseph McFarland, M. D. With 142 illustrations. 3rd edition, enlarged and revised. W. B. Saunders. Philadelphia. 1900.

The popularity of this work is attested by the appearance of a third edition so close upon the second. The work does not attempt to deal with all known bacteria, but as its title implies only the pathogenic bacteria are considered, and these in full. The revision and enlargement brings the work up to date with the advancements in this line which have taken place since the appearance of the prior edition. The text will readily commend itself to the physician and student of medicine, for the clearness with which it is expressed.

The work is arranged in two parts: Part I. General Considerations, and Part II. Specific Diseases and their Bacteria. In Part I. the biology of bacteria, infection, intoxication, and immunity and susceptibility are considered; the technique for cultivating and the recognition of bacteria, and the methods for animal experimentation are described. Part II. is subdivided into A, The phlogistic diseases, acute and chronic inflammatory diseases; B, The toxæmias; C, The Bacteremias, and D, Miscellaneous.

The work fully justified its title, and the practitioner as well as the student will find it a reliable guide.

The typographical work is well executed.

PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D., F. R. C. P. Revised and enlarged by H. Montague Murray, M. D., F. R. C. P. Ninth American edition revised from the Ninth English edition. By Walton Martin, Ph. B., M. D. Lea Brothers & Co. Philadelphia and New York: 1900.

The ninth edition of this work brings it thoroughly up to date. For a long time Green's Pathology and Morbid Anatomy has been before the profession. Although many minor changes have been made in the classification of tumors since this work first appeared, the classification by Green remains a classic. Especially to be commended are the sections on infective diseases, diseases of special organs, the pathology of the nervous system, and the chapter on malaria.

We question, however, if the section on bacteriology could not have been left out with propriety. There are many standard works on bacteriology, and a part of the space occupied by this subject could have been well given over to the enlargement of the chapter on technique.

The work is replete with cuts which aptly illustrate the text. The matter is most readable and the typographical work is good.

THE READY REFERENCE HANDBOOK OF DISEASES OF THE SKIN. By Geo. Thomas Jackson, M. D., with seventy-five illustrations. Third edition, revised and enlarged. Lea Brothers & Co. New York and Philadelphia: 1899.

As the title implies, this is not a treatise, but a book for quick ready reference by the practitioner who wants to find something

and find it right away. This is the best book we know of for that purpose. The diseases are arranged alphabetically; the symptomatology is terse and plain; the differential diagnosis explicit and the treatment of the best. It is to be well recommended.

PREFACE TO THE HISTORY OF AMERICAN INSTITUTE OF HOMŒOPATHY. By Benhood W. James, A. M., M. D., LL.D.

The membership of the American Institute of Homœopathy, having grown to quite large proportions, and inasmuch as back numbers of the Transactions, except for the last few years, cannot now be obtained, I have thought it well to write up the history of the Institute, from its inception, making use of my own full set of volumes for reference and then publishing the history, for the benefit of the profession at large, as well as for the use of the present membership of the Institute and medical friends of the organization as well as all those who are interested in the progress and success of Homœopathy in this country. The work involved a vast amount of reading, but it has been my aim to cull the most interesting facts and thoughts of the active members of the Society as presented from year to year, and to show the arduous work of the founders, many of whom have now passed away, but whose doings in the noble cause of Homœopathy stand recorded in the various volumes of the Society's Transactions.

It is intended to run this history in chapters through the Homœopathic Recorder, after which a few copies will be thrown together, into two volumes, the first covering the period of time from the inception of the Institute to about 1870, and the second volume covering the remaining years to date.

It is a work that gives a bird's eye view of the thoughts and labors of the members of one of the oldest and most influential societies of the new school of practice.

THE AUTHOR.

ITEMS OF INTEREST.

In cases of nervous exhaustion, debility or other impoverished and depleted conditions resulting in lowered vitality, something more than a mere chalybeate tonic or other medicinal preparation is required to obtain a quick response to its administration. It is necessary that the agent selected shall have a highly nutritive value, in a form which is easily and rapidly assimilated, while at the same time exhibiting permanent tonic and reconstructive properties.

Alboferra is a new product of the laboratories of Otis Clapp & Son which they think meets the requirements enumerated above. The nutritive properties are represented by a concentrated extract of finely flavored juicy beef, rich in soluble albumen, and constitutes fifty per cent. of the preparation. Albumen is said by an eminent authority to be "the most important single element of food," while another noted physician remarks that "whatever tends to increase the fatty and albuminoid materials in the system is worthy of attention in these (nervous) diseases." As the extract used in *Alboferra* contains upwards of twelve per cent. of soluble albumen, it will be recognized that it meets the requirements for a highly nutritive article.

The value of chalybeate tonics as reconstructives is universally recognized by the medical profession. Dr. Hugh Campbell, Licentiate of the Royal College of Physicians, states that iron "exercises a peculiar influence on the transformation of food into blood, and facilitates its conversion into brain and nerve tissue."

The nutritive ingredients of *Alboferra* are scientifically combined with an organic salt of iron, prepared by a new and improved process, which is free from the objections exhibited by most iron preparations. It is soluble, easily assimilated and palatable, with no injurious effects upon the

organs of digestion. The combination of this form of iron with the beef-albumen is superior to albumenate of iron, being perfectly stable and not susceptible to decomposition under ordinary conditions, while it is much more palatable.

The addition of an aromatic stimulant makes of this preparation a superior nutrient cordial and reconstructive agent which may be used with much benefit, not only in ordinary cases of nervous exhaustion or debility, atonic dyspepsia, anæmia, chlorosis and the various neuralgias due to derangements of the nervous system, but also to all conditions dependent upon mal-nutrition or mal-assimilation following severe illnesses. Messrs. Otis Clapp & Son believe that a trial of *Alboferra* will prove it to be not only a valuable nutritive and medicinal preparation but also an elegant pharmaceutical product pleasant to take and agreeable to sight and taste.

Price at retail, \$1 per bottle. Price, to physicians, 75 cts. per bottle.

HOMŒOPATHY IN THE TRANSVAAL.—The Boers who live scattered over the high plateau of the republics, as also the foreign farmers, are almost without exception faithful and obedient adherents of the Hahnemanian curative method. On every farm the Boer keeps in readiness a larger or smaller collection of homœopathic domestic remedies as a refuge in cases of disease in his family. *Arnica* and preparations of *eucalyptus* occupy a leading place in their medicine-boxes. They are seldom without a vade macum of homœopathic practice for men and animals, written in Dutch. The general stores in the leading centres of the various districts of both the republics have of late taken to keeping homœopathic family medicine chests on hand, with 60–150 remedies in a polished wooden case, fluctuating in price from 50 to 75 dollars. These are largely of British or American make, but the quality of these preparations does not always agree with their noisy advertisements seen in all railroad depots in excellently executed posters. The makers of these medicines save in the

preparation of their remedies the large sums they waste for advertisements. The more intelligent people, therefore, buy in preference medicine boxes of responsible pharmacists.

The preachers of the Dutch Reformed Churches always have on hand such medicine chests and also separate medicines. So, when the Boers of the district gather together to celebrate the holy communion or for other festivals, frequently coming sixty miles or more on horseback or in their well-known wagons drawn by eighteen oxen, they never fail to replete their collection of homœopathic medicines. The medicines most sought after are remedies for snake-bites and for the cure of rheumatism. The leaves of eucalyptus globules are pressed out to secure their oil, which is considered infallible in its antiseptic effects in wounds; while a powerful specific is prepared from the fat of the Iguana, a gigantic lizard; this is used, e.g., in rubbing the hips of parturient women.

The monastery of the trappists, situated at Mariann Hill, has also lent itself to the dissemination of homœopathic remedies; the Jesuit fathers in Johannesburg, as also the Marists in Rustenburgh, possess extensive homœopathic medicine chests, which they dispense also to the citizens of these towns. — *The Indian Homœopathic Review.*

PARANOIA.—The term "paranoia" covers a wide range of mental conditions, some of them variably classified under special names, but all more or less similar and probably arising from the same diseased condition. We describe it as intellectual (or reasoning) monomania; a primary or chronic form of insanity arising from various causes, including the results of acute disease, and marked by hallucinations and delusions, which are systematized, i.e., exhibit a logical connection and sequence, so that a patient from his perverted ideas, in which he firmly believes, draws logical and coherent inferences. This is one of the most difficult forms of insanity with which we have to deal, as upon all subjects except the hallucinations and delusions the patient may reason with clearness and logical accuracy and appear per-

fectly sane. Brought before a jury the intelligence displayed in logical reasoning and correct answers to questions may convey the impression of perfect sanity, and yet within twenty-four hours, under the influence of a fixed delusion or an hallucination, may be guilty of any crime, even murder. In the history of the Reformation a case is given where a man said to his brother, "Jack, put your head on that log and close your eyes." With one blow of the axe the head was severed. When asked why he killed his brother, his reply was, "In obedience to the voice of God, coming to me direct from the sky." A patient in the Middletown insane hospital appeared so perfectly sane as to deceive an eminent lawyer, who said he should take steps to liberate him; but when requested to ask the patient a question about his wife, and being told she was an adulteress and had cohabited with the Archangel Gabriel, he changed his mind. The records of the case showed that, acting under this delusion, he had attempted to kill his wife. This paranoiac condition may last for years, but sooner or later the whole brain becomes involved and the patient more or less demented.—*Medical Times.*

HOMŒOPATHIC SOCIETIES AND COLLEGES.—Of learned and scientific societies our school is abundantly supplied. We have 28 national societies and two sectional societies of which the Missouri Valley is one. There are 33 state societies and 94 local societies. There are 42 medical clubs therein and three miscellaneous associations. We have 87 general and 68 special homœopathic hospitals and institutions with a capacity of 12,688 beds.

Besides there are 55 homœopathic dispensaries where, during the preceding year, over 606,000 prescriptions were given to 223,000 patients.

There are 21 homœopathic medical colleges and an alumni numbering 12,329. Also there are published in the United States 28 medical journals. These statistics are collected under the auspices of the Institute and are authentic. One may marvel at the increase of the school, and until these figures

are reviewed again and again it is difficult to grasp the growth they imply.—*Medical Arena.*

THE ALVARENGA PRIZE.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about \$180, will be made on July 14, 1901, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published and must be received by the Secretary of the college on or before May 1, 1901. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of the competition that the successful essay, or a copy of it, shall remain in possession of the college; other essays will be returned upon application within three months after the award. The Alvarenga Prize for 1900 has been awarded to Dr. David De Beck, of Cincinnati, Ohio, for his essay entitled, "Malarial Diseases of the Eye."—*Medical Review of Reviews.*

PERSONAL AND NEWS ITEMS.

New Home for J. B. Lippincott Company.

An important transaction has just been concluded by which a number of old-fashioned dwelling houses on East Washington Square have passed from the ownership of the heirs of the famous lawyer, Horace Binney, and will soon be torn down to make way for a fine building to be occupied by J. B. Lippincott Company, whose old home on Filbert Street, above Seventh, was burned down some months ago. Posses-

sion is to be given by September 14, and it is expected that the demolition of the old structures will begin soon after. The site is considered a very eligible one for the Lippincott Company, as it has light on three sides, is very central, and they will be enabled to promptly issue and increase their excellent line of medical publications by standard authorities. By the way, their new catalogue, just issued, is handsomely illustrated with excellent portraits of many of America's leading medical writers.

Many historic recollections cluster about the properties just sold. They stand on the ground once occupied by the old Walnut Street Prison, built before the Revolution, and in which during the struggle the English confined American prisoners during the former's occupation of Philadelphia.

DR. MARY E. MOSHER, class of '87, B. U. S. of M., has returned from her two years and a half of practice at the Klondike, and has opened an office at No. 719 Boylston St., Boston.

DR. ROBERT F. HOVEY has removed from Belchertown, Mass., to Springfield, where he is associated in practice with Dr. J. H. Carmichael. Dr. Arthur Warren has taken his practice at Belchertown.

DR. R. BURLEIGH PARKHURST has bought the practice of Dr. John F. Worcester at Clinton, Mass., and has located in that city.

DR. L. A. STEWART, class of '95, B. U. S. of M., has removed from West Brooksville, Maine, to Clinton, Mass.

DR. E. H. DURGIN, class of '89, B. U. S. of M., and formerly located at Searsport, Maine, has removed from West Side, Cal., to Cupertino, Cal.

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COMMUNICATIONS.

ANNUAL ADDRESS BY PRESIDENT BOSTON HOMŒO- PATHIC SOCIETY.

BY FRED M. HALSEY.

Members of the Boston Homœopathic Medical Society:

LADIES AND GENTLEMEN,—One year ago tonight we were assembled in this room to listen to the address of our retiring president, Dr. Windsor, and as her interesting and thoughtful words drew to a close, we doubt if one there was amongst us, who failed to feel a sense of personal pride in our comradeship, and in the fact that our Boston University was sponsor for so worthy a representative of her sex. Succeeding so acceptable a president, while carrying with it its own embarrassments by comparison, should and we trust has, provided a healthy stimulus to earnest service. If doubt existed in the doctor's mind one year ago as to the closure of the Nineteenth Century, that doubt is surely now dispelled, and from now on the Twentieth Century is in full swing, and we are off with the old and on with the new. The time, then, is peculiarly fitting for both introspection and retrospection. In one sense this is the oldest but one, Homœopathic Medical Society in America, and is so classified in the American Institute reports. Its regular organization

was perfected in 1873, but its existence, as also our State Society as well, was the legitimate outgrowth of the banding together of four men, Doctors Gregg, Flagg, Wild and Spooner, in an organization known as the Massachusetts Homœopathic Fraternal Association. Starting with an organization of four physicians, with nothing behind it but a principle, it has enjoyed an existence of sixty-one years, and as we look around us its virility seems quite assured. The past year of 1900 will always be a memorable one, not alone for its closure of the past century, but as the year in which the Homœopathic Physicians of the United States paid loving tribute to the man to whom they owe their existence, Samuel Hahnemann. All honor to that little coterie of men headed by Dr. McClennan, of Philadelphia, who have struggled valiantly these many years to compass the erection of this monument in memory of the founder of Homœopathy. Disappointments and discouragements in the raising of money, disheartening embarrassments in the failure to arrange for a fitting site, harsh and often unjust criticisms as to the feasibility of the whole plan or the methods of carrying it out, are forgiven and forgotten in the long delayed completion and dedication of the monument itself, and as we view this beautiful creation of granite and bronze, it should prove an inspiration for better, more earnest and unselfish labor, as we call to mind the genius and noble character of the man in whose memory it is erected. Here in Boston, the triumphs and achievements of the closing years of the past century will be tinged with sadness, when we recall the passing from amongst us of Dr. Talbot, a tower of strength to homœopathy, not alone to New England, but to the whole world. To whose indefatigable and untiring capacity for work and unselfish devotion to the cause, the homœopathic profession owes more possibly than to any one man since the death of Hahnemann himself. He gave his life to the cause, and our society, our college, our hospital, are in one sense his monuments.

Sixty-one years have passed since this society's organization; what has been accomplished by our branch of the profession during this time? We find in the United States 21 regularly chartered Medical Colleges with an alumni of over 13,000. Of General Hospitals we have 85, many of these with liberal endowments; we wish we might say the same of the colleges. Of Special Hospitals we find 67. Our National Societies number 9, State Societies 33, Local Societies 101, Medical Clubs 42, Medical Journals 30, Dispensaries devoted entirely to charity 58. Reports from 42 of these show a record of nearly 600,000 patients treated during the year 1899. The service rendered at these institutions by the profession is, as it should be, entirely gratuitous, the expense incurred in their maintenance comes almost entirely from private sources. These are most creditable figures surely. Now a word about the character of the work done at these institutions. We have 21 Medical Colleges; what as to their standards and requirements? We point with pride to the fact that our college, the Boston University, was the first college in our school to require a three years' graded course. Other schools soon followed our lead. Once again was the standard raised by Boston University making a four years' graded course compulsory. Many colleges, including Harvard University, have followed this example; it is to be regretted that all have not done so. Harvard now goes a step farther requiring an A. M. or a B. A. before admission. The wisdom of this step has not been fully determined, but we feel sure the future will justify it. We have 182 Hospitals under Homœopathic management; what are their records? Many of those present will recall with pleasure the kind and manly remarks delivered in the session of the legislature by Dr. Geo. N. Munsell, of East Boston, a member of the committee to whom the bill for appropriating nearly \$200,000 of the State's money to build a new surgical wing to our hospital was referred. The doctor, an allopath, openly and violently opposed the bill when it was first

presented. His duty as a member of the committee required him to visit the hospital. This he did one morning, and instead of spending half an hour there he stayed all day. Every department was carefully inspected, operations were in progress in the amphitheatre and he spent several hours there. When the report of the committee to whom the bill had been referred came up in regular order, the doctor arose and said that although he was a member of the opposite school and opposed to the bill primarily he had visited the hospital in question, spending nearly the whole day there, that every facility was given him for a thorough inspection, that with quite a long experience at home and abroad he had never visited one better appointed or conducted, that the surgeons appeared to understand their business; and in short he was completely converted in favor of the bill and he should vote for it. It was a most generous and unprejudiced action, and without doubt did much to assist the passage of the bill as pass it did, and it gives us great pleasure to recall the incident this evening. Since then extensive alterations, involving the expenditure of a large amount of money, have been made, and today our hospital stands for one of the best equipped institutions in the country. What is true of our own will apply with equal force and truth to almost all throughout the whole country. In many of our cities and suburban towns the two schools are represented in the same hospital, and only exceptionally has there been any friction. After so many years of struggle and work, with such results to our credit as we have shown, is our status with the dominant school of medicine any better than it was twenty-five or more years ago? It is commonly heard nowadays amongst the laity that the two schools are losing their bitterness towards each other, that they are both yielding some points, and that they are really getting closer together. Is this true? We believe it is true in a measure yet there is a gulf. It is true that in this city of Boston, as in many other cities and large towns, there are many broad-

mindful and liberal physicians in the dominant school who meet us on the same plane, having only the welfare of suffering humanity at heart, causing us to forget for the time that such a thing as separate schools exist; indeed they have been known to not only meet us, but to use us in council as well, in defiance of their code of ethics. We fear that amongst the rank and file of the old school however, the same feeling of intolerance prevails as existed when Drs. Talbot, Clapp, Chase, West and others, all graduates of the dominant school, were forced out of the society because they dared to stand up and say that they wished to test the truth of these new laws as formulated by Hahnemann. No intimation that they wished to advertise or even call themselves by any distinctive name was given, simply the right to use these new remedies prescribed on new lines, to do it openly and report results. The ruling spirits in the society would have none of it, they were cut off from all association with their fellows, and asked to flock by themselves. After fifty years of life, having endured all the obliquity which has been possible to heap on us, with the only result which ever happens to a just cause from persecution, now that we are beginning to see light, we are told by this dominant school that if we will simply drop this hateful word homœopath, that they will take us in even now. This is a liberal offer surely, yet we fear that their arms are not open wide enough under the circumstances for us to get in without crowding. While no opportunity for sneers, inuendoes and covert attacks on us as a school is lost, by many of their lecturers in the medical colleges throughout the country, the breach is not lessened. While we read in their addresses given many times by representative men, sentences in which homœopaths, osteopaths, Christian scientists and mental healers are classed together and equally entitled to consideration, the days of drawing together have not fully arrived. While they use our remedies prepared by our methods, using the small dose and given on purely homœopathic lines almost every

day, giving us no credit thereby, but denying that they do so, while almost all their leading chemists prepare a line of drugs put up in infinitesimal doses and recommend their use on purely homœopathic principles, it ill becomes them as a school to prate on our dishonesty, and claim we do not live up to our professions. The younger members of the dominant school of medicine graduated within five years or so, take a broad and lofty plane, they are not allopaths (and out of deference to them you will notice we scarcely use the term tonight) or homœopaths or any other path, they are physicians in the broad sense of the term, having the right to use anything and everything for the good of the patient. This not only sounds well to the laity but it has an element of danger in it to us. It would imply that the physician graduated in the allopathic school of today was educated in all known methods for treating the sick, that he was prepared to use any and all of them if he so desired. This they know and we know is absolutely false; he not only knows nothing of homœopathy, but what teaching he gets on that subject tends to convince him that the whole system is an absolute fraud, and that the men and women who practice it are conniving to hoodwink the public, and are necessarily knaves in so doing. The American Institute of Homœopathy recognizing this danger, has adopted a definition as to what constitutes a homœopathic physician, formulated by Dr. E. H. Porter, of New York, a definition so broad and so good we will quote it: "I define a homœopathic physician, as one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics, all that pertains to the great field of medical learning is his by tradition, by inheritance, by right." We recognize that this is a very broad subject, and one most difficult to arrive at any satisfactory conclusion, but we trust the society will bear with us a few moments.

You will pardon me if I take advantage of the position, as your president and the opportunity offered in this address, to

descend to the personal for a brief moment. Graduated from the old school in 1871, and practising a short time before launching out in homœopathy, the thirty years which I have passed as an humble disciple of Hahnemann, have seen my faith in this system strengthened year by year. During this time, however, it has grieved me sorely that our school should be so maligned, misrepresented and misunderstood, as it often is, and we so impotent to prevent. Proselytes are often the most rabid partisans, and if any strictures or criticisms are made in the words already said or which are to follow, I pray you will attribute it to over zeal rather than a wish to hurt the feelings of any one thinking differently from myself, for that is farthest from my wish. We believe that it is possible for our position to be rendered absolutely unassailable, when we can live up to this admirable definition as to what constitutes a homœopath, in letter as well as in spirit. Wherein does our college course differ from Harvard or any other regular (so-called) school? Look over the curriculum and you will find the subjects taught chair by chair almost identical, the graded course, the four years allotted time before graduation; wherein then is the difference? Simply in materia medica and therapeutics. What change could be suggested? To our mind this: Make the course in materia medica and therapeutics in our college so full and comprehensive that a student graduating therefrom would know all taught at the other schools and in addition the materia medica we believe in, how to study it and how to improve it. Hereon hinges the progressiveness, yes, the very life even of homœopathy. There is a body of physicians in our school who believe that with the discovery by Hahnemann of the law of similars, the dynamization of drugs, and the selection of the remedy from the totality of the symptoms, that the end has been reached. They discard everything discovered before or since which conflicts in the slightest degree with these premises. They have no need for accurate diagnosis for it does not help them in the selec-

tion of the proper remedy. They throw over pathology, as Hahnemann in his bitterness of spirit induced by his persecution was inclined to do when he found he had discovered a law which he believed could be depended on. If they use the thermometer, the stethoscope, the ophthalmoscope, the sphygmograph, the various specula, or any of the numerous aids to diagnosis, they have no excuse for so doing, for they are all products of a later period than Hahnemann and they in no ways aid them in a selection of the similar. When strictures are taken against us as a profession for our indifference to pathology and accurate diagnosis, our lack of progressive spirit, our dogmatism, are we not always judged from the standpoint of these extremists? When we reflect that the proportion of these Hahnemannians, as they frequently call themselves to the whole school, is scarcely five per cent., we feel these criticisms to be hardly fair.

Fortunately for homœopathy, we believe the large body of our profession are progressive, they realize the imperfections existing in our materia medica, and the pressing need for its readjustment.

The danger signal has been sounded, what has been accomplished? State societies appoint committees year after year. Our institute has a committee whose duties are to devise ways and means looking towards a reform in this direction. Dr. Coffin, in his able presidential address before this society a few years ago, called attention to the crying need of provings on more scientific lines. What steps have been taken to this end? If any, we have failed to note them. Our society devotes one evening each year exclusively to the discussion of this subject, and although many interesting papers are brought out, we all know how much and how little is being done along these lines. Now, we in no wise flatter ourselves that we are a "Daniel come to judgment" or have solved a problem which brighter and deeper minds than ours have struggled over in vain. We have all agreed that something should be done. We will

content ourselves with going one step farther and that in the form of a simple suggestion. Why should not these new provings be made in our medical colleges and be included in the course of instruction? Who so likely to lend himself to this cause as the enthusiastic medical student, and if under proper supervision where could these provings be better conducted? The prover need by no means be a student himself, suitable material could be provided from without. Here the prover could be subjected to all the tests known to the science of the present age. The modifications and changes in all the organs and tissues while under the influence of the drug, as recognizable by the stethoscope, ophthalmoscope, and all other modern aids to diagnosis, the microscopical changes, if any, of all obtainable fluids and excreta of the body could be noted, unreliable and phantastic symptoms could be weeded out, and the result ought to be for great good. The objection that the curriculum is so full now that time could not be given to it, should have no weight whatever. Cut out some branches which the student should have knowledge of on entrance to college, if there are any such, and strike off some or parts of some he should really get in post-graduate work. If another year must be added to the course to accomplish this, let it be done. If money is necessary to make this possible, let us go to work and raise it. We have able and progressive teachers who have shown by their broadness in treating these important branches that they fear nothing by comparison of methods, and who are peculiarly fitted for the carrying out of such a plan were it thought advisable to attempt it. We are not practicing old school therapeutics today because we believe their methods to be more empirical than scientific, and we are what we are, because we believe we are right. Let us make this claim good absolutely. It is in no degree a weakness in faith in our principles to manifest a desire for better and more scientific provings, but on the contrary should prove a strength; for, if with the imperfect and often puzzling mass of provings

at our command, we have been able to accomplish results so gratifying in the seventy odd years past, what can be done in the next twenty-five years, if all scientific knowledge thus far gained can be taken advantage of in the rearranging of our *materia medica*?

An interesting and suggestive editorial a few weeks ago in the *Philadelphia Medical Journal* entitled, "Medical Hatred," will bear careful reading. In it homœopathy is given the credit of doing effective work in reducing the dose of medicine given, and modifying the medical practice of the time, but holds us responsible for opening the door for this Medical Hatred to come in. It also brings forward three ludicrous contradictions to which we expose ourselves. A perusal of the article will show how easy it is for a man prejudiced as is the editor of this journal (?) well known to be, to pervert and twist facts to suit his purpose. And yet it does not become us to place ourselves on too lofty a pedestal abrogating to ourselves all the scientific truths and denying the possibility of anything good unless it comes through our channels. We are not combating the crude and empirical medical practice of the eighteenth century, but a vigorous, alert, progressive and scientific body of men, and a most attractive form of practice (and this is due to our existence we think). We should deplore internal dissensions and jealousies. We need a united front and we must have it, otherwise we will be distanced in the race.

What of our books and journals? While our list of journals is a fairly creditable one, our list of good books is by no means very long. This can be accounted for in several ways. In the first place, during the early years of our existence, the *materia medica* engrossed the attention of most of our able writers to the exclusion of almost every other subject. Another reason may have been not only the certainty of no emolument following such efforts, but the fear of great personal expense being incurred in the publishing, for our numbers being so small the circulation must

necessarily be limited. Each year as our ranks enlarge these conditions will not prevail to the extent they have in the past, thus we can certainly look with hope to the future.

We are making history every year; are we properly preserving the records of the same? Year books, or more properly speaking yearly compendiums containing everything new and of interest, are published by our friends, "the enemy." What do you find of the brilliant records of our surgeons or physicians contained therein? Not a word. How are these records being kept? Where can they be found and consulted? Possibly you know, we do not. Would not some such year book edited by one of our Boston men meet this want, and is not this thought worth considering? We have a very creditable medical library in Boston called the Boylston Medical, but it is not for us, we are not even eligible to membership. Is not this something of a reproach to us as progressive physicians, and is not the time ripe for the remedy to be applied? We have here in the library connected with the college a very fair nucleus for as large and complete a collection of books as we will to make it. Under the accurate and skilful methods of Dr. Lovering, order has been brought out of chaos, and nearly 3,000 volumes have been catalogued by card index. The books we have are now rendered available for use by the students and the profession, and yet a beginning has but been made. With slight effort and pecuniary sacrifice on the part of the physicians of Boston and vicinity a librarian can be permanently retained. Without such supervision the old order or disorder will once more prevail, and all the work accomplished during the past six months will go for naught. A well appointed, comfortably heated and lighted room containing now a fair number of standard books is at the service of the profession, rent free. It can be filled with all the best journals, and within a few years is susceptible of being made a library which will not only be a credit to our city but which will reflect credit on the whole profession. Is not

this worth thinking of? and should an opportunity present itself to any of you to aid this cause, do not turn it aside.

Regarding the unnecessary and often unjust discrimination against our school in national, state and municipal matters, in our judgment these are mostly political, and must be met by political methods. Nothing worth having is obtained without work. When we, as a school, have given the attention to politics, which we should do if we expect to influence legislation, reforms favoring us may be obtained. Politics is an unknown science to most of us and will bear better and closer study. If nothing else has been accomplished during the past year your president will recall with satisfaction the appointment of a working committee to look after these matters. A committee from whom much is expected, whose duties are not merely perfunctory but who will watch the progress of medical affairs with an alert and jealous eye, and we hope will report from time to time, formulating means and methods by which we as a school can become a recognized power in politics. Having become so, just and reasonable requests, when properly presented, will receive full recognition. Reforms in the management of our hospitals, schools, health boards, and other departments in which we are, or ought to be, interested will then be possible. Then, if ever the time does come in which both schools can join hands cordially and fearlessly, throwing all their influence politically for good, we may hope to see a legislation which will throw a safeguard around our children growing up and going out into the world. A legislation which will not only punish vice, but will protect virtue. One which will be powerful enough to not only punish that class of wholesale murderers commonly known as abortionists, but will also reach out and prevent these people from flaunting their vice before us in the daily papers, in text so plain that "he who runs may read." Nor do we need to wait for the dawn of the millennium for the accomplishment of these things. We believe they can all come in our day. We feel

ourselves to be earnest and sincere in our convictions. Our standards of education for our students are so high that a large number of the dominant school are impressed with our honesty of purpose and are inclined to give us full credit for all we are doing. Let us then progress with our ideal a little beyond, until the majority of the profession has been won over and forced to admit, what many of them now believe, that there is truth in our law and honesty in our purpose.

“ Lose this day loitering 't will be the same story
Tomorrow, and the next more dilatory ;
The indecision brings its own delays,
And days are lost lamenting over days.
Are you in earnest? Seize this very minute,
What you can do or dream you can, begin it.
Boldness has genius, power, and magic in it.
Only engage, and then the mind grows heated,—
Begin, and then the work will be completed.”

EYE STRAIN NOTWITHSTANDING ACUTE VISION.

BY DAVID W. WELLS, M.D.

Eye strain may be defined as a disturbance of the sympathetic nervous system, caused by excessive effort to overcome some abnormality, either in the form of the eye ball or in the power of its muscles.

Naturally most of its manifestations are functional neuroses, yet we have the best of evidence to show that pathological lesions are not rare.

Among these may be mentioned, in the order of their frequency, conjunctivitis, red and crusted lids, styes, lid tumors, corneal ulcers.

Extravagant statements of the production of pathological states in distant organs are often made by enthusiasts. For example, it has been claimed that a number of cases of

diabetes have been cured by correcting a tendency of the muscles to deviate. The explanation given is this: Diabetes can be produced by puncture of the floor of iv ventricle. Here are also located the centres which control the external recti. Abnormality in action of external recti may possibly cause an irritation of this region of the floor of the iv. ventricle sufficient to give rise to the disease. Be that as it may there is no reason to doubt that eye strain causes 75 per cent. of all chronic headaches, while migrane, vertigo, insomnia, chorea, epilepsy and nervous dyspepsia are often attributable thereto.

This does not preclude there being other factors in the case, the correction of any one of which might be sufficient to effect a cure. For example, a case of headache may have a lacerated cervix *and* a well marked astigmatism.

It is conceivable that the nervous system might be able to rise above *either one* of these disturbances but be overcome by *both*.

This case could be cured by either the gynaecologist or the oculist; while another case exactly like this may require the services of both.

There is also present in many cases the "vicious circle."

Just as defective vision may cause a nervous dyspepsia, so digestive disturbance often gives rise to ocular manifestations, described by the patient as blurring, or floating spots before the eye, or there may even be an inflammation.

Any general consideration of the ocular manifestations of other diseases is beyond the scope of this paper; but the fact is here noted as a caution to the oculist lest he forget the possibility of eye symptoms being a reflex from some functional derangement elsewhere.

It would certainly be a great help to the general practitioner had he some simple means of determining the existence of eye strain in a given case.

To this end many physicians have a card of test letters, by which it is easy to determine if the sight is up to the

normal, and equal in the two eyes. Any inequality or lowered acuity is suspicious and appeals to both physician and patient as sufficient reason for consulting an oculist.

At the last meeting of the State Society Dr. Suffa called attention to the *Cover* test for discovering a tendency for the eyes to deviate from parallelism. This consists in covering one eye with a card and having the other eye look at a small object across the room. The patient is directed to watch carefully the object and the card is quickly moved to the other eye. If any motion of the eye which is thus suddenly uncovered is noticed it shows that there is some tendency of the eyes to depart from parallelism. If the deviation be great considerable motion is seen, but practise is necessary to detect the lesser errors.

Any of these conditions, reduced or unequal sight, or a tendency to deviate, are presumptive evidence of eye strain, but it is the purpose of this paper to show that their *absence* does not exclude eye strain. Normal visual acuity *does* preclude near sight and that is all.

In order to emphasize the fact it may be well to briefly review the physiology of vision, and to show how eye strain is produced.

The normal eye is so formed that in a state of rest (that is with no stimulation to the ciliary muscle) parallel rays of light (P P Fig. 1) are brought to a focus on the retina.

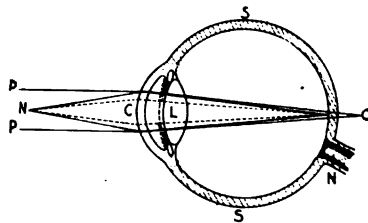


FIG. 1.

Practically a pencil of light from a point 20 feet distant, entering the pupil, is considered as made up of parallel rays.

The diameter of the average pupil is about 4 m.m., and the angle between the outermost rays which can enter this size aperture from a point distant 20 feet is so small as to be insignificant.

A pencil of rays starting from a nearer point (N Fig. 1) would come to a focus behind the retina at the point O Fig. 1 were it not for the power of accommodation.

Traction upon the ciliary muscle allows the anterior surface of the lens to bulge forward, thus increasing its convexity or refractive effect. In Fig. 1 the dotted lines show this changed shape, also the changed course of the rays coming from N, making their point of meeting on the retina coincident with the focus of the parallel rays P P when the lens was in its resting shape.

This is so nicely adjusted as to be just sufficient to restore the focus to the retina. This function is very properly named accommodation.

The far sighted eye (Fig. 2) is abnormal in being too short in its antero-posterior diameter, that is, with the eye at rest parallel rays are brought to a focus behind the retina as in a normal eye are the diverging rays from a near point.

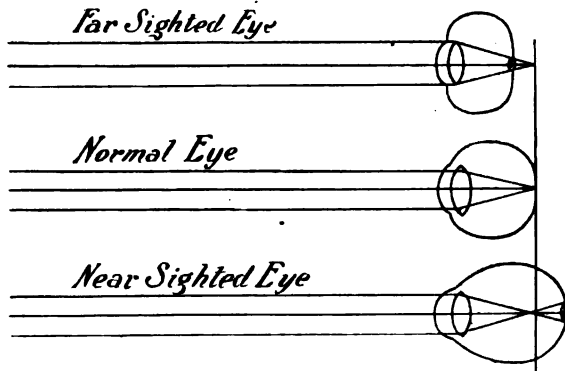


FIG. 2.

The accommodation of increased convexity of the lens is here required not only for objects at less than 20 feet, but constantly.

While this accommodation is operative and the proper adjustment of the lens maintained, *this eye sees just as well as the normal eye.* And unless the ciliary muscle has become actually unable to maintain the tonic tension, the far sighted eye has normal visual acuity. This far sighted eye reads the distant test type just as well as the normal eye, but how? *by constantly maintaining a tension on the ciliary.*

The near sighted eye (Fig. 2) is too long from front to back, and parallel rays are brought to a focus in front of the retina.

As the lens has no power to *reduce* its convexity, this eye *cannot* accommodate for distant objects and unless some other defect be associated *is not subject to eye strain*, but has lessened visual acuity.

If objects are brought near enough to the near sighted eye vision is even better than the normal eye, as by this form the retinal image is larger than usual.

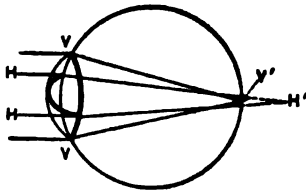
This need of accommodation in the far sighted eye and needlessness of accommodation in the near sighted eye are shown by the excessive development of the ciliary in the one case, and its lack of development in the other.

It was stated that the near sighted eye seldom suffered from eye strain *unless there be associated some other defect*, and unfortunately both near and far sighted eyes have frequently an irregularity of curve known as astigmatism, or this error may exist alone. Although there exists an astigmatism of the lens, that of the cornea alone will be considered.

There is a wide spread opinion among the laity that astigmatism means that the two eyes are unlike, and at the risk of being tedious an attempt will be made to explain this most common cause of eye strain. Fig. 3, from Thorington's "Refraction."

Astigmatism has to do wholly with the front of the eye, nothing at all with its length. The terms "far" and "near sighted" astigmatism are really misnomers.

The cornea is not round, not a segment of a sphere, but spheroidal or egg shaped. Fig. 3 illustrates a case of simple astigmatism. The vertical curve is normal and rays of light entering, in that plane (V V Fig. 3) focus on the retina at V', and the eye being in other respects normal, the eye sees normally in that plane; for instance, one line of a capital T, but the horizontal curve (shaded in Fig. 3) is less



ASTIGMATISM. — FIG. 3, FROM THORINGTON'S "REFRACTION."

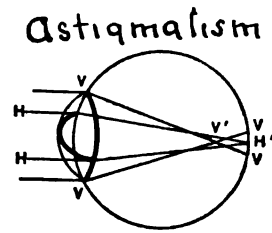


FIG. 95.
Too Convex Vertically

ASTIGMATISM. — FIG. 4, FROM THORINGTON'S "REFRACTION."

rounding, so that in this plane the eye is similar to a far sighted one, the focus falls behind the retina (H' Fig. 3). Now just as the far sighted eye can by accommodation secure good vision, so this inequality can be overcome by an *unequal contraction of the lens in the same meridian* as the defect of the cornea, and the patient may see as much as the normal eye. Even fairly high degrees of this variety of astigmatism may be overcome by an active accommodation.

There is a limit to this irregular accommodation, so that in the higher degrees of this form of astigmatism the vision is reduced.

There is also the variety (Fig. 4) when one meridian of the cornea (Fig. 4 the vertical V V) may be *too convex*. This causes light entering the eye in this meridian to come to a focus in front of the retina at V' Fig 4.

As the ciliary has no power of reducing the convexity of the lens beyond the normal traction of the Zonule of Zinn,

accommodation is impossible, and certain lines of a radiating chart must be blurred, and the vision reduced,

But it is the common experience of all oculists to find the most serious cases of eye strain among those who can, by a contortion of the lens, overcome the deformity and *secure* good vision. It is not the *lessened sight* which causes the strain, but the nerve energy wasted in securing better sight. So it is that the high degrees of error, which the ciliary can in no way overcome, cause less strain than the lesser errors.

Instead of saying that eye strain exists *notwithstanding* normal visual acuity, it would be more exact to say of these cases that eye strain exists *because* of normal visual acuity.

Instinctively we endeavor to secure a clear retinal image. As nature adorns a vacuum, so the retina abhors blurred outlines. "Good *vision* does not necessarily mean good *eyes*."

So far we have been speaking of the single eye, but the fact that *ability to see* does not exclude eye strain must be much more apparent when it is remembered that normal sight is binocular.

Each eye sees separate pictures, and unless the two eyes are so directed that the image falls upon corresponding parts of the two retinas, double vision is the result.

True binocular vision requires the co-ordination of the six muscles which turn each eye, and the two ciliary muscles.

When each eye *accommodates* for a near object, the internal recti must converge the eyes till the visual lines meet at the point looked at, A Fig. 5. Failing in this there occurs either double vision, shown by dotted lines Fig. 5, or a tendency toward doubling, which causes more or less blurring.

Normally the brain abhors double vision with the confusion which it occasions.

Any tendency of the eyes to turn in a wrong direction is overcome by excessive nerve energy to the lagging muscle which "whips" the eye into line. This not only occasions a waste of nerve energy, but seriously disturbs the primary visual

centres which preside over the co-ordination. These patients are often conscious of the excessive effort to fix the eyes on a given object for any length of time.

This function of co-ordination has through development been relegated to the sub-conscious. This leaves the higher nerve centres free for their proper cerebration. Now when these higher nerve centres are obliged to exercise a conscious con-

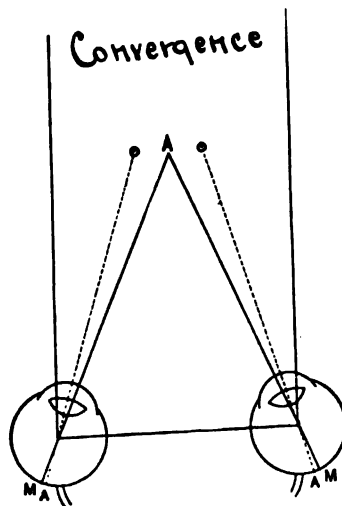


FIG. 5, FROM THORINGTON'S "REFRACTION."

trol over sub-conscious functions, it is as disastrous to the proper economy of energy as when the manager of a great business is obliged to attend personally to details which he had delegated to subordinates. Let it not be forgotten that each eye separately may be absolutely perfect and may possess normal visual acuity, and yet a lack of balance of these muscles which turn the eyes cause severe strain. Unfortunately, a refractive error in each eye often co-exists with a tendency of the eyes to deviate. It should be borne in mind that when one eye is noticeably turned, binocular vision no longer exists except in cases of sudden paralysis.

The tendency to turn is like the fractious horse which never completely frees himself from his mate but gives his driver no end of trouble to make the team "pull together."

Lenses for the correction of eye strain relieve by supplying in a glass lens the necessary refractive power, leaving the accommodative function to do only its normal amount of work.

For astigmatism the correcting lens produces its effect only in the direction of the defective meridian. Deviating tendencies are corrected either by gymnastics, prismatic lenses, or by operative measures. The latter include sections of the strong, or advancement of the weak muscles. Just as an eye strain may exist without any reduction of vision, so lenses may give perfect relief without any improvement of vision. Moreover, it is necessary in certain conditions to prescribe glasses which cause an actual blurring of distant objects. These two facts go hand in hand and emphasize the statement that has been previously made that neither eye strain nor its correction depend upon the *amount* seen, but the effort expended in the act of seeing.

A simple means of excluding eye strain is much to be desired, and it is to be regretted that such a thing is absolutely impossible. It requires just as much technical skill to decide this point as to prescribe the necessary lenses for its correction. Patients with large pupils are very susceptible to ocular disturbances. The dilator muscle of the iris is enervated by the sympathetic, and any irritation of the sympathetic system may cause dilation. Moreover, peripheral portions of the cornea are very irregular, and any error of curvature is much more noticeable in a large than a small arc. The small pupil acting as a diaphragm, "stops down" the lenticular system. It is frequently noted that the correction of slight refractive errors is very important if the case presents large pupils. Inattention and backwardness in school children is often indicative of faulty vision, and this symptom alone justifies a thorough examination. A case referred to me by Dr. Batchelder a few weeks ago is a good

illustration. Freddie C. Very backward at school, frequent complaints being sent to the parents. Distant vision was nearly normal but the boy complained that the "words jumped round." Glasses for far sightedness gave almost immediate relief. Not only did the *complaints* from the teacher stop, but in less than three weeks he brought home a special note of commendation of his progress.

There are certain facial expressions which may lead one to suspect that vision is not accomplished easily. Spasmodic working or twitching of the face or a wrinkling of the forehead are quite common. It is not claimed that each particular disease has its characteristic "facies" but that a certain trouble, worried or pained expression is often indicative of some form of eye strain.

To advise the general practitioner when to send his patient to an oculist is perhaps a rather delicate matter, and the writer's only excuse for assaying the role is his daily experience of curing by optical means some case of long standing, where eye strain was not suspected. The eye headache is usually a dull pain, generally referred to forehead temple on occiput, but any attempt to differentiate headaches and to decide by the location and character of the pain, whether it be a reflex from eye strain or not, would seem to be thoroughly impracticable. *Every* case of chronic headache, whether temporal, frontal, vertical, or occipital, merits ocular investigation. The same may be said of every case of migraine though the cure of this malady is not so general. Every case of epilepsy, preferably before it gets beyond the stage of petit mal should be examined, not only with the usual care, but a paralysis of the accommodation insisted on, lest there be some latent error. Intractible cases of chorea, insomnia, vertigo and dyspepsia should be examined. All children whose vision is below .7 of the normal, or who are extremely irritable or backward and inattentive at school, even if the "sight is perfect." All children with atabismus, if possible, while it is periodic. All forms of inflammation of the eyes which do not quickly yield to



Fig. 6 is a case of mixed astigmatism. The two photos were taken upon the same day, two weeks after he began to wear glasses. Simply leaving off the glasses for a few minutes caused a return of the old scowl.



Fig. 7, Harold G. Both corneas scarred by old ulcers. Keratometry showed a high degree of astigmatism. Even with glasses vision was only .3 normal, and yet there is complete relief of the old "strain."

medicinal treatment, and especially all chronic and recurrent cases like red and crusted lids, and styas.

In order to get some definite data the writer has looked over 100 consecutive cases of eye strain. Patients over 36 years of age were not considered, and only those cases counted where consultation was had on account of headache, pain in eyes, or some well recognized symptom of strain. Of the 100 cases thus considered 36 *had* normal visual acuity; 14 had .9 normal visual acuity; 50 had reduced visual acuity.

A majority of the 14 had normal visual acuity in *one* eye, so that it would be fair to say that in nearly one-half of the cases the acuity test would not have suggested the diagnosis. It might, on the other hand, have been really misleading if one did not appreciate fully that *strain* is entirely independent of the *amount one sees*. It may be that a large number of cases might show somewhat different results, but as the purpose of this paper is not so much to give exact percentages as to establish the fact, it seems fair to conclude that eye strain is just as liable to exist if the patient possesses good vision as when the sight is poor.

THE LOCAL USE OF ARSENIC IN MALIGNANT ULCERATION.

BY GEORGE L. VAN DEURSEN, M. D., LOWELL, MASS.

[Read before Boston Hom. Med. Society, Oct. 9, 1900.]

In our present age of brilliant surgical work, where the skilful operators may be counted by the score, instead of marking here and there a solitary individual who has achieved distinction in this direction, we are many times inclined to call in the services of the knife in conditions where the proper medicinal treatment would give more permanent if less immediate results.

In malignant growths of the epithelial class, Epitheliomas,

Carcinomas, etc., where they come to us sufficiently early to permit of their complete excission, the operative treatment is generally advisable; but in that large number of cases where the patients consider their trouble as only a simple matter, till ulceration is far advanced and the surrounding tissue deeply infiltrated with the growth, or in case of recurrence after removal, we must look to medicine rather than to surgical interference.

In the use of arsenic in these conditions I have nothing to present which is either original or novel. You are all familiar with the general therapeutic action of the remedy and with its specific action on the skin.

My only excuse for this paper is to recall the method of employment introduced and advocated by one of the most careful observers of our school (I refer to Dr. J. S. Mitchell, of Chicago), and to record several cases which have been successfully treated by that method.

Dr. Mitchell is not the pioneer in the local use of arsenic, nor does he claim any such position, for the drug has been used in pastes and powders since the beginning of the practice of medicine. His only claim to originality is in "the use externally of homœopathic triturations of sufficient power to cause disintegrating effects, combined with continuous internal medication."

The relation existing between arsenic and various forms of epithelial hyperplasia, malignant ulceration and tubercle formation has been understood and noted by writers of all schools of practice, but it has remained for the fathers of our own school to properly interpret this relationship and to apply the remedy according to the law of similars, where properly indicated.

Whether the continuous use of arsenic will produce true cancer, as has been claimed by some eminent old school authorities, is not essential, but the provings of the drug show unmistakably the tendency to ulceration and gangrenous sloughing, accompanied by the intense stabbing, burning pains which characterize carcinomata and kindred growths.

In addition to this intense action of the drug we have the milder manifestations seen in the waxy parchment like skin, so closely simulating the late cancerous cachexia, and the dry, scaling, itching eruptions with which we are all familiar.

Allen, in his "Handbook of Materia Medica," says: "Arsenic is above all a tissue drug, ranking with phos. and antimony. An irritant poison . . . the skin is irritated, and violent itching and burning are followed by eruptions and finally ulceration. Glandular action is first excited then diminished."

In studying the symptomatology of the drug we find, "Skin white and pasty, or dark and livid, dry and rough. Eruptions around the mouth, burning and painful, itching, worse from scratching. Red herpetic eruptions around the mouth. Ulcers on face with burning pain. Fleshy excrecences spring from ulcers, soon became gangrenous. Ulcers with thin bloody pus coming from under thin scab. Indurations and tumors becoming ulcerative."

Farrington, in his wonderfully written "Clinical Materia Medica," tells us that arsenic alters the blood. It is useful in low types of disease when blood changes are serious. The inflammations of this remedy are characterized by their intensity and by the tendency to the destruction of tissue.

In these local inflammations of ars. you will find burning, lancinating pains the characteristic sensations. It tends to produce induration or hardening of the skin, rendering it a valuable remedy where there is thickening of the skin with copious scaling."

With such authorities before us the homœopathic use of the drug in these cancerous conditions is readily understood.

It is not necessary at this time to go into any of the various theories in regard to the cause of epithelial growths; the fact which does concern us is that there are certain new growths springing from embryonic tissue, developing to a certain point, then undergoing retrograde changes instead of going on to full development.

In the treatment of these growths many methods have had their advocates — the knife, chemical or actual cautery, pastes, ointments, internal and external medication.

In many cases of primary growths where the affection is well localized, a clean incision, involving sufficient of the healthy tissue to preclude the probability of recurrence, may be effective; but even then the constitutional condition needs correction by proper medication.

The actual cautery and the stronger caustics are extremely painful, they involve a large area of healthy tissue in connection with the growth, and their employment does not prevent recurrence.

The caustic pastes are open to the same objections and the irritation produced by them in many cases causes the growths to take on a new activity.

Electricity in its various forms has been used to a greater or less extent, but its practical utility has not been fully demonstrated.

The method to which I wish to call your attention, and with which many of you are no doubt familiar, is the use of a homœopathic trituration of arsenic, giving the 3x internally, usually about three times a day, and applying the 2x locally, three to six times a week according to the conditions.

It is advisable to cleanse the surface thoroughly with peroxide of hydrogen, then apply carbolized linseed oil freely over the raw surface and dust on the 2x trit., covering all ulcerating tissue. The carbolized oil is a preparation of one part pure carbolic acid in twenty parts linseed oil. It is recommended by Dr. Mitchell for cleansing and disinfecting purposes and helps hold the powder in place. In places where an outside dressing is required, after dusting on the powder cover with a layer of gauze, moistened with carbolized oil, and over this a layer of absorbent cotton held in place by adhesive straps.

Dr. Mitchell speaks of the use of hoang. nan, chloride of chromium, and other remedies to assist the action of the

arsenic in some cases, but in the following cases it was not necessary to call on any of these supplementary agents.

Case I. W. T. Expressman. When first seen was suffering with an epithelioma of the right side of the lower lip. It was a typical "smoker's cancer," having undoubtedly been caused by the irritation of the heated clay pipe held constantly in the one position.

He came under observation the first week in January, 1894. At that time the growth involved nearly one-half of the lower lip, the ulceration exposing an area as large as a quarter of a dollar, and the surrounding induration caused a thickening of the lip to at least five-eighths of an inch. The sanious discharge had been weeping down over the chin, setting up a severe irritation and threatening a general spreading of the condition. The ulcerating surface was at once cleansed with peroxyde of hydrogen followed by a thorough application of carbolized linseed oil and a free dusting with ars. 2x trit. As the ulceration extended over on to the inside of the lip, pieces of cotton saturated with peroxyde were placed between the lip and teeth to prevent the irritation from the teeth and to keep the surfaces as clean as possible. These were renewed several times a day as conditions required.

Internally he was given tablets of ars. 3x tid., and was furnished with a vial of the carbolized oil and another of the 2x trit. with instructions for its local use at home. He reported at the end of a week, at which time the growth showed noticeable improvement. It was again cleaned carefully with the peroxyde of hydrogen and the oil and ars. applied as before.

He was seen twice after this at periods of two weeks; improvement was marked at each time and he was discharged, cured, the latter part of February, having been under treatment, practically, two months. He was given another vial of the tablets and continued taking one every day for about a month. The growth was entirely removed,

all induration absorbed and the reddened scar tissue soon faded to normal color.

He has been seen frequently in the six and one-half years since then, and there has never been any indication of recurrence.

Case II. L. M. Weaver. Native of Quebec. Age 47. About twelve years ago noticed a small growth on right side of nose about size of a pea. It grew very little till he began treatment. About six years ago it was removed by actual cautery, but returned in about four weeks and was soon twice the size of the first growth. A year later he had it cut out, followed by recurrence in four or five weeks, larger than before.

Two years ago he had it removed by a plaster. The treatment was very painful, but it healed perfectly and gave no trouble for about six months, at which time it began to grow at upper margin of the old cicatrix. It grew slowly for about a year then began to ulcerate; scabs would form and remain for two or three days then loosen, and from beneath it would come a thin muco-purulent discharge.

When he came to me for treatment, Aug. 28, 1899, there was an open ulcer nearly the size of a ten-cent piece covered with a scab, which on removal showed an excavation that would have taken a large marrowfat pea. The edges of the ulcer were hard and raised. After cleansing the cavity and surface with peroxyde of hydrogen, the carbolized oil and ars. 2x trit. were applied and 3x tablets given, as in the previous case. Dressing was done twice a week at first, later four times a week.

By the last of September the growth was sloughed out, except at the upper border, and the excavation was filling rapidly with healthy granulations. It was now dressed only twice a week, applying the arsenic only to the points where the growth seemed to persist and dressing the remainder of the wound with calendulated boracic acid powder.

Improvement was steady, the excavation filled to a smooth

surface, and the patient was discharged Nov. 24, 1899, cured.

There has been no recurrence up to the present time, and the patient was seen within the past week looking well.

Case III. Mrs. H. R. American. Age 42. History on father's side negative. Mother's sister died of consumption. Another sister died from cancer of breast.

Patient always delicate, had usual diseases of childhood. Always troubled with neuralgia. Was married at 18, has not lived with husband for 21 years. During this time general health good.

Four years ago had trouble with heart, palpitation, shortness of breath, and a persistent hoarseness. She was under treatment for these troubles by several of the best physicians of our city with partial relief.

In December, '98, first noticed a small lump in upper lip near left nostril, which seemed to be between the skin and inside of the lip. This gradually enlarged, and in course of two or three months extended to right nostril and ulceration began. She used iodoform, carbolic salve, and other "home remedies," under the advise of friends.

During this time she was under the care of one of our best surgeons (not of our school however), who tried to console her by telling her "not to be frightened till he was," while he prescribed some simple healing lotion. Aug. 17, 1899, came to my office for treatment. At that time the entire upper lip was involved. It was thickened to about three times its normal proportions, the color was a dark livid, and ulcerated patches covered the greater part of the surface, extending into the mucous membrane at the lower border and above, involving both nostrils for a distance of three-quarters of an inch or more. To the left of the nose it spread upward on to the cheek and nodules could be found just below the internal canthus.

She complained a great deal of burning and some stinging pain. Treatment was begun at once, employing the same method as in the other cases. It was dressed twice a

week, usually, sometimes three times, and the 3x tablets of arsenic were given internally.

Improvement was noticeable after a few dressings, and continued rapidly over the lower portion of the growth, but for a time there was a tendency to spreading at the upper border, causing some anxiety as to the possible effect on the eye should extension in that direction continue, this was finally checked, however, before any serious results occurred.

This treatment was continued till near the last of December, '99, at which time the ulceration was entirely healed, the induration and thickening almost gone and her general condition much improved. The purplish livid color had changed to a brighter hue more like normal scar tissue; she was given some of the carbolized oil for local use at home, and the internal administration of the arsenic was continued.

About the middle of January a small nodule made its appearance a little way inside the left nostril, but one application of the ars. 2x, followed by the application of the oil for a few days caused its rapid disappearance.

The patient has reported about once a month since she was discharged, and up to the present time it seems to be a complete cure. The lip has regained its normal color, and it is only on close inspection that some small lines of cicatricial tissue can be seen. She says she is feeling better than for years, and works regularly at her old place in one of our large mills.

Three cases cured, or benefitted, do not prove the applicability of the treatment to all conditions of this general class, they do show its usefulness in some of these destructive lesions.

I regret that I have no personal experience to relate regarding its use in those cases of malignant ulceration of the breast, which we are too often called upon to treat, owing to the neglect of an early operation.

In one case of deep ulceration of the posterior lip of the cervix, involving the entire posterior vaginal fornix and

threatening perforation of the cul-de-sac, it has seemed to retard the progress of the disease, and at times to almost promise some slight improvement, but this case is still under treatment, and it is too early to report any definite result.

This was one of those unfortunate cases where a radical operation was advised more than a year ago, but refused. The case went elsewhere, received so-called "local treatment," with the result of steady progress of the disease.

When she again came under observation the condition had gone too far to render operation, advisable and the "Mitchell treatment" was resorted to only as a paliative measure.

THE TREATMENT OF TUBERCULAR PERITONITIS BY ABDOMINAL SECTION AND DRAINAGE.

BY WILLIAM T. HOPKINS, M.D., LYNN, MASS.

[Read before Mass. Hom. Med. Society Oct. 10, 1900.]

Upon this subject little can be offered which is new, and any practitioner who devotes a large share of his time to surgery is doubtless as well informed upon this as upon other surgical diseases, but some recent experiences have led me to conclude that the general practitioner who gives little or no time to surgical practice may not be fully aware of the advantages of this method of treatment in certain cases of peritonitis of tubercular origin. This is my excuse for taking a share of your time today.

Since the accidental application of this method of treatment in the year 1862, abdominal section has been considered by nearly all surgeons although but few had the courage to advocate and practice this treatment until the decade now drawing to a close.

With the present improved technique and the application of asepsis the chance of recovery is much improved and the confidence of the surgeon correspondingly increased.

The Paris thesis of Aldibert, produced in 1892, is probably the best exposition of tubercular peritonitis ever given to the profession and to portions of this work I will briefly refer.

He recognized three varieties (a) the ascitic, (b) the fibrous, and (c) the ulcerative form. The ascitic is a miliary tuberculosis of the peritoneum which may be confined to a single locality but is more commonly general. This may be acute, sub-acute, or chronic. The acute cases generally show a clear serum, but those of longer duration disclose a more turbid, dirty green fluid which is occasionally semi-purulent or bloody. The chronic cases, too, are more apt to be sacculated. Some fibrin is seen but the amount is inconsiderable compared to that encountered in the so-called fibrous forms which may also show some ascites which appears to have no tendency to become purulent. Occasionally large tubercles are found throughout the peritoneum without adhesions and without ascites, but the adhesive variety of the fibrous form shows an extensive matting together of the coils of intestine and a glueing of the intestines to the solid viscera.

The progress of the fibrous form is very slow and the opinion is still prevalent that these cases show an attempt at repair.

The ulcerative form is simply the breaking down of tubercular deposits, and if this caseation sets up sufficient inflammation the suppurating focus may be walled off from the general cavity.

Numerous pockets of serum or pus may be found in such cases. Clinically, it is not always possible to differentiate the various forms, and even to make a diagnosis of tubercular peritonitis is not at all times easy, but if the patient suffers from malaise, emaciation, capricious appetite, indigestion, vomiting, diarrhoea, or constipation, fever, moderate in the morning with a considerable rise at night or in the afternoon, night sweats, together with tender enlarged abdomen, which may show the even dulness of ascites or may

present areas of both dulness and tympanites, the case is pretty clearly tubercular.

Of the various forms it is important to distinguish the fibrous alone since this is the only one in which recovery may be looked for without operation.

Of the chance of survival with operative treatment, the least sanguine opinion gives a mortality of 25 per cent.

This includes all cases which die within a few weeks, whose demise may reasonably be regarded as hastened by the operation. The direct mortality of the operation itself is only about three per cent. Of the seventy-five per cent. of recoveries about one-fourth may be regarded as permanent, so of all operative cases we may look for nearly twenty per cent. of permanent cures.

The operation consists in opening the abdomen by a rather long incision, admitting air and light freely and draining with gauze wicks for a few days. Drainage may be preceded in some cases by flushing out the cavity with a normal salt solution, but not in those cases in which, by so doing, a localized peritonitis may become general.

ACUTE LARYNGITIS.

BY N. H. HOUGHTON, M.D., BOSTON, MASS.

[Read before Boston Hom. Med. Society.]

It is not within the scope of this paper to include all acute diseases of the larynx, but to limit the subject to a consideration of Acute Catarrhal Laryngitis.

In this disease the inflammation may be vivid in character and involve only the mucous membrane of the larynx, giving rise to slight hoarseness and cough, or it may reach the deeper tissues, be more severe, and become dangerous to life, especially in children.

The causes of acute catarrhal laryngitis are such as favor

inflammation of mucous surfaces in general. It is very frequently a continuation of an inflammation existing somewhere in the upper portion of the respiratory tract, or a rhinitis, or a naso-pharyngitis. Diseases of the stomach and intestines may predispose one to attacks of laryngitis. Individuals, especially children, who are kept in doors much of the time, and those in whom the general health is poor, are susceptible to the disease. Cold and exposure, wetting of the feet, wearing damp clothing, improperly ventilated rooms, alcoholic drinks, excessive use of tobacco, and straining the voice in speaking, or in singing, are not uncommon causes. Obstructive lesions of the nose and naso-pharynx, causing mouth-breathing, inhalations of dust, irritating fumes and vapors, and foreign bodies in the larynx may induce the disease. Acute catarrhal laryngitis may accompany the eruptive fevers, especially measles, scarlet fever, small-pox, typhoid and typhus fevers, erysipelas, also influenza, hay fever, and rheumatism.

Usually the earliest symptom is impairment of the voice, which may be hoarse or completely lost, dependent largely upon the amount of inflammation present. Dryness, tickling and cough are nearly always to be found. A sensation of roughness and constriction in the throat, and in children sensitiveness to palpation may exist. In the second stage the secretion of mucous considerably relieves the dryness and cough, which becomes less metallic. An examination by the laryngoscopic mirror reveals the extent of the inflammation which may include the whole mucous membrane lining the larynx, or the hyperacenia may be confined to a certain portion, as the epiglottis or the ventricular bands. At times the ventricular bands may be so swollen as to nearly occlude the vocal bands from view. Children may appear during the day to have no serious illness but at night may be awakened with violent suffocative attacks of coughing. The respiration is embarrassed and efforts to breath are marked by an audible, stridulous sound. These attacks are probably occasioned by the drying of the accumulated

mucus in the larynx. The child is compelled to breathe through the open mouth, with the result that the inspired air is not moistened by the secretion of the nose, as in normal respiration, consequently the dry air causes rapid evaporation of the water of the laryngeal secretions with the effect of causing them to dry upon the vocal bands until they become a positive obstacle to the inspired air. However, this mechanical explanation is not satisfactory to all for there are some authors who consider these attacks due to a spasm of the adductors of the vocal bands. Œdema occurring in the course of a laryngitis constitutes a grave complication since it may give rise to a fatal stenosis. Acute catarrhal laryngitis though not always a serious condition yet from the location of the inflammation and the tendency to œdema with subsequent dyspnœa, calls for prompt and energetic treatment. Here the laryngoscope is an important factor, not only as an aid to the diagnosis, but in ascertaining the extent and severity of the inflammation, and whether œdema is present or absent. The examination with the mirror should be made if possible, and almost always is successful in adults, but in children it is often attended with difficulty and sometimes impossible.

All applications which are made to so delicate an organ as the larynx should be administered in such a way as to do the least possible harm. Direct local applications of powders and solutions should be avoided as their mechanical irritation does more harm than good. Throat and cough lozenges in numberless variety which laden the counters of the drug stores, and which are so indiscriminately used, should be condemned. Most of them contain opium and are made of sugar and candy, are of large size, and are not only inapplicable to inflammation but cause impairment of digestion and appetite. It must also be remembered that gargles do not reach the larynx and are only beneficial where there is some pharyngeal involvement. Any diseased conditions of the upper respiratory tract should receive proper treatment. Strumous, lymphatic children should be toned up by the

use of cod-liver oil and by the indicated remedy, such as one of the calcareas. Another prophylactic measure is the employment of the cold sponge bath combined with brisk rubbing. In treating the disease in children, the patient should be put in bed in a well-ventilated room of a temperature of about 70 degrees. The air should be kept moist by generating steam or slaking lime. The croup tent should be used in severe cases. Nightly exacerbations should be anticipated by using every means to soften and expel the dried mucus, and to moisten and soothe the dry, irritable membrane by the use of the hot bath, hot fomentations and steam inhalations, and failing in these excite free emesis by tickling the fauces with the finger or brush. Early in the attack benefit may result from wrapping the throat in a towel, the end of which has been dipped in cold water. In people, other than small children, inhalations of steam medicated with oil of pine, oil of tar, oil of eucalyptus, and compound tincture of benzoin are highly beneficial. The use of oil sprays, such as liquid vaseline, one ounce, oil of sandal wood six drops and oil of tar three drops, or a three per cent. solution of camphomenthol in. albolene, or Neorgan's sabalal spray which consists of saw palmetto, eucalyptus and menthol in an oily menstruum, may be of great help when inhaled from ambulizer. These preparations are not astringent, but stimulating, and thus they promote secretion and relieve the congested blood vessels. For the relief of the œdema the swollen tissue must be punctured and the watery fluid allowed to escape. Rarely intubation and tracheotomy may be demanded. For the early symptoms, such remedies as aconite, belladonna, ferrum phos. and ammonium muriate will give prompt relief, while later iodine, bromine, spongia, calciod, hepar sulph., guiac, phosphorus, sanginaria and apis should be consulted.

EDITORIAL.

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

THE HAHNEMANN ASSOCIATION.

The annual meeting of the Hahnemann Association was held at Young's Hotel on January 14, and was enthusiastic enough to encourage us all. Addresses were made by Dr. Horace Packard, secretary of the Association, setting vigorously forth the needs of the medical school and the reasons why the necessities are more pressing than ever at this time; by Col. Chas. R. Codman concerning the Massachusetts Homœopathic Hospital and its dependence on the medical school; by the Hon. Alden Spear, chairman of the Board of Trustees of the Westboro Insane Hospital, showing the inter-dependent relations existing between that institution and the School of Medicine; while Mr. W. M. Dickinson spoke most eloquently on the necessity of endowment of medical schools, and showed that of all professional schools, those pertaining to the study of medicine were least often and indeed very rarely endowed.

The Association has already been of very material assistance to the school, and already has plans under way whereby it will be of still further help, but this work should not be left to the Association alone, it should be the duty of every homœopathic physician in New England to do what little or what much he can, not by his purse, but by his influence to raise sufficient endowment to place the medical school beyond financial embarrassment.

What are the problems with which we are confronted today and how are they to be solved?

First. The standards both for admission to and gradua-

tion from medical schools must be raised. The time for discussion on this subject has gone by; no sane physician can deny it; the standards are *already* raised by the best schools, and Boston University must do the same, and at once, if she would be in the van in the future as in the past.

Second. The immediate result of raising the entrance requirements especially, is a marked falling off in the number of students.

Third. The school is almost entirely dependent upon the student for its support; a reduction in students means reduction of income to a point which may seriously embarrass the institution.

Fourth and last. If we remember correctly, the last census shows one physician in Massachusetts to between every four and five hundred inhabitants, a proportion so great that the immutable law of supply and demand will soon bring it about that fewer men and women will study medicine; hence, unless the individual fees are enormously raised, the student income will be entirely inadequate to furnish proper instruction, for, of all the professions medicine is the most expensive to teach and the most expensive to study.

What is the remedy? We can see none but endowment, and we believe this to be not only possible but just and right.

It is just and right because there is no profession on earth which does more good to the race, which does more to uplift its fellow-man, if followed along those lines of honor and integrity which make it the noblest of all professions. Because taken as a class there are no men and women who lead cleaner lives, sacrifice more and receive less in proportion to capital invested than does the conscientious, upright physician. It is possible because the wealth of our beloved Commonwealth has never yet been appealed to in vain for any worthy cause.

Let it be well understood by those upon whom the Lord

has placed the responsibility of wealth, that the medical school is in need, that the professors for the most part labor and have labored for the best part of their lives at personal sacrifice, and entirely without any pecuniary recompense (a fact heretofore not generally known); that the proper endowment of the school will render possible the selection only of those fitted both by education and by natural endowment to study medicine, and enable such to be so thoroughly drilled as to ensure only the best results, then we are sure the endowment will be forthcoming. This knowledge must come to the laity through the physician principally, it can come in no other way; and let every member of our profession do his duty in this direction be it ever so little.

If you can't put the case well enough yourself, send to the Secretary of the Association for a copy of Mr. Dickinson's speech, and read that to your constituents who are interested. It is not necessary to beg, let the facts be known and the response will come. Apropos of this, and to comfort the doubting, let me append what Booker Washington says in his "Up from Slavery," as quoted in the editorial column of the *Boston Transcript* of January 22. He says:—

"In the city of Boston I have rarely called upon an individual for funds without being thanked for calling, usually before I could get an opportunity to thank the donor for the money. In that city the donors seem to feel, in a large degree, that an honor is being conferred upon them in their being permitted to give. Nowhere else have I met with, in so large a measure, this fine and Christlike spirit as in the city of Boston, although there are many notable instances of it outside of that city. I repeat my belief that the world is growing in the direction of giving. I repeat that the main rule by which I have been guided in the collection of money is to do my full duty in regard to giving people who have money an opportunity to help."

This is true not of Boston alone but of all New England.

OBITUARY.

Dr. Galen Allen, whose death occurred at Red Wing, Minn., Dec. 25, 1900, was a native of Chelsea, Vt., where he was born Aug. 2, 1833. He removed to Acworth, N. H., with his parents when a small child, and that town was his home during his youth and early manhood. He was educated at Dartmouth College, graduating in the class of '62.

For some years he was engaged in teaching, and for seven years was the principal of the high school of Bath, Me.

While residing in Bath, he engaged in the study of medicine with the late Dr. William E. Payne, then one of the foremost physicians of New England. He attended medical lectures at Dartmouth College and Boston University, receiving the degree of M. D. from the latter institution in 1875. He moved to Red Wing, Minn., in the autumn of 1875, where, with the exception of a few months, he afterwards resided, engaged in the practice of his profession. He leaves a widow and three children.

PHYSICIAN AND AUTHOR GONE.

Dr. Erastus E. Marcy died at his residence in New York, Dec. 28, 1900. He was born in Greenwich, Mass. He entered Amherst College, and was a classmate of Henry Ward Beecher and of the late Archbishop Bailey. He took his medical degree at the University of Pennsylvania, and during ten years practised with great success as an allopathic physician in Hartford, Ct.

At that time he was a strong opponent of homœopathy, and was appointed by the medical societies to investigate it. He went to Paris, and studied the original manuscripts of Hahnemann, became a convert, and, returning to America, at once took rank among the most prominent physicians of

the new school. He went to New York, where he acquired an extensive and lucrative practice.

Dr. Marcy also achieved a considerable reputation as a writer. He edited the *North American Journal of Homoeopathy* 13 years, and wrote numerous essays. He was during many years an annual visitor to Paris and Hamburg, and companion and physician to the late A. T. Stewart, and one of the witnesses to the Stewart will. He was also physician to Mme. Patti, with whom he was acquainted from her childhood. Gen. Randolph B. Marcy was his brother.

Brought up as a Presbyterian, Dr. Marcy finally became a Roman Catholic. In 1867 he published "Christianity and Its Conflicts," of which several editions were published, and subsequently another book, entitled "Life Duties."

EDITORIAL NOTES AND COMMENTS.

Dr. Samuel Floersheim, 218 East 46th Street, New York, is preparing a second paper on the use of the suprarenal capsule in organic heart disease, and desires to receive reports from physicians of cases, giving, I. The condition of the heart, pulse and pulse rate. II. The effect on the heart, pulse and pulse rate within ten minutes after the suprarenol powder, three grains, is chewed and swallowed without water, by the patient.

The doctor's first paper appeared in the *New York Medical Journal* for Oct. 6, 1900.

CONVALESCENT HOSPITAL IN THE PHILIPPINES.—A convalescent hospital is about to be established in the Philippines. It is to be located at Beago de la Trinidad, near Manila, about 4,700 feet above sea level, the thermometer never rising above 75 degrees in the daytime, the nights being cool and exhilarating.

REVIEWS AND NOTICES OF BOOKS.

The Chloride of Silver Dry Cell Battery Company, of Baltimore, Md., has recently sent us a copy of its new "Supplemental Issue to Catalogue No. 8." This publication is quite in keeping with the high class advertising matter invariably sent out by the Chloride of Silver people, and from cover to cover, throughout its entire twenty pages, it cannot prove otherwise than intensely interesting to the electro-therapist. A large number of entirely new and improved electrodes and accessories have been added to their already immense stock, and the enterprising manufacturers announce that they are still busily engaged in preparing other patterns, which for the lack of time, they have thus far been unable to catalogue.

We would advise all who employ electricity in their practice, no matter what form of apparatus they employ to generate a current, to write to Otis Clapp & Son, 10 Park Square, Boston, Mass., for a copy of the Chloride of Silver Dry Cell Battery Company's new Supplement, as it is certain to prove of interest and value.

AN AMERICAN TEXT-BOOK OF PHYSIOLOGY. Edited by William H. Howell, Ph.D., M. D., Professor of Physiology in the Johns Hopkins University, Baltimore, Md. Second edition. 2 vol. Philadelphia: W. B. Saunders & Co. 1900. Price, cloth, \$3 *net*; sheep or half-morocco, \$3.75 *net*.

The present edition of this publication appears in two volumes, and forms by far the most complete work of the kind yet offered the student. It is unique, in that it presents a collection of treatises, as it were, written by a group of competent teachers, individual knowledge and research being concentrated exclusively upon the special topics assigned or chosen.

The advantage of this plan to the student, lies in the avoidance by this method, of a common tendency to give a disproportionate amount of space and mention to two or three subjects, and a mere perfunctory consideration of others of less interest to the author. Where there are collaborators, each naturally wishes his work to compare favorably, at least, with that of his associates, and to that end puts forth his best energies.

We do not find evidences of that lack of homogeneity and continuity of thought which might, perhaps, be expected, and which would furnish the most obvious reasons for criticism. We realize that the last word has yet to be written upon the greater part of the subdivisions of modern physiology, and scientists and teachers of equal ability and prestige will sometimes reach varying conclusions. It would seem, however, that the authors of the "American Text-Book of Physiology" have written with much unanimity.

The description of the various constituents of the human body are most minute and comprehensive, and all the functions are carefully described. The principal subjects discussed in Vol. I. are the blood, lymph, circulation, chemistry of digestion and nutrition, movements of the alimentary canal, bladder, and ureter; respiration. Of Vol. II., muscle and nerves, central nervous system, special senses, special muscular mechanisms and reproduction.

The work is one well adapted for general reference, as well as for a student's text-book; gives the best and most reliable information, and the most authoritative deductions from the results of modern study and research.

Messrs. Herbert S. Stone & Co. have in press the following important work: A TEXT-BOOK OF SPECIAL SURGERY. By Dr. Franz Koenig, and translated from the most recent German edition by Arthur B. Hosmer, M. D. This is the authorized translation, and will consist of three handsome octavo volumes.

DISINFECTION AND DISINFECTANTS. By H. M. Bracken, M. D. Trade Periodical Co. Chicago, Ill.

This is a little work which gives in small compass excellent and explicit direction for disinfecting rooms, clothing, etc., as well as for the conduct of physicians and nurses having contagious diseases under their charge. The book is well illustrated.

MODERN MEDICINE. By Julius L. Salinger, M. D., Demonstrator of Clinical Medicine, Jefferson Medical College, Philadelphia, and Frederick J. Kalteyer, M. D., Assistant Demonstrator. Illus. Philadelphia and London: W. B. Saunders & Co. 1900. pp. 801. Price, cloth, \$4 *net*; half-morocco, \$5 *net*.

"Modern Medicine" is certainly a pleasing and a promising title for a work on practice, and the book which bears it is well named, for it takes cognizance in an unusual degree of the more recently developed departments, which now must be included under the one general heading in order to ensure a comprehensive view of this vast subject.

It is hardly to be expected that a work in one volume which endeavors to present the gist of symptomatology and semiology, physical diagnosis, clinical bacteriology and laboratory methods, as well as infectious diseases, diseases of the circulation, respiratory system, digestive tract kidneys, of the blood and of the ductless glands, of the nervous system, of the muscles, constitutional diseases, intoxications and sunstroke, and diseases due to animal parasites should not suffer somewhat from condensation. This must be so more or less when the scope of such an undertaking is considered. It shows, then, great discrimination and discretion on the part of the authors, that this characteristic should not militate against the real value of the work to any considerable extent.

We could have wished that more space could have been given to hygiene, prophylaxis, and kindred topics, which today properly take an important place in the study of diseases and their remedy. In regard to treatment, also, certain limitations of usefulness are observable, even waiving the therapeutic question from the homœopath's standpoint. But this work is a great improvement over many older ones not yet considered obsolete, for much valueless matter has been eliminated. The style is clear if terse, and the text well arranged.

A PRACTICAL TREATISE ON MEDICAL DIAGNOSIS FOR STUDENTS AND PHYSICIANS. By John H. Musser, M. D., Professor of Clinical Medicine in the University of Pennsylvania, etc. Fourth Edition. Illus. Philadelphia and New York: Lea Brothers & Co. 1900. pp. 1105. Price, cloth, \$6 *net*; leather, \$7 *net*; half-morocco, \$7.50 *net*.

No one will dissent from the assertion that the demands made upon the physician today are far greater than they were even a few years ago. Confining the application of this truth simply to diagnosis, it is evident that the multiplication and extension of methods for determining the nature of disease make it imperative that medi-

cal graduates and under graduates both, should be constantly enlarging their technical knowledge, otherwise they will be at a great disadvantage.

While theoretical acquaintance with scientific methods must precede practical work, a treatise which will render their combination possible almost from the beginning is highly desirable. Such a work Dr. Musser furnishes the profession in his "Medical Diagnosis." It is extremely comprehensive and complete, every helpful means of arriving at just conclusions being called to the reader's attention.

Part I. deals with General Diagnosis, the knowledge of the case derivable from intelligent observation, careful questioning of the patient, and the use of all the most approved instruments, etc., together with the significance and importance of the data obtained.

Instruction in laboratory work is given in detail.

Part II. is devoted to Special Diagnosis of the diseases of individual parts and organs of the body. This section occupies about two-thirds of the book, and is written in a clear and painstaking manner.

Considerable space is assigned to differential diagnosis, and this is particularly helpful as affording immediate comparisons, without the necessity for prolonged search for the descriptions of different diseases.

Altogether it is a very exhaustive work on the subject of medical diagnosis, and if we were asked to mention its chief characteristic we should assuredly emphasize its thoroughness, and the attention given to minutiae too frequently overlooked or disregarded.

HOME TREATMENT AND CARE OF THE SICK. Including chapters on Approaching Maturity, Marriage and Maternity. By A. Temple Lovering, M. D. Boston and Providence: Otis Clapp & Son. 1901.

This is the best book of the kind we have yet seen, and this book is a good kind too. The subject matter is considered in two parts. Part I., in seven chapters, treats of the Preservation of Health, Home Nursing, Diseases in General and their Treatment Accidents and Emergencies, and Leading Remedies: Their Administration and Indication for Use.

Part II. Marriage and Maternity; The Baby, in Health and Sickness; Diseases of Childhood, Approaching Maternity; Suitable Food for the Sick.

The short description of the more common diseases is pertinent and plain, and the remedies given with their indications are such as have been found by practice to be most reliable.

The charm about the rest of the book is that there is no attempt at a display of learning. The subjects are treated in such plain, simple language that a child of average intelligence could understand them easily, and herein lies the evidence of the abundant knowledge behind, for only those thoroughly conversant with a subject can write of it simply. The chapters on approaching maturity, and marriage and maternity should be read by every mother and by every boy and girl sixteen years of age or over. While the topics of which these chapters treat are spoken of with a plainness that brooks no mistake, they are treated with a dignity and moral standard which will command the absolute respect of all who read.

We confidently believe that an edition of this book, minus the chapter on diseases and remedies, would be a much better book to put into our public schools than many that are used there now on the subjects of hygiene and physiology.

Messrs. Boericke & Runyon Co. have just published a work by Dr. M. E. Douglas, of Baltimore, Md., entitled CHARACTERISTICS OF HOMOEOPATHIC MATERIA MEDICA. This book contains nearly 1,000 pages, and is bound both in cloth and half-morocco; \$5 net for the former, and \$6 net for the latter.

This firm also has in press Dr. Selden H. Talcott's MENTAL DISEASES AND THEIR MODERN TREATMENT. Dr. Talcott is well known as the superintendent of the Middletown, New York State Homœopathic Hospital for the Insane. The price of the book will be \$2.50.

CHINESE THERAPEUTICS. — Among examples of their therapy, is a plaster to fractured leg; for a poultice, a live duck is cut up longitudinally, and half applied to the affected part; for fever, the duck's blood is smeared over the temples, face and neck, which with magic, mythical rites and incantations, constitute a large part of the Chinese medico's armamentarium.—*Exchange.*

PERSONAL AND NEWS ITEMS.

FOR SALE.—A very desirable practice in a New Hampshire town of 3000 inhabitants. Satisfactory reasons for selling, and the present owner will thoroughly introduce the purchaser. An excellent opportunity for the right party.

Address "M. M. D.," Care Otis Clapp & Son, 10 Park Square, Boston, Mass.

Physicians owning the "Cyclopædia of Drug Pathogenesis," Hughes and Dake, may not be aware that the Repertory to this work, compiled by Dr. Richard Hughes, is now on the market. It is printed in four parts, paper binding, and subscriptions may be sent to Otis Clapp & Son, 10 Park Square, Boston, who act as agents for the American Institute of Homœopathy in the disposal of the sets subscribed for by that body, who fill orders for the Repertory by having the work sent by mail direct from London at exact cost to the institute, and who also have a few sets of the work bound in cloth and half-morocco which they are supplying at exact cost.

DR. E. C. WILLIAMS, of Richmond, Va., has removed to Hot Springs, Va. Previous to Dr. Williams' going there, no homœopathic physician was located at the latter place.

DR. WALTER F. ADAMS, class of 1900, B. U. S. of M., has located at 558 Main St., Waltham, Mass.

RESOLUTIONS ADOPTED BY THE HOMŒOPATHIC MEDICAL SOCIETY OF CHICAGO. — That the Society instruct its legislative committee to prepare and introduce a bill creating medical examining boards distinct from the State Board of Health, one each for the three recognized schools of medicine, viz., the allopathic, Homœopathic and electric schools; to enlist the aid of the legislative committee of the State Homœopathic Medical Society; and, to use, not only their own personal efforts, but also those of all members of the profession who can aid in its enactment.

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VOL. XXXVI.

COMMUNICATIONS.

ONOSMODIUM VIRGINIANUM IN HEADACHE FROM EYE-STRAIN.

BY A. B. NORTON, M. D., NEW YORK.

[Read before Boston Hom. Med. Society Oct. 9, 1900.]

This remedy during the last ten years has taken a very prominent place among the every day drugs of the oculist. A very large percentage of the cases consulting the oculist are patients suffering from headaches due to eye-strain, and while the correction of their refractive and muscular errors is, of course, an absolute necessity in the permanent cure of the patient, yet the use of the homœopathic remedy is a most essential feature in a prompt relief of the annoying symptoms. I should judge that at least 75 per cent. of all my patients come to me on account of asthenopic symptoms and headaches, and while no one remedy is a cure all, yet onosmodium seems to cover more of these cases than any one other remedy.

The characteristic head and eye symptoms of this drug are taken from a proving made by Dr. W. E. Green, of Little Rock, and are as follows: The Ophthalmoscope shows a hyperæmia of the optic disc, and an engorgement of the retinal vessels, worse in the left eye. This symptom is very frequently found in the class of cases we are now consider-

ing, and is usually due to a long strain from long use of the eyes at close work with some refractive error uncorrected. The irregular and constant action of the accommodation causing an irritation and congestion of the retina and optic nerve.

The characteristic subjective symptoms of the drug are heaviness and dullness of the eyes, feeling as though had lost much sleep, pains in the left side of the head and over the left eye. Dull, heavy pains in the occiput pressing upward with a dizzy sensation. Great muscular prostration and tired feeling over the entire body. The muscles feel unsteady and treacherous. Soreness in the eyeballs. Tense, drawn, tired feeling in the ocular muscles.

While a distinctly left sided headache is *the* characteristic headache of onosmodium yet I have frequently found the remedy to promptly relieve a headache of the right side if accompanied by the sense of general muscular weakness. Whenever you have patients coming to you with that tired feeling that is popularly supposed to indicate Hood's Sarsaparilla, always think of onosmodium, as that great muscular prostration has always been a keynote to me in the use of this drug.

Given a case of full, heavy pain over the left eye and left side of the head extending down into the occiput, together with a general feeling of muscular weakness, and onosmodium will relieve your patient every time. We will find the same dull pain in the left side of the head extending down to the occiput under cimicifuga, but that general prostration of onosmodium is lacking.

Ruta is another most excellent remedy for these asthenopic cases. The ruta patient, however, complains more of a sense of heat and aching in and over the eyes with a blurring of vision and the letters in reading seem to run together. It seems to be more useful in cases of accommodative asthenopia due to weakness of the ciliary muscle. (Natum mur. on the other hand is of more service in asthe-

nopia due to weakness of the internal recti muscles). The ruta patient, however, complains more of the eyes themselves, having no characteristic headaches and is also without the prostration of onosmodium.

Senega closely resembles onosmodium in the feeling of general weakness, though perhaps not as great a feeling of prostration as the latter. Its eye and head symptoms are not as pronounced and seem to be more frequently referred to the right side. Senega has been of very marked service in cases of paralysis of the superior and inferior recti muscles.

The symptoms of onosmodium are always worse on the left side, yet frequently the dull, heavy occipital headache when associated with a heaviness and dullness of the eyes, will promptly disappear from its use. All the characteristic pains of this drug are of the dull, heavy, sore, aching variety which indicates the sphere of the remedy to lie in the headaches and strained feeling of the eyes from over use. It is a remedy that I never think of in inflammatory troubles of the eye where the pains are apt to be more severe, sharp, cutting, etc.

The use of the remedy can, perhaps, be better indicated by one or two illustrative cases, as for example: Miss S. complained of a tired, strained feeling of the eyes followed by a dull, heavy headache at the occiput coming on after a few minutes' use of the eyes. Examination showed the vision to be but slightly hyperopic, but there was a decided exophoria, or insufficiency of the internal recti muscles. Exercise of the weakened muscles with prisms was advised, but as she was unable to follow up this treatment at this time onosmodium was given. One month later she reported that the medicine gave her very decided relief as long as it lasted. She was given another prescription with the same result, and continued on in this way for several months, when she was finally able to follow up the prism treatment with a permanent cure. In this case, while the remedy could not

cure the cause of her headaches, I am sure it gave her very great relief until such a time as she could undertake the necessary treatment to a permanent cure.

Mr. J. B. H., bookkeeper, came to me for a constant dull aching pain over the left eye. He had suffered from this pain almost continually for two years. Had consulted two oculists before coming to me, each of whom had given him new glasses which would relieve him for a short time. This had been going on so long that, as he expressed it, he was all played out, felt tired and weak and as though he could hardly go through his day's work. At times slight attacks of vertigo, and by evening an all gone, prostrated feeling.

He was wearing at the time cross cylinders for mixed astigmatism. My examination showed a lower degree of myopic astigmatism than the glasses he was wearing.

Believing all the trouble to be due to a spasm of the accommodation, I refused to change his glasses until an examination under a mydriatic. As he was unable to give up his work at that time in order to have such an examination made, and as the indications were so clear for onosmodium, I consented to prescribe for him temporarily, with the agreement that he should have an examination under atropine as soon as he could take a week's vacation. Under onosmodium the temporal pain was relieved, and he was able to continue his work for three months in far better shape than he had been before. At the end of this time examination showed it to be a case of simple hyperopic astigmatism, and a change in his glasses made a new man of him.

One other case, that of Miss L. A., who consulted me for a left sided headache, a heavy dull aching pain extending from over the left eye down to the occiput. The whole left side of the head felt sore to the touch. She was weak, anæmic and low spirited. I could discover no cause for her headaches in the eye, and simply prescribed onosmodium.

This gave her very prompt relief of her headaches, and subsequently she informed me that since taking the remedy

she had been relieved of a dysmenorrhœa that had troubled her for a long while.

In speaking of this case to my friend, Dr. Custis, of Washington, he told me that he had frequently found onosmodium a most excellent remedy in uterine disorders.

This latter point may be well known to you all, but would call your attention to it again.

UTERINE FIBROIDS FROM THE PRACTITIONER'S VIEW POINT.

BY G. FORREST MARTIN, M. D.

[Read before Mass. Hom. Med. Society Oct. 10, 1900.]

About six weeks after my Alma Mater had granted me a diploma, and the State of New York a license to practice the healing art, I was called in great haste to stop a hæmorrhage from a woman of 54, who had just arrived for a visit to the village where I had opened an office. While she was yet upon the cars severe abdominal pain set in, followed by profuse flowing.

This became so bad that she fainted, and, as she was obliged to travel nearly five miles in a hack after leaving the train, she was almost moribund when I reached her. Examination showed a tumor the size of an average foetal head, presenting in the os uteri, around the edges of which a steady flow of blood persisted. Hot douches, gauze packing, abdominal counter-pressure and secale internally gave temporary relief and time to collect my wits, and the following morning I did my first operation.

A dining room table, two neighboring physicians, a small pocket case of instruments, a pair of obstetric forceps, and two heavy curved needles, which I was fortunate enough to find in the office of one of my assistants, and a piece of rubber tubing, constituted my working force and armamentarium.

The obstetric forceps proved very useful to deliver the tumor, which was done after the true obstetric fashion — the uterus, however, being inverted in the process. The pedicle proved to be one and one-half inches in diameter, and attached at the fundus. This pedicle and the surrounding mucous membrane were carefully cleaned, and the two curved needles were then inserted through the pedicle at right angles to each other, after long silk threads had been tied in the eye of each. Their points were covered with a piece of cork wrapped in gauze, and the rubber tubing was tied tightly behind the crossed needle. It broke! Tied again! Broke again! The third time it held as I had by this time taken its measure. The tumor was now cut off, the stump cauterized with a kitchen poker heated in the coals, a large packing of iodoform gauze was put over it, and the uterus carefully turned "inside in" again and replaced. When I found an artery of considerable size entering the tumor, I trembled for my improvised elastic ligature. But it held! Most of the packing was removed on the third day to allow the uterus to contract, and the remainder on the fifth day. One needle came away on the fourteenth day, and the other on the seventeenth, gentle traction having been used for several days previous. The stump sloughed off with no hæmorrhage. The patient sat up on the twentieth day and in two weeks more was about the village. In the fall she returned to her home here in Boston, practically well, and she is here yet.

This was my first introduction to fibro-myoma of the uterus. Because of neglect on the part of this woman's physician, to carefully examine and diagnose the existing condition when repeated hæmorrhages had occurred, she was sent by him on a 400 miles' journey which might easily have proved fatal. It is the belief that many such cases are being daily overlooked that prompts me to touch upon this well worn topic today. It is a subject concerning which the writings and discussions have been very voluminous.

It is a big theme, and I am not so ambitious as to attempt to discuss it from all its aspects. Then let us dwell only upon those phases of the topic which the general practitioner is liable to run up against in his daily work, and particularly try to bring out some of the diagnostic points which will serve to assist him in avoiding error. I may offer nothing that is new, and to the surgeons who are handling such tissues daily, there will be no interesting features in the specimens that I have prepared.. But I trust there may be a few here to whom they will offer a clear illustration of the points under discussion. Recently, in a single week, the three cases I will now briefly outline, came up in the ordinary course of my every day practice. None of them consulted me as a surgeon, and not one suspected that any such trouble existed when they came for advice.

Case 2.—Miss T., age 55, history of good health until eight years ago, since which time there has been much uterine pain and very profuse hæmorrhages at the menstrual epochs, which still continue to come every three weeks. Has been curetted eleven times by six different physicians. Examination showed a uterus with a small cervix, but much elongated and tortuous canal, and increased firmness to the touch in the uterine body. Diagnosis—fibroid uterus, and operation for extirpation advised. Operated May 8 without special incident, and the sample marked No. 2 shows the conditions found. You will notice that the entire uterine wall is converted into fibroid tissue. The various kinds of tumors are also well illustrated. With this exhibit are also two cysts which were dissected off from the surface of the ovaries. The latter appeared normal, and hence were left in place in accordance with conservative methods. I shall refer to this case once more later.

Case 3.—Mrs. S., age 31, married ten years, one child 8 years old, and a severe labor. Never pregnant since. Always menstruated regularly and usually profusely. In October last had an unusually profuse menorrhagia lasting ten

days. Each month since then this has been repeated. I was called Sunday, April 29, and found her in pain and blanched from loss of blood. This had been coming away in cupfuls, as she described it, for two weeks.

Examination showed os dilated to the size of a quarter, and a round mass of firm consistence in the opening. Under anæsthesia the cervix was split on one side, and the tumor, a pediculated sub-mucous fibroid, pulled down, its pedicle pierced with a needle threaded with strong silk, tied and cut off.

No arterial circulation was found entering the tumor, as you see. Cervix was sewed up and uterus elevated to place. Recovery was prompt, and since the operation the menstruation has been perfectly regular, painless and normal in amount.

Case 4.—Mrs. G., age 41, mother of two children, 10 and 8 years old. Never pregnant since, though very desirous of having children. Very profuse menstruation lasting ten or twelve days, and coming as often as every three weeks for the past six years. Has had no treatment for it. No menstruation since February, and she considered herself as pregnant. May 8 taken with flooding worse than ever. Examination showed shreds, resembling early foetal substance. Prepared to dilate and curette. Found a broken up foetus and many large clots to remove, and a distorted cavity. The finger touched a round, hard mass within the cavity. Tenaculum forceps were applied and the specimen marked No. 4 was removed. The uterus was now thoroughly curetted and washed out with H_2O_2 . This seems to be an interstitial fibroid which has been entirely extruded into the cavity by muscular contractions, and there acted as a foreign body, preventing the existing pregnancy from continuing to term. Recovery in this case was prompt and has been followed by regular and normal menstrual epochs.

Now, I would not be understood as advocating operation for every case of uterine fibro-myoma, or even for the major-

ity of cases. There are unquestionably thousands of them which are never suspected until their presence is discovered accidentally, in examining or operating for some other condition. But I have tried to illustrate the fact that operation is the thing, and the only thing, for many of these cases. And I would urge a full and thorough examination in every patient who presents the symptoms which characterize this disease. Unless this is done, many cases will be prescribed for as simple functional menorrhagia, or what is more likely, unless the physician is on the alert, the patient will lay the whole thing to the "change of life," and accept the suffering, as I know that many women do, as something which it is their lot to bear at this age.

Menorrhagia and all such troubles should be considered solely as symptoms and not as diseases, and the conditions of which they are only a part should be conscientiously sought for.

In describing these tumors there is considerable confusion of terms. As we are seeking for a clear understanding of their nature, a little definition work will not prove amiss. "The tumors of the uterus commonly known as fibromas, myomas, fibro-myomas, or simply as fibroids, consist of the same histological elements as the uterine walls themselves, viz. : unstriped muscular fibres and connective tissue. The proportions vary largely. If mainly muscular, we have the pure myoma. If connective tissue predominates, either primarily, or as a result of secondary fibrous induration, we have the fibroma. The latter class is far the more common. The former will grow much the faster. As a practical fact, the two tissues are almost invariably combined, and a distinct division into fibromas and myomas is not advisable." The English writers have a habit of speaking of "white fibroids," and of "red or fleshy fibroids," terms which seem to convey our meaning readily. The latter are more richly supplied with blood vessels. The former are more distinct, and inclosed in a sort of capsule, and are hence easier to

remove. The anterior and posterior uterine walls are the commonest seats, then the fundus, lateral walls, and more rarely the cervix. The original position has a marked influence upon the future course and growth, and also upon the development of troublesome symptoms.

In examining a patient where any trouble of this character is suspected, I would urge that not only the bi-manual touch, in the usual locations of vagina and abdominal wall should be used, but that the rectal exploration should be added. Sub-serous or intra-ligamentous fibroids will often be discovered in this way which have entirely escaped the finger in the vagina, and their shape and consistency, and relations to the uterus and ovaries much better outlined.

Now let us look a little farther for diagnostic points which will help to a clear understanding of what our examinations should reveal. The concensus of opinion is that these tumors usually grow very slowly. They usually cease to grow, and may even atrophy, after the meno-pause. But in this connection another point is worth remembering. This is that their presence in the uterine substance retards the date of that event. Five years has been claimed by some writers as the average additional period of menstruation, due to this cause.

The two symptoms which most frequently call our attention and indicate operation for fibroids are hæmorrhage and pressure. When hæmorrhage occurs from a fibroid uterus, it is probably never from the tumor itself, but from the hypertrophied and diseased mucous membrane. This condition arises from pressure, and we thus see how the pressure and hæmorrhagic symptoms are corelated. From the same cause muco-purulent discharges between the hæmorrhages are frequently present. Barring these two symptoms of pressure and hæmorrhage, the mere presence of these tumors causes little trouble, unless degenerative or inflammatory changes set in. Sarcomatous degeneration is rare, but probably well proven. Calcareous degeneration is common.

Oedema in the tumors, especially the soft variety, is not unusual, and inflammatory attacks often occur. The latter probably originate, not in the tumor, but in its peritoneal covering or mucous capsule.

Interstitial or mural fibroids are situated entirely within the muscular walls of the uterus. These may push out into the abdominal cavity and become sub-serous, or into the uterine and become sub-mucous. The latter usually have a distinct root or pedicle, but may be entirely extruded and covered only by mucous membrane. Cases 3 and 4 illustrate these two varieties. Now, when these sub-mucous fibroids begin to be extruded into the uterine cavity, they act as does any other foreign body in that locality, and set up muscular contractions in its walls. They are thus forced in the direction of the least resistance, into the cervix. Should the pedicle be a strong one, and of high attachment, the uterus may thus be inverted by its own efforts. This procedure has been dubbed "the birth of the polypus."

Increased depth of the uterine cavity, and marked displacements of its body are common results of fibroid growths. The canal of the uterus shows these various flexions, as well as the protrusion of the various nodules into its lumen. For these examinations I have found the Jennison's sound very useful, but all sounds must be used with the utmost caution in these cases, as injuries of the delicate capsule may lead to a sloughing of the tumor later on from interference with its nutrition.

The sub-serous variety may reach a considerable size before any symptoms are apparent, as they have much space in which to develop. And in this connection a point worth remembering is the tendency which they have, in their upward growth, of drawing the uterus up with them, greatly lengthening its cavity at times. The cervix may thus be pulled beyond the reach of the examining finger. On the other hand, if the tumor is small and the pedicle a long one, the bunch may be found low in the cul-de-sac, while the

original attachment is high up on the fundus. This variety often becomes immovably wedged or adherent, and very troublesome. It is very easy to mistake an adherent fibroid, in this location, for a sharply retro-flexed uterus. Here the sound and the rectal examination will clear up the condition.

The cervix, too, may be the seat of origin of either sub-mucous, sub-serous, or mural fibroids, and they are apt to be an especially troublesome variety, particularly in case of pregnancy. They do not have to grow very large at any time, before pressure symptoms appear. When sub-mucous, they push readily into the vagina, and if large, even through the vulva, and are liable by their weight to pull the uterus well down. The bunch must not be mistaken for a prolapsed or inverted uterus, a blunder which has frequently been made. It may be of interest to note here that the opposite error has been made, and an inverted uterus cut off for a polyp. The patient recovered!

So long as the interstitial or sub-mucous tumors remain small, the only change that we may be able to detect in the feeling of the uterus, will be a slight enlargement and more globular form, and some increase in consistency. We thus have a condition at this stage which presents the picture of chronic metritis. When the tumor is located near the os, the vaginal portion of the os is much shortened as a rule. The direction of the cervical canal may help us to locate our tumor in these cases, as the growth occupying one lip, will naturally push the opening towards the opposite side. Evacuation of the bladder with a catheter will prove a help where extensive examination is to be made. It must be remembered, too, that fibroma may be located in the bladder wall itself, and closely simulate an ante-verted uterus. I have recently seen such a case, where the fibroid was three inches in diameter, and apparently had never had any uterine attachment.

I promised a word more about Case 2. She pursued a perfectly normal course for eight days, her temperature and

pulse never reaching over 99½ and 85 respectively, after the extirpation. She slept well, ate heartily, and the bowels and kidneys were working well. On the eighth morning following the operation she took a glass of milk at 7 A. M., at which hour she waked from a perfect night's rest. At 7.05 she called for the bed pan and had a natural stool. At this time she joked and laughed with the nurse, and expressed herself as feeling well. At 7.15 a nurse passing her door heard heavy breathing, entered, and found her unconscious. At 7.20 she was dead. One pupil was widely dilated and one contracted, and the face was drawn to one side.

Evidently a cerebral embolus had done its work suddenly. Friends of this patient informed me after her death, that she had suffered from a "shock" and paralysis of one side seven years ago, and had entirely recovered. She made no mention of this fact, either to me or to the house physician, and there was nothing in her condition to show it. We both made careful physical examinations before suggesting anæsthesia. The possible connection between this cerebral clot and the sudden stopping of her previous hæmorrhages by the operation, may be a profitable field to speculate in, but I firmly believe that she would have died without the operation, and that it in no way influenced the date of death. Nevertheless, a spirit of fairness compels me to report failures as well as successes.

SCLERODERMA.

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

The word is partly of Greek and partly of Latin origin—Skloros—hard, dry, and derma, skin.

Scleroderma is usually described by neurologists and dermatologists, but the diffuse form is perhaps more frequently seen by the general physician whom the victim consults for rheumatism or disability. The disease is fortunately rare.

The pathology of the disease is fully discussed in the works on dermatology, yet we know really nothing of the essential causes, and the data are not yet at hand upon which a satisfactory theory can be based. The disease is variously regarded as a tropho-neurosis dependent upon changes in the nervous system; a perversion of nutrition analogous to myxœdema, due to disturbance of the thyroid function; a sclerosis following widespread endarteritis. The first of these theories is the one most generally held.

SYMPTOMS.

Rheumatismal pains and cutaneous sensations of tingling, pricking and formication, muscular cramps and neurotic sensations may precede the outbreak of the disease. There are two stages characteristic of this disease: The period of infiltration, where the œdema is firm, involving the subcutaneous tissue, and at first pitting, upon strong pressure, with finger, but later becoming so indurated and tense as hard leather. The face is expressionless. The lips are opened with difficulty. The chest, shoulders and arms are either immobile or movable with great difficulty. The abdominal surface is seldom attacked. This condition may come on very insidiously, and may require months or years for its full development, or the progress may be rapid. The upper extremities are sometimes so affected that the fingers resemble curved talons. The helplessness of some patients is so extreme that they require to be dressed and fed, even when they can travel with relative comfort.

The second or atrophic stage: The œdematous or infiltrated areas undergo induration and contraction. The skin becomes more tightly drawn over the underlying structure, and becomes dry, scaling, fissured, or ulcerated; muscles waste considerably. The teeth may fall. The fingers may be permanently flexed into the palm, or forearm on arm. Patient who may have enjoyed a fair degree of health, now suddenly experiences rheumatismal pains and neuralgias, ma-

rasmus takes place, which frequently ends fatally with renal, cardiac, or pulmonary symptoms.

REPORT OF CASE OF SCLERODERMA — RECURRING ANTHRITIS BEFORE ONSET — TUBERCULAR COMPLICATION.

FAMILY HISTORY.

Miss B., age 52.— Father died at 79 of apoplexy. He was in active business during greater portion of his life, but was almost totally disabled from muscular rheumatism. A brother — the only other member of family — has rheumatic gout. Two of father's brothers still living disabled from same disease.

Mother's family very intellectual. Mother died of a disease similar to the one to be described.

PERSONAL HISTORY.

I knew this lady personally for about twelve years, and excepting occasional attacks of rheumatism and neuralgia, she apparently enjoyed most excellent health. Her weight was 185 pounds; florid complexion. She said many times during her final illness that she never knew what sickness meant. She was inclined to worry a great deal.

PRESENT ILLNESS.

Although her declining health covered a period of about four years, during two and one-half years of this time, there were no particularly marked symptoms indicating any alarming condition. The most prominent indication of failing health was the gradual emaciation, yet so insidious was this condition that instead of causing fear on the part of patient, she was somewhat delighted to think that she was becoming reduced in flesh, in many respects feeling more comfortable. The only other noticeable feature during these two and one-half years, were the more frequent attacks of neuralgia and rheumatism, usually confined to left shoulder and right hip.

The attacks were usually brief and the suffering consequently mild.

From this time on the disease made more rapid progress. During the fall of '98 there was hardly a day but that patient did not experience some pains of the character mentioned in both arms, chest and right leg, attacks lasting from several days to a week, during which time she had to remain quiet. The joints were frequently hot and sore, but no swelling. During the intervals of these attacks, lasting from two to three weeks, she was able to be about. Considerable stiffness resulted from these attacks. About this time a cough developed, which continued nearly during remaining period of disease, accompanied with profuse expectoration. Microscopical examinations revealed no tubercle bacilli, but tissues from bronchial tubes and large quantities of saliva. There were occasional attacks of fever. It might also be of interest to note that up to this time, menses appeared at regular intervals of three weeks, at the age of 52. During the spring of '99, when the warm weather approached, there was some improvement, so much so that she decided to take a western trip to see whether she might possibly derive some benefit. She remained in California eight weeks, returning in August in worse condition than when she left. Still not satisfied, she went to Vermont to visit some relatives, thinking that possibly it might do her some good. She remained about three weeks, returning in September in still worse condition.

The symptoms now began to look more alarming. At this time the menses suddenly stopped, and with the suppression of menses, there began an attack of arthritis, assuming a different form from any previous attack. Intense pain began on ulnar side of right wrist, extending through carpal articulations, involving especially the carpo, metacarpal articulation of thumb. Swelling immediately followed œdema, extending over entire back of hand and fingers, being most marked along course of pain. Immediately over the seat of

pain, the skin was red, while other parts were white, easily pitting upon pressure, shiny, moderately tense. Simultaneously with the swelling in hand, a similar condition began in tarsal articulations of right foot; the principal swelling being towards the median line about midway between internal malleolus and torso, metatarsal articulation of great toe, œdema extending over entire dorsal surface of foot, and like hand the skin was red and shiny over seat of pain. Two weeks later, a similar condition commenced in ankle of left foot, swelling covering external malleolus and extending along outer side of foot. One week later, the elbow of left arm was similarly attacked, swelling extending over external condyle. The swelling at this point was most marked, as well as pain and stiffness. All four points of attack indicated infiltration. As the acute symptoms subsided, the conditions following were similar. The œdema very slowly receding, the skin became shrunken, thinned, depressed and scar-like. It was firmly adherent to the subjacent tissues, excepting at the points where pain began. The fingers of right hand were contracted and held in flexed position. There was very slight movement in the metacarpophalangeal joints. The fingers looked thin, the skin was drawn, smooth and glossy, and could nowhere be picked up. The skin became so tightly drawn over these points, that the original points of attack appeared so prominently that patient would refer to them as "*camel's humps*." The most marked contraction was in the left elbow, the forearm being semiflexed and could not be extended. The movements at shoulder joint were limited. The arms could not be lifted to level of shoulder. The stiffness did not seem to be so much in the joints as in the skin. Patient was finally unable to feed herself; could only with difficulty, by using both hands, hold an object. It might be of interest to note that when these joint symptoms developed, the cough stopped, and expectoration was very slight. There was, however, a continuous temperature.

I would like to call particular attention to these four points of attack and results following. From the beginning of swelling in right hand to the time swelling in the left elbow commenced, covered a period of about four or five weeks, and although the elbow was the last to begin to swell, it was the first to break down, possibly owing to the fact that this elbow was the part upon which she was dependent for support in changing position in bed.

The discharge was of a yellowish green color. Microscopical examination revealed only ordinary pus germs. At first it seemed as though it must be a very deep-seated inflammatory condition, yet at the very height of the swelling the joints were fairly movable, and had no apparent effect upon aggravating pain. The reason for this was evident as soon as the pus was discharged. Instead of being deep-seated, it extended only to the muscular tissue. For a few days sloughing ensued until an opening about an inch in length and half an inch in width was formed.

The ulcer did not increase in size, neither did it show any tendency towards healing. There was very little discharge after the first evacuation. The other points of attack pursued a similar course. The slowly accumulated pus was evacuated; sloughing ensued for a few days, then remained stationary; discharge very slight. The opening at these places had no particular effect upon movement of joints, only to say as time passed on, the skin became more contracted and stiffness more aggravated.

The skin of face had a drawn look, particularly about mouth, the angles of which were drawn down. The eyes could be opened and closed fairly well. There was very great restriction of movement of lips and of muscles of face. The gums were shrunken so that teeth became loose.

The skin of right foot was greatly involved. (Just over the instep of right foot, at same place where pain began, was a red patch, circular in outline, about the size of silver half dollar, which had been there about four years. There

were no accompanying symptoms). The toes looked thin, skin very hard and drawn. The movements, especially in ankle, was very much restricted. There did not appear to be any special thickening of the joints themselves, but the skin over them was glossy and hide-bound.

Insomnia was the most marked nervous symptom. The examination of abdominal viscera was negative. The heart was in good condition. The urine had a specific gravity of 1024, and neither sugar nor albumen was found in it. Patient never complained of headache; never had nausea and vomiting, bowels were regular.

TREATMENT.

Treatment was unsatisfactory. At no time was any permanent improvement manifested, although nearly everything possible was done in regard to hygienic conditions. Change of climate, out-door exercise, massage and electricity were employed. Most careful attention to diet was observed. Tonics such as maltine and Cod Liver Oil were tried. Many remedies were also used, and often they afforded great relief but no improvement. Marasmus continued, and ended fatally Jan. 29, 1900.

SOME REMINISCENCES OF THE STUDY OF MATERIA MEDICA.

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

[Read before Boston Hom. Med. Society, Oct. 9, 1900.]

The first prescription I ever made was in my student days, and it was for a sty. The remedy was pulsatilla. My next effort in the healing art was graphites, for a moist eruption behind the ears, in a teething baby. Both of these cases were soon well with no return of the troubles. My preceptor was a thorough homœopathist, with him materia medica was the back-bone of homœopathy. A man of firm conviction.

tions and a fine sense of discrimination, who prescribed his remedies after careful study, and the results he obtained I have seldom seen equaled. From him I got my first impressions of *materia medica*. I refer to Dr. J. H. Jones, of Bradford, Vt. In the old Hahnemann of Philadelphia I had the opportunity of listening to the lectures of Dr. Hering. A few indications as given by him may not be amiss, but may bring to mind things we had forgotten, and those who had never heard Dr. Hering may get a new stimulus to study *materia medica* on purely homœopathic lines. In his lecture on *coffea* he gave the symptoms of severe toothache relieved by holding ice cold water in the mouth, while in *manganium*, anything cold makes the toothache worse. A one sided headache as from a nail being driven into the head, he said, was characteristic. Colic with feeling as if the stomach would burst, cannot bear the clothes tight. Colic relieved from having the clothes tight, nit. acid.

In his lecture on *cuprum* he said it had the greatest amount of nausea of any of the metals. Vomiting relieved by drinking cold water, vomiting whenever he moves or drinks, *veratrum*. With *cuprum*, complaints begin on the left side and go to the right (similar to *lachesis*). *Cuprum* with him was one of the principal remedies in cholera.

Under the cough symptoms of *kali bichromicum*, he mentioned the stringy, tough mucus that sticks to the tongue and lips and has to be wiped off. Cases of tuberculoses with this system as a guide to the selection of the remedy have been cured by *kali bichromicum*, at least the bacteriological examination of the sputum before and after has so demonstrated. Dr. Hering said that one of the best remedies when labor was slow, on account of ineffectual pains, is *natrum muriaticum*. The symptoms of fever blisters on the lips in intermittant fever as being an indication for *natrum muriaticum* he underscored as being good. This symptom has been verified by many of us. For the cracking of the skin under and between the toes, and inflammation under the toe nails, the nails grow too thick, he gave *sabadilla*.

Dr. Hering said all women prone to abortion should take sepia and zinc. He did not say that these remedies would keep them away from the abortion shops. Under *veratrum album* he gave these symptoms: cough comes on from drinking, especially cold water; escape of urine when coughing. He also said look up *cantharis* in gastric derangements of pregnant women, a hint which has helped many times in the selection of the remedy. *Cantharis*, too, he said was more useful to women who are sterile. Besides Dr. Hering in the Philadelphia school, there was Dr. Lippe, whom Dr. Lilienthal called "the old war horse, grand Count Lippe;" Dr. H. N. Gurnsey, who taught characteristics and the use of extreme high potencies. He said, one day when considering *lachesis* in diphtheria, when the disease begins on the left side and goes to the right, give one dose of *lachesis* 40m. The next day the patient will be worse and will continue to be worse for four days, when the patient will be better and will recover. He laid particular stress on not repeating the remedy while the patient was growing worse. Dr. H. N. Martin taught key notes; Dr. Rowe, pathology and special indications, careful close prescribers all, men whose memory is cherished by all who received instruction from them. When one speaks of *materia medica* in connection with our own Boston University we involuntarily think of the lamented Dr. J. Heber Smith. It was in the early years of his teaching, and perhaps his best years that I learned so much from him. We all remember his genial ways, his method of impressing the symptoms of drugs on our memories. Who will forget his description of the diarrhoea symptom of *antimony crudum*? the old man with the alternate diarrhoea and constipation cannot control himself. He said when you go to make the call on that old man, and on getting in sight of the house and see several pairs of trousers hanging on the line and remember that you have no *ant. crud.* in your case, your visit will be in vain. And when lecturing on *muriatic acid* he said, in regard to the symptom in typhoid fever,

"the patient slides down in bed," that when a patient got in this condition he would usually keep on sliding. He told us, too, that ruta would cure housemaid's knee, and that in the early years of his practice he was fortunate in having several boarding-mistresses that had this affection, and that when he had cured one, he felt it incumbent on him to change his boarding place for new fields of conquest.

Cheledonium with him was a great liver remedy, catarrhal jaundice, headache from liver trouble. He mentioned cro-tig as an antidote to rhus poisoning, and the painless, watery diarrhœa, he said it came like water from a hydrant. He gave these as the skin symptoms of cro-tig., the psoric individual, salt rheum and popular diseases, dandruff, itching of the skin under the beard. I remember especially his speaking, when lecturing on gelsemium, of one pupil dilated the the other contracted. I know today the modern pathologist will say that this is due to a brain laision in nearly every case and not amenable to treatment. Yet the next case of this kind you have try gelsemium and cure it.

The sensation of a sliver in the throat, and also of a sliver in the eye in the morning are hepar symptoms of the early provers, verified by Dr. Smith. The snaky tongue, as he expressed it, of lachesis, he puts it out quick with a dart. All symptoms worse after sleeping. When all symptoms are worse at night, merc viv; and if in connection with this there is perspiration, increased amount of saliva in the mouth. Of gastric symptoms, bitter vomiting before midnight, merc viv; after midnight, arsenicum. When children who perspire easily involuntarily pass urine at night, merc viv.

Nux moschata was always to be thought of in stomach disorders with flatulency, pregnancy, hysteria, especially if there was a morbid appetite. The rheumatism of nux moschata is relieved by dry, warm clothes, while the rheumatism of rhus is relieved by cold. Gelsemium is the antidote for poisoning by nutmeg. The name of Dr. J. Heber

Smith will always be held in the highest esteem by the students of Boston University. Dr. Conrad Wesselhoeft was an associate of Dr. Smith. We did not get the witi-cisims from him that made the impressions that we did from Dr. Smith, but we got the best thoughts from his deep study and research. His power of analysis, his way of separating the wheat from the chaff and then of giving us only the wheat, was what made his teaching valuable. In his lecture on Bell he spoke of the high, piping voice where Lippe gave it as "a rough voice with nasal sound." And as a remedy in coxalgia with the burning pain in the hip joint, worse at night, aggravated by the least contact. And epileptic spasms followed by nausea and vomiting would be helped much by belladonna. I am a little cautious in saying much in regard to Dr. Wesselhoeft's lectures for I know his memory is good and he may bring me to task should I misquote him.

I well remember some good advice given the class by Dr. E. P. Colby in regard to the gathering of the leaves of the rhus toxicodendron. He had described the plant fully, had told us the part of the plant to use, and the right season in which to gather it to get the best medicinal effect; how to protect our hands and face, and finally said we had better get a boy to gather it for us, especially if the boy might be a prospective patient. Dr. Colby always had the welfare of the students close to his heart. And, too, one cannot recall the early days of Boston University but there comes the memory of a Talbot, a Dr. Gersdorff, a Thayer, a Jackson, a Clark. Although they were not connected with the chair of materia medica, they were true homœopaths, and as such could not hold within themselves the truth of the homœopathic materia medica and the law of similars. In those days I think more attention was given by the students to the study of materia medica. Today, with the larger corps of professors and advanced methods of teaching, the opportunities for study are better, but is there a corresponding increase of knowledge of the materia medica? A method of

generalization has crept into our practice ; you, my colleagues, and I indulge in it ; and by so doing we are undermining that foundation which was laid deep and well by the fathers and given us as a heritage upon which to build the superstructure, beautiful and perfect in all its lines and proportions, strong in every portion so that it should be as lasting as the eternal hills. Have we kept the trust sacred or must future generations wonder where is the house beautiful ?

SUPERIORITY OF VAGINAL OR SUPRA-VAGINAL METHODS.—It would appear that most of the opposition against the vaginal method is by men who have had but little experience in operating by this route ; hence the arguments are largely theoretical. The vaginal method seems to be especially indicated in most cases of carcinoma uteri, in small fibroid tumors, and in many cases of pelvic abscess.

The opposition to this method because the operator can not see the structures he is removing will not bear the test of practical experience ; for if the operator adopts the correct technique and avoids the use of a multiplicity of retractors—often using none—he will find that with few exceptions he can see every structure he deals with more clearly than he can in many cases by the suprapubic route. The selection of the method, however, depends upon the nature of the disease to be removed, and upon the experience of the operator.

If all surgeons understood the technique of surgery per vaginam as well as they do the technique in operations by the suprapubic method, there would be no further discussion upon the relative merits of the two methods, each having its own legitimate sphere, and in many instances one method may supplement the other.—Editorial, *American Practitioner and News*.

EDITORIAL.

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

PENDING LEGISLATION.

There are at least three matters pending the action of the Legislature which should be of interest to every physician. First, a bill to permit the granting of diplomas, with degree of doctor of physiological optics, by a college where only, so far as we are able to learn, is taught that branch of medicine which pertains to the eye and its diseases. Second, an amendment, known as House Bill No. 863, to the present law governing registration in medicine, whereby those claiming to treat persons by clairvoyance, hypnotism, Christian science and osteopathy, shall *not* be exempt from the provisions of the law as heretofore. Third, a petition, known as House Bill No. 936, asking for an amendment to present registration laws, whereby graduates from any legally chartered medical school shall be granted a license to practice without examination. It would be difficult to imagine more pernicious legislation than that aimed at in the first and third of these bills. That embodied in the second proposition should have been done long ago, but will probably be put off for a long time to come. Such is the inherent passion of the public to be fooled, even at a good deal of risk to themselves and the community. Verily, "What fools these mortals be."

The bill to establish a college of physiological optics, with permit to grant degrees, is essentially class legislation of the worst kind, and is the outgrowth of the pernicious custom which has been in vogue for years, of opticians prescribing as well as fitting and manufacturing glasses. If there is to

be any legislation on this subject it should be to prevent this work being done by opticians. Every practitioner of medicine, who has been properly educated knows, that the varying conditions of defective sight, eye-strain, etc., are to a very large degree in many cases due to conditions of ill-health elsewhere in the economy, which the mere correction of optical defects will not cure; on the contrary, the full correction of the optical defect alone will not infrequently aggravate existing abnormal conditions. The educated public is just beginning to learn that the proper treatment of imperfect or diseased eyes necessitates a proper prescription, made not alone from the conditions revealed by examination of the eye, but from that supported by an examination and knowledge of the whole body as to whether it is in a condition of physiological equilibrium or not. Such knowledge cannot be obtained except by such thorough training as one gets in a medical school. Many eyes have been permanently injured by glasses prescribed by the optician, and this bill will tend to increase rather than diminish the danger. Meanwhile some of our best oculists have difficulty in finding one optician who can properly make the glasses that are prescribed. It is no uncommon thing for glasses to be returned to the optician for correction because they do not mechanically fulfil the prescription. We would suggest that they perfect themselves in their legitimate business.

House Bill No. 863 aims to enlarge the scope of the present registration laws so as to include with those subject to its provisions the clairvoyants, magnetic healers, Christian scientists and osteopaths. This is much needed legislation, but we doubt if the general intelligence of the General Court is sufficiently developed along this line to ensure its passage. Whenever legislation of this character has been attempted in the past, the hearings have been crowded with a motley mob, who through able counsel raise a mighty howl that personal rights and liberty are being restricted, whereby everybody has an inalienable right to employ any person or

thing he sees fit to cure his ills ; that it is an effort to establish a gigantic medical trust, that doctors only experiment on people any way, and kill as many or more than they cure, etc., *ad libitum, ad nauseam*, and straightway the Legislature is convinced apparently and fails to legislate.

It does seem strange that such a mighty noise and fustian should have any effect on such an intelligent body, but it seems that it does. The real point at stake is lost sight of entirely. It is not that these people who believe in these various tenets of cure should be denied the right or excluded from the privilege of practising as they see fit, but it is that these people should be sufficiently educated, medically, to know whether the person coming to them for treatment has any disease which is dangerous to the public health, and if so, they should be obliged, as is the holder of a medical degree, to report the case to the authorities and be subject to the same control and penalties. The knowledge that they are so able to recognize dangerous ailments can only be in evidence by subjecting them to the examination of the State Board of Registration, and that knowledge once obtained, and the parties licensed and subject to the control of the health authorities. We do not believe the doctor of average intelligence cares a tinker's commission whether they cure their patients by Christian science, or anything else, or whether they cure them at all, so long as they do not by their ignorance spread disease.

House Bill No. 936 is a very sly endeavor to practically cripple the present Board of Registration entirely. It calls for the licensing as a physician by the Board any person graduating from a legally chartered medical school without any examination by the Board. An examination of the reports of the Board of Registration since its establishment should in itself be sufficient to convince any fair-minded reader that the proposed amendment is thoroughly bad. The experience of the Board shows conclusively that practically bogus medical schools acting under a legal charter have

been possible even in Massachusetts, and that some of the medical schools of good repute and standing, do somehow graduate students who, in subsequent examination by the Board of Registration, show themselves totally unfit to hold a degree. The very fact that this legislation is asked is in itself suspicious and contains within itself the germ of its own destruction; for if the "legally chartered medical schools" educate and graduate students up to the standard that they ought, no graduate will hesitate a minute in being perfectly willing to be examined by any suitable board of examination. It is only those improperly and imperfectly qualified who are afraid to appear before the State Board, and this legislation is designed to help them. The gist of the whole business is that those qualified have no fear of the examinations. Those unqualified, whether graduates of medical schools or not, have no business in the profession. We believe the present Board of Registration in Medicine has done and is doing thorough, conscientious, valuable work, and they should be cordially and heartily supported by every physician in the State. We urge, then, that each of our readers in Massachusetts make it their duty at once to see his or her representative to the General Court, and endeavor to interest him in these various matters pertaining to medical legislation, that he may be persuaded to look thoroughly into them, and judge of them fairly on their intrinsic merits, according to his best intelligence.

THE INSTITUTE MEETING.

We are in receipt of a circular from the Executive Committee of the American Institute asking for votes on the most desirable location for the next meeting.

We supposed the matter was all settled by vote of the Society, but from the circular it seems the Executive Com-

mittee were given discretionary powers, but notwithstanding feel rather delicate about exercising their discretion, and so want a new vote of the whole Society to back them up. Their chief contention seems to be that because of the proximity of the Buffalo Exposition, the hotels at Niagara, the place selected by the Society, will be uncomfortably filled, and besides the Pan-American Exposition will prove too attractive for the good of the Institute. We supposed that Niagara was chosen at this time partly on account of the Exposition, so that both could be enjoyed at same time. We still believe Niagara to be the best place, and that the proximity of the Exposition will attract many members to the Institute who would otherwise stay at home.

OBITUARY.

Dr. Henry F. Batchelder died February 15, at his home on the corner of Locust and Oak Streets, from cerebral meningitis, the development of a severe attack of the grip.

Dr. Henry F. Batchelder was born in Middleton, Oct. 10, 1860, being descended from Joseph Batchelder, who came to this country in 1636, the Batchelder ancestry being of the oldest and highest standing recorded in genealogy. He was the son of John A. and Laura A. Batchelder. He was educated in the Salem public schools, graduating from the high school in that city in 1879, and in Boston University Medical School, where he obtained the degree of C. B. (Bachelor of Surgery) in 1882 and M. D. in 1883.

He began practice in his native town and shortly afterward came to Danvers, where his recognized skill and great popularity secured for him an extensive and high class patronage. He had been a member of the school board for six or seven years, and belonged to Amity Lodge of Masons, Holten Chapter, Winslow Lewis Commandery and other

fraternal organizations. He was a member and has been an officer in several medical fraternities, including the American Institute of Homœopathy, Massachusetts Surgical and Gynæcological Society and Essex County Homœopathic Society. He was Republican in politics, but was never actively partisan. On April 30, 1884, he was married to Miss Caroline E. Taft, of Dedham.

PHYSIOLOGIC ACTION OF *SENECIO JACOBÆ*.—J. L. Bunch, London, reports in the *British Medical Journal* of September 28, 1900, the results of his experiments with this drug upon dogs, illustrating his text with several tracings, showing the effect upon the heart and carotid artery. His conclusions are as follows: (1) Injection of an alcoholic extract of the entire plant into the circulation of a dog, in small doses, causes a rise of general blood pressure, with constriction of peripheral vessels and of vessels of the intestinal area. This effect is accompanied by a diminution in the magnitude of the contractions both of auricle and ventricle. (2) Large doses (0.8–1.0 gm. for a dog of 7 kilos) of the drug cause a fall of general blood pressure with dilatation of the intestinal blood vessels and inhibition of the contraction of the intestinal coat. (3) After several injections of small doses, or after one large dose of the alcoholic extract, further injections produce a fall of blood pressure, with slowing of the heart, and this effect is repeated unless a considerable interval is allowed to elapse before any further injection of the drug, which then again causes some rise of general blood pressure. (4) The entire plant therefore contains two substances with distinct physiologic actions; but they have not been isolated. (5) Watery extracts of the residue obtained by evaporating the alcoholic extract produce a fall of blood pressure and cardiac inhibition due to the action of the drug on the nerve terminations in the heart and not to direct action on the muscular fibres of that organ. (6) The substance which causes a rise of blood pressure is not contained in such watery extract, or, if present, only in small quantities.—*Medical Review of Reviews.*

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

An adjourned meeting of the Society was held at the Boston University School of Medicine, Friday evening, Jan. 18, 1901, at 8 o'clock, the President, T. Morris Strong, M. D., in the chair.

The President stated that the change in the date of the meeting had been made by the executive committee, because one of the speakers could not be present on Thursday evening.

SCIENTIFIC SESSION.

Dr. David W. Wells exhibited a microscopic section of a myopic eye, mounted in a peculiar way in glycerine jelly, by Dr. Swan, of Chicago, and showing the diseased conditions with the iris pressed forward.

REPORT OF THE SECTION OF SANITARY SCIENCE AND PUBLIC HEALTH.

FRANK E. ALLARD, M. D., Chairman.

CHAS. L. FARWELL, M. D., Secretary.

H. D. BOYD, M. D., Treasurer.

1. Milk Inspection of the State Board of Health. Albert E. Leach, analyst of the Massachusetts State Board of Health.
2. Modified Milk. Halsted Yates, Walker Gordon Laboratory.
3. Milk from Producer to Consumer. Simeon C. Keith, Jr., bacteriologist, H. P. Hood & Sons, Milk Contractors.
4. Milk Direct from Dairy to Consumer. H. G. Jordan, Jordan Farm, Hingham, Mass.

"Milk Inspection of the State Board of Health." Mr. Leach stated he knew all were familiar in a general way with the fact that the quality of milk supply is looked out for by various systems of state and municipal inspection, but sup-

posed it could be assumed that all were not familiar with what the Board of Health is doing along this line. Massachusetts was the first state to engage in the systematic inspection of food and drugs, and, indeed, was for many years the only state, now there are five or six others, New Jersey, Pennsylvania, Michigan, Wisconsin and Ohio. A great many have laws by which the adulteration of food constitutes a misdemeanor, but in 1883 the State Board of Health first began the systematic inspection of drugs and foods. An appropriation of \$11,500 was made to carry on the work, and has been appropriated every year since, and with the exception of one or two years the work has been done within the appropriation. Chemical work was then, and was for many years, done by private laboratories; but in 1892 it was thought best to combine all the chemical part of the work under one head, and a laboratory was put up for the use of the department, temporarily, in the Harvard Medical School, and later in the Columbia Theatre Building; for the last six years the work has been done at the State House, where there are good arrangements for doing it. Three-fifths of the appropriation has been spent in the collection and examination of milk and milk products, such as cream, condensed milk, butter and cheese.

In 1883 the number of samples of milk inspected amounted to only 218, and at that time 84 per cent. were found to be below the standard, while at the present time 6,000 to 7,000 samples are examined with a ratio of 28 per cent. below the standard.

There are three collectors, or inspectors, whose duty it is to travel through the state and buy in the open market milk which they bring in for inspection. They divide the territory among them, and their visits are made at irregular times. Each inspector is provided with a large box, which will hold fifteen to twenty-five half-pint jars, in which the samples are put. He means to be on hand when the milkmen are going their rounds. Though authorized to take the milk, it is generally purchased, as that establishes a sale. A

record is made in a book of the number assigned to each sample. He also visits stores, purchasing milk and drugs, arriving at the office before the middle of the day.

Precautions are taken to render all liability of tampering with the samples impossible, so he can testify that no one has had access to them. As the samples are designated by number only, the chemist does not know when or where they were obtained, and, therefore, is perfectly unbiassed and can testify truthfully. After analysis, he reports result to the State Inspector. If it is the first offence, or there are extenuating circumstances of any sort, the milk man is notified that his milk is below the standard, and that a repetition will make him liable to be brought into court. If prosecution is decided upon, inspector and analyst go into court; the two conduct the case, as a rule, without the aid of a lawyer, because the long experience of the inspector in the work (ten to sixteen years) makes him familiar with the laws governing adulteration. The inspector takes milk also from the stores and from producers, and sometimes he takes milk of known purity. Such samples were taken before fixing the standard, which has been criticized as being very high and as higher than elsewhere. The usual standard now is $11\frac{1}{2}$ per cent. solid matter (at first it was 13 per cent.); in May and June 12 per cent. The legislature has fixed the standard for six months of the year from October to March, inclusive, 13 per cent.; April to September, inclusive, 12 per cent. The standard is high and there is no question, but there are cows which give milk below this standard. Milk from a mixed herd is almost sure to be above the standard fixed by law. The ratio in the laboratory does not represent the fair condition of common milk, especially samples taken in December and June.

We analyze samples of milk both for solids and fats with a view to averaging the results and noticing what they will be. The analysis of 403 samples of milk, brought in from twenty-five cities in December, showed an average of 13.2 per cent. solids, and the 99 samples from towns an average of 13.4 per

cent., both well above the standard. In June 311 samples from the cities averaged 12.67 per cent., those from the towns averaged 12.65 per cent. In making the averages, if the winter and summer months are taken together, the mean would be almost exactly 13 per cent.

Until 1900 all samples of milk, which were below the legal standard, were considered adulterated, no distinction was made between foreign ingredients and deliberate watering. The minimum fine for the first offence is \$50, second offence \$100, and fine and imprisonment for subsequent offences. Now milk has got to be below the very lowest figure before it is considered adulterated. Beside watering and skimming we have the addition of foreign substances, usually added for preserving or for coloring. As a usual thing, milk is colored to conceal evidence of water. It is first watered, then colored. Annatto is the coloring matter used, giving the milk a cream-like appearance. Lately a vegetable color is used. Caramel has been used for a long time, but it is not an ideal color, as it is too dark. Two drops will give an intense color to a quart of milk. For five years a record of colored milk has been kept; out of 151 samples less than one per cent. were found to contain foreign coloring. The use of preservatives is greatly on the increase. Last year about 11 per cent. of the samples contained an added preservative. We analyze all milk brought in for total solids, and those below the standard examined for foreign coloring matter. We find that formalin is usually employed as a preservative, and will keep milk sweet ten days which would curdle in a day and a half. It is usually sold in weak solution.

The sentiment is changing a little among chemists, instead of preservatives being harmful to the digestion, they try to argue that their use in milk should be legalized. It is a question how far adulteration should be allowed. Borax changes only the lactic acid form of bacteria, but allows others to increase. Aside from the injury to digestion, it is a question whether old milk should be sold instead of fresh, because milk five or six days old, while it is perfectly sweet,

is sure to have undergone some sort of decomposition. Carbonate of soda has fallen into disuse because it does not exercise an appreciable preservation.

Inspectors confine their attention mostly to towns and cities outside of Boston. Cambridge has an efficient system. Lowell has had one for a number of years, also Brookline. In all cities of any size they have milk inspectors, who usually issue milk licenses, but exercise no inspection over the milk itself.

As the law reads now any one is found liable if adulterated milk is found in his possession. A man does not always know the quality of the milk, and sells it just as he bought it. Of course, much hardship is caused in carrying out the law. In a sense a milk man has the means of establishing his innocence. He can prove it sometimes in this way. If he purchases his milk of a large contractor, it is sometimes possible for him to trace the milk to a particular dairy, and if he can, he states his case to the inspector, who will delay the case and inform the State Inspector, who will send to the producer and take samples from all his cans for analysis. If the milk is found to be poor, it is *prima facie* evidence that the milk man is innocent, and the producer is brought into court.

Dr. Tower: Is the object of coloring milk always adulteration?

Mr. Leach: No. The milk man adds orange color because others do, and he wishes to have his milk as good a color as that of other dealers.

"Modified Milk." Mr. Halsted Yates, representing the Walker Gordon Laboratory, stated that the Walker Gordon modified milk is made from perfectly fresh cows' milk, is suited to any digestion of invalids and infants and resembles a perfectly fresh milk. It is prepared from a physician's prescription only, giving percentage of fats, proteids, sugar and water, and quantity of feeding; is furnished in such quantities as desired. The food supply is delivered daily in the bottles from which it is to be fed. Experience has

proved that no single formula can do the work. The constitution of the properties of the milk are considered and the ingredients adapted to the needs of the child. Proportions can be changed to be like cow's milk. The greatest trouble we have found has been the digestion of the proteids. We have been able to change the proportions, thereby producing a more easily digested milk and one adapted to the requirements of each case. The problem of infants' food is to obtain the elements of food separately and then combine them so as not to be injurious. The amount of milk and cream used conveys no definite idea. By our method the physician knows just what he is getting. Our system has been so thoroughly tested that I have no hesitation in making this statement. When first started, samples of the modified milk were taken to an analyst and found to be just what the physician ordered.

The milk and cream used is from cows on the farm and reaches the laboratory about 1 P.M., where the prescriptions are prepared, and placed in cold storage until delivery the next day. Prescriptions received from 7 A.M. to 11 A.M. will be filled in the afternoon. Most prescriptions can be filled within three hours after receipt. Each prescription is prepared in turn and the tubes tightly corked with sterile cotton. When needed for use, the stopple is removed and a nipple is placed over the tube. In this way the milk is not exposed to the air after being poured into the tubes. Each tube contains a single feeding, and no tube is used a second time. All the empties are returned at once to us and sterilized, and are sterilized again before being used. Methods like these require experienced men and they must be careful men. The only objection is the additional expense. They cannot, necessarily be cheap men, nor can modified milk be furnished cheaply. It would mean a lowering of the standard, which we are not willing to do.

These methods are pursued in all of our eighteen laboratories situated in the United States, Canada and London.

Dr Tower: Was the cost stated? If so, I did not hear it.

Mr. Yates: The price is according to the number of feedings furnished. The price for two feedings is 20 cents a day; for eight, 40 cents; anything above that is 5 cents a day additional.

Mr. Leach: If a child were brought to your laboratory, would you furnish milk for it according to his age?

Mr. Yates: We furnish no modified milk except on a physician's prescription. We do not know what the child wants and insist upon a prescription.

"Milk from Producer to Consumer." Mr. Simeon C. Keith, Jr., said he thought it would interest those persons present to know how the milk is brought to the consumers. He drew a sketch of the ordinary country barn, showing the relative positions of the stock, feed bins, silo, and the unsanitary conditions in which the stock was kept during the cold months.

As to the grade of cows, there are very few pure blooded cows, $\frac{1}{5}$ pure and $\frac{3}{4}$ something else, which they term common red cows, or natives. Then there are a good many crosses. The Holstein is a big producer. The cow is virtually a machine, some do good work and others do not. It makes a great difference what they have to eat, not so much as to quality but as to quantity. It is rather to be deplored that farmers look at it only from the producer's standpoint. The care of milk is of great importance, and up to a few years ago very little was done in that direction. The cans were put down the well until train time, then put in the cars. Within the last five years farmers have been induced to build ice houses, for without ice it is almost impossible to keep milk in good condition. Of course the conditions there are not ideal, although they have the advantage of fresh air. The stables are close and there is not as much breathing space as the cows ought to have. It is usually two miles and a half from the farm to the car. On arrival the cans are put into the cars, each car holding about 800 cans. As soon as the milk arrives, it is sold to local dealers put up in quart and two quart cans for the trade. The laws

of the State require a milk of a certain standard quality, and the milk, as produced by farmers, is not of standard value, ninety-nine cases out of one hundred it is just as it comes from the cow, but is not of equal quality. It is the custom of dealers to mix it, and then run it into cans. The objection I have to this is that the milk, as it arrives in the city, is not all good, but all has to be tested. We have expert tasters who can tell the exact time a can can be kept, if one escapes, it spoils all the others. The dangers arising from the use of milk are very much exaggerated.

Mr. Keith exhibited a number of stereopticon slides, showing views of the Hood farm and herd at Derry, N. H., also magnified sections of the udder, showing the glands active and inactive.

Dr. Tower: I have had some little experience with typhoid fever traced directly to the milk supply. Could the germs be detected in the milk?

Mr. Keith: That they are in the milk is certainly true. Up to a few years ago we were not successful in detecting the germs, and at the present time, it is very difficult, because they exist in such small numbers and resemble others so much.

Dr. Spalding: Has Mr. Keith made the experiment of placing typhoid fever germs in pure, freshly strained milk and found that they had been destroyed?

Mr. Keith: I have never performed any such experiment, but it seems to me that freshly strained milk is not different from that which has not been strained. I have been able to keep milk without change ten days. Milk, when coagulated, will change exceedingly quickly. We know of no change except bacterial change. The great infection of milk takes place when the cow is milked, the udder is not clean, and impurities escape into the milk at that time. If it is true that the bacilli will be destroyed we should not have to sterilize.

Dr. Colby: I would like to ask if any differential study has been made of the physical characteristics of different

cows from the same breed, or cows from different breeds; characteristics of the fat corpuscles, their size and thickness as shown by their easy coalescence. Whether separation of fat by centrifugal force alters the physical condition of the fat so that it becomes more or less digestible.

Mr. Keith: The first question I cannot, perhaps, answer as you would like to have me. I have made only a few tests of the size of the fat corpuscles. They vary greatly. In the Jerseys they are the largest and in the Holsteins the smallest, taken as a whole. It is well known that cream stirred into milk will not rise as well again. I will say that I have noticed quite a difference between the tub set cream and separator cream. The latter seems to cause the coalescence of these fat corpuscles so that we get a buttery layer on top.

Mr. Yates: In regard to the size of the fat corpuscles. In purchasing our cows, we rather incline to the Holsteins for this reason, because the fat corpuscles are smaller than other breeds and therefore more digestible.

In regard to cream, whether centrifugal force or gravity method is the more digestible, I cannot say, we leave this to the physicians. We furnish both. At one time there was a certain buttery layer on the top when the milk was delivered, and a series of experiments were conducted to find what was the difference. The results were that, so far as could be seen, there was no practical difference either in the appearance of the milk or its digestibility by the child.

Replying to the question how the modified milk is produced, Mr. Yates stated that the cows are specially selected as to health, and must be of special grades. They are not put into the herd until quarantined, then they go into the herd, and are fed regularly with selected food. Barns must be kept perfectly clean. At milking time each man puts on a clean white suit, which has been sterilized, the pail has also been sterilized, and when full is carried to a separate building, there the milk is strained through eight thicknesses of cotton and run into the cooling vat, and from that into a large sterilized tin pitcher and the bottles are filled from it.

No one except the bottler is allowed in this building. When filled, the bottles are carried to the laboratory. The night's milk is received at 12 P.M. of same day; the morning milk about 1 P.M. The men are under the supervision of a physician. Any man who has a sickness in his family, or is ill himself is released from duty. In New York and Philadelphia our places are under the direction of physicians, who send their representatives to us, without warning, to see that everything is clean.

Milk Direct from Dairy to Consumer." Mr. H. G. Jordan, of Jordan Farm, Hingham, said he felt somewhat out of place as his life had been spent in the coal business. He considered that the Society was doing a kindness to every family in taking up this subject. The work of the State is interesting, but it does not go far enough. Very little has been said about the inspection of the barn and of cows before milking. In many instances the cows are milked where they have been standing for days and perhaps weeks; the feed is exposed to the manure, and the cattle eat food which has practically had their breath for weeks. A great many of these New Hampshire barns have no conveniences. The State should inspect the barns particularly. I have considered that milk is a naturally pure product, and if it is found unclean some one is to blame. If it was possible to draw milk from the udder of a perfectly healthy cow, such milk should be free from bacteria. Milk from a healthy cow and well aerated, bottled and delivered to the customer is the proper way to deliver milk. It seems to me that the first thing for a dairyman to do is to select a thoroughly healthy herd of cows; next, they should be properly and regularly fed; milked at the same hour each day; barns cleaned and bedding changed so that the cows will be comfortable. The Board of Health has not visited my farm since I have been in the business. There are a number of regulations for the sale of milk, but our State Board of Health has no control over milk brought into the State.

Dr. Spalding asked in regard to the bacteria in cows.

Last winter I was in Paris and there made quite a little study of the milk situation. I found that in the city of Paris and in the suburbs, the cows were allowed to stay in the stables from the time they were bought until they were sold, without any exercise. The stables stand as close as it is possible for them to, and one physician at the hotel said he knew that a great deal of the disease contracted came from the milk supply. In Boston I think we are far ahead of any other city in the milk supply. I think the care of our dairy is far ahead of any city both here and in Europe.

A unanimous vote was passed thanking the gentlemen, who had favored the Society with their papers, and expressing appreciation of their kindness.

Adjourned at 10 : 30

EDWARD E. ALLEN.

Secretary.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the Society was held at the Boston University School of Medicine, Thursday evening, Feb. 7, 1901, at 8 o'clock, the president, T. Morris Strong, M. D., in the chair.

The records of the last meeting were read and approved.

Franklin S. Wilcox, M. D., of West Newton, was proposed for membership.

Dr. Frederick W. Halsey was appointed a member of the Standing Committee on Legislation in place of Dr. T. Morris Strong, who is now a member *ex-officio*, and Dr. Eliza B. Cahill, Chairman of the Section of Ophthalmology, Otology and Laryngology, in place of Dr. Strong.

The resignation of Dr. C. W. Nordstrom, Malden, was read and accepted.

Edwin B. Harvey, M. D., Secretary of the State Board of

Registration in Medicine, called the attention of the Society to several matters just introduced at the General Court, which he considered of interest to the medical profession,—bills relating to vivisection and the granting of degrees.

The bill pertaining to anti-vivisection, if passed, will prevent medical schools making experiments with animal life unless an agent of the M. S. P. C. A. is present. It is the old matter which was rehearsed and defeated at the State House a few years ago.

An effort is being made to amend the present law so as to apply to hypnotists, mind healers, laying on of hands, etc. A number of corporations are asking the State to authorize them to confer degrees with a title, as Doctor of Osteopathy, etc., after but a few weeks' study, either in person or by correspondence. Of course, the whole object is to get permission from the State to use the title doctor, because of its influence with the ignorant layman. If the medical schools are represented at the hearing, I think the bill can be defeated at once, as the measure has not a large following.

At present the Board has difficulty in maintaining a prosecution, owing to the different interpretations by the courts as to what constitutes a physician; what is considered sufficient evidence in one county is not so considered in another. The Board is trying to get the State to regulate matters so that the man who practises or attempts to practise medicine in any of its branches holds himself out as a physician. It is also endeavoring to have uniform State registration.

Dr. Harvey asked for the co-operation of the Society in the work of the Board. When recommendations have been made by the Board in previous years, the legislative committee have inquired if anyone other than the State Board was interested in this matter? Now, if the Board can show petitions, not only from the profession, but from laymen, in support of their recommendations, the measure is much more likely to be favorably considered.

Dr. J. M. Hinson called the attention of the Society to a

bill to be introduced by the friends of the New England Optical Institute. The object of the bill is to permit said institute to confer the degree of Bachelor of Optics and Doctor of Optics.

These several matters were referred to the Standing Committee on Legislation with full power.

Dr. H. E. Spalding: Would it not give this committee a better standing before the Legislature if this body had authorized it to defeat this bill?

Dr. N. Emmons Paine: The State Board of Registration in Medicine ought to feel that this Society upholds them in carrying out the present law, and have only properly educated and graduated persons practise medicine in this State. If there are any practising who are not, we want to know it.

Dr. Harvey: I am glad to hear Dr. Paine make the statement as plainly as he has, but the Board as a Board has felt that to be the case. It is a composite Board, but as yet not a word of difference has arisen between the different schools represented, and it is the right kind of Board to have. I am glad that the course of the Board meets your approbation. Unify the laws, and have one composite Board working in harmony.

SCIENTIFIC SESSION

Dr. S. C. Fuller, Westboro, exhibited two brains showing hemorrhage, one into the lateral ventricle, well defined, and one much more diffusive involving the base and internal capsule. Also a microscopical specimen showing the pyramidal cells of the cortex.

REPORT OF THE SECTION OF MENTAL AND NERVOUS DISEASES.

W. N. EMERY, M. D., Chairman.

M. G. CHAMPLIN, M. D., Secretary.

D. J. HANLON, M. D., Treasurer.

The President appointed Drs. D. W. Wells, F. E. Allard and E. P. Colby, a committee to nominate sectional officers for the ensuing year. The committee reported as follows:

Chairman. N. R. Perkins, M. D., Secretary; Caroline Y. Wentworth, M. D.; Treasurer, Granville E. Hoffses, M. D.

PROGRAMME.

1. Demonstration of the Conference System as Applied to Instruction in Clinical Neurology in Boston University School of Medicine. Frank C. Richardson, M. D., and members of the senior class.

2. Some Preventable Causes of Mental Diseases. Ellen L. Keith, M. D.

3. The Classification of Insanities. George S. Adams, M. D.

1. "Demonstration of the Conference System as Applied to Instruction in Clinical Neurology in Boston University School of Medicine."

Dr. Richardson said he thought it might be of interest to the Society to know something of the character of the work being done in the school, and that every effort is being made to turn out men and women better prepared than in previous years. The study of nervous diseases is not taken up until the senior year, and nothing was known of the subject before October last. The method of instruction about to be demonstrated had been pursued this year with great satisfaction.

Two members of the senior class, Messrs. Padelford and Sproull were called upon to make the demonstration. Mr. Padelford examined the patient before the Society in a thorough and scientific manner and finally reached the diagnosis. Mr. Sproull was responsible for the pathology of the case, and his explanation and demonstration made it evident that he not only understood the case, but also that the class was being well grounded in the pathology of nervous diseases generally.

2. "Some Preventable Causes of Mental Diseases." Dr. Keith not being present her paper was read by Dr. Emery.

3. Dr. George S. Adams's paper on "The Classification of Insanities" was read by Dr. Klopp.

Owing to the lateness of the hour, the papers were not discussed.

Adjourned at 10 o'clock.

EDWARD E. ALLEN, *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

ENLARGED TONSILS CURED BY MEDICINE. By J. Compton Burnett, M. D., London, England. Philadelphia: Boericke & Tafel. 1901.

The author's views of the function of the tonsils are interesting in the extreme. On page 53, he says, "They are placed on either side of the fauces for the primary purpose of lubricating the food as it passes down the gullet into the stomach proper." Again on page 54, he writes, "The tonsils lie at the top of the digestive tube, and whenever certain parts or portions of the body have to deal with something harmful, the same is passed along the circulation to the tonsils to be cast out, and the tonsils then act vicariously for said parts from elsewhere. A great advantage in having it cast out at the top of the gullet is that what is cast out at that part may be rolled up in the food and so rendered harmless, and if it is disposed to decay, it is disinfected by the gastric juice. In fact, an evil-disposed particle of anything sent by the economy to the tonsils to be dealt with, has a very poor chance of doing any harm in its journey from throat to anus."

He further writes, "The tonsils are also capable of curing phthisis by the formation of series of abscesses each going through the various stages of heat, swelling, and bursting." On page 75, the following theory is advanced: "The more I watch the behavior of the tonsils, the more I am convinced that they are charged with an excretory, a defecatory function, and that they excrete things out from the organism, casting them out both at the time of swallowing food and also as a kind of lubricating trickle; such excretions pass with or without food, down the œsophagus like corn down a shute. Moreover, I think the bulk of the private troubles of the tonsils, *i. e.*, their diseases are vicarious for the mucous lining of the body. I am satisfied from my observation that the tonsils are capable of sacrificing themselves on the altar of the economy by ulceration, till nearly or quite all the tonsillary tissue is gone."

In the last fifteen pages of the book there is a dissertation on the "Anatomy and Physiology of the Glands." Here are found quotations from the writings of Drs. J. H. Clark, Bennett, Carr, Routh, Pidoux and Martiny. Dr. Bennett does not claim that the tonsils are true lymphatic glands, but he says that they are closely allied to

them, and therefore he believes the physiological function of both to be practically the same.

A series of cases are given showing the great efficacy of bacillinum, in a high potency, of Luet C. Thuja 30, Calc. fluorica, Calc. carb, Tub. test. C, Baryta carb, Vaccinin, etc. The plain straightforward prescribing for the totality of the symptoms according to the law of similars is evidently too easy. The writer is not content with this, he must first clear away with bacillinum C a "tuberculosic quality," or with thuja or silica a "vaccinosic quality," with sulphur some other mysterious dyscrasia, before the indicated remedy can be given. Even then one must follow certain fanciful methods before the remedy can be properly selected, and the gentleman believes that sane intelligent thinking physicians will call the statements made in the book scientific truths to be accepted and diligently followed.

If the statements in the book *are* accepted, we must believe that the thousands and ten thousands of children who have in the past years had their tonsillar hypertrophies removed by surgical methods are rendered more liable to serious danger from disease, particularly tuberculosis.

Dr. Johnathan Wright, of Brooklyn, after many years of study and observation, says, "The tonsils are pathological entities when they can be demonstrated clinically."

In the "1901 Year Book of the Nose and Throat," we find numerous theories expressed regarding the function of this small mass of lymphoid tissue between the faucial pillars. Thus Labbè thinks the tonsils take an active part in blood formation. Masini believes that they have an internal secretion. Packard believes that investigation has demonstrated that healthy tonsils can be invaded by micro-organisms, but that they can quickly rid themselves of these sources of disturbance. This author thinks that their function is to offer a barrier to the entrance of organisms into the deeper tissues.

Fry asserts that the tonsil is a retrograde structure and has no function in man. Most authorities agree, however, that there exists physiologically in children small masses of lymphoid tissue in the naso-pharynx, between the faucial pillars, and at the base of the tongue.

Waldeyer's lymphatic ring, as it is now frequently called; but

that in the normal throat this tissue cannot be easily demonstrated. It is also agreed that the tonsils, if enlarged, with the exception of the lingual tonsil, undergo a process of atrophy from the eighth to the fifteenth year.

Granted that the normal tonsil has a function. Now what takes place in the process of hypertrophy. From microscopical studies of many hundred specimens, we find in most instances that this lymphoid tissue undergoes a process of degeneration, that there are formed pus pockets, calcareous secretions, with a large admixture of fibrous and connective tissue. This, the author would say, is nature's method of sacrificing the tonsillar tissue, that the internal organism might be protected. Let us admit for the sake of argument that this is so, that this tonsillar tissue has been sacrificed, leaving in its place a tumor containing pus, perhaps lime, the harboring place of different forms of bacilli, adherent too, and restricting the movements of the palatal muscles. An hypertrophied mass causing nasal obstruction which in time occasions certain definite and fixed changes in the formation of the superior maxillary bone and its adjacent structures. Middle ear disease consequent upon obstruction to the eustachian orifices is also common, to say nothing of effects upon the local circulation.

What of this? Shall we spend years in efforts at their absorption rather than to operate? What is the experience of hundreds of physicians all over the world who are doing or having this operation performed? It is that patients are benefited in a way which is little short of miraculous, and that the benefit obtained, if followed by intelligent constitutional treatment, is permanent. Probably in ten per cent. of the cases the operation fails to produce this beneficial change, but because of this, we should not deprive the ninety per cent. of this new lease of life. The science of homœopathy is not advanced by the unsupported statements of individual experiences, or by refusing to profit by the observations of those whose conclusions do not coincide with these experiences.

PERSONAL AND NEWS ITEMS.

DR. DAVID P. BUTLER, JR, house physician at the Rutland Sanitarium, Rutland, Mass., has opened an office at No. 102 Charles Street, Boston, where he can be consulted on Tuesdays and Wednesdays between 1.30 and 3.30 P. M Telephone, Haymarket 6413.

DR. THOMAS E. CHANDLER, class of '00, B. U. S. of M., has located at 15 Sparhawk Street, Brighton, Mass.

WANTED.—An homœopathic physician for the town of Southington, Connecticut, practice formerly held by Dr. J. R. Osborne (deceased). Dr. Osborne was the only homœopathic physician within a radius of several miles, and today many of his patients go to New Haven for treatment. Dr. Osborne is said to have had a large and lucrative practice. For further particulars address Mr. Walter Pratt, Box 626, Plantsville, Ct.

NOTICE.—To the Deans of the Homœopathic Medical Colleges and the Editors of leading Homœopathic Journals of the United States:

Gentlemen,—A competitive examination for interns of the Rochester Homœopathic Hospital will be held in Rochester on the *third Saturday of March*, 1901. Candidates will please report at the hospital, 224 Alexander Street, at 10 A. M. There will be two vacancies occurring May 15, next, and the term of service is for two years. Address all correspondence to Herbert W. Hoyt, M. D., Secretary of the Staff of the Rochester Homœopathic Hospital, 75 South Fitzhugh Street.

NEW YORK SKIN AND CANCER HOSPITAL, SECOND AVENUE, COR. 19TH STREET.—The governors of the New York Skin and Cancer Hospital announce the following course of clinical lectures on "Syphilis," by Members of the Visiting and Consulting Staffs, on Wednesdays, at 4.15 P. M.:

March 6, Syphilis as a Disease; Modes of Infection; Extra-Genital Syphilis, by L. Duncan Bulkley, M. D.

March 13, Skin Manifestations of Syphilis, by L. Duncan Bulkley, M. D.

March 20, Infantile Syphilis, by A. Jacobi, M. D.

March 27, Syphilis of the Mouth, Nose, Throat and Larynx, by D. Bryson Delavan, M. D.

April 3, Syphilis of the Eye and Ear, by David Webster, M. D.

April 10, Syphilis of the Nervous System, by Edward D. Fisher, M. D.

April 17, Syphilis of Internal Organs, by Edward G. Janeway, M. D.

April 24, Syphilis of the Bones, and Surgical Relations of Syphilis, by Willy Meyer, M. D.

May 1, Synopsis, Conclusions, and Treatment of Syphilis, by L. Duncan Bulkley, M. D.

Free to members of the medical profession on presentation of their professional cards.

WILLIAM C. WITTER,
Chairman of Executive Committee.

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COMMUNICATIONS.

THE DIAGNOSIS AND TREATMENT OF GALL STONE CASES.

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

[Read before Mass. Hom. Med. Society.]

INTRODUCTION.

What error in hygiene the human family is guilty of, which makes possible the formation of gall stones, is unknown. As far as the writer has been able to learn through reference to comparative pathology they are never found in the lower animals.

In the human family a singular divergence exists in the two sexes. Gall stones are found in women far more frequently than in men. In seven years following 1880 Recklinghausen found in autopsies performed by him, that of the gall stone cases, 4 per cent. were in men and 20.6 per cent. in women,—five times more frequent in women than in men. All statistics bear out the fact that cholelithiasis occurs in females in proportion of 4 or 5 to 1 in males. The child-bearing period is the most prolific part of woman's life in the production of gall stones. According to Schroeder, 90 per cent. of females in whom biliary calculi were found, had borne children.

It is useless to waste valuable time in speculating upon

the possible cause of gall stones. Every imaginable influence has been dwelt upon in medical literature, from corset wearing to bacteria, without settling the question. What are gall stones? In simple terms they are cholesterin and bile pigments. These substances are natural ingredients of bile, and are held in solution in bile of normal fluidity. The fluidity of the bile depends upon the amount of water available to dilute it. An habitual scarcity of water in the daily regime, must of necessity result in a biliary secretion deficient in watery constituents, and proportionately rich in solid ingredients, *i. e.*, cholesterin and bile salts.

The only other elements wanted for precipitation of the solid elements is a period of rest, *i. e.* stagnation.

It is the accepted theory that the gall bladder is a receptacle for storing the bile, in the intervals between periods of digestion. Have we not here, then, a simple and reasonable theory of gall stone formation, viz., viscid bile from insufficient ingestion of water, and precipitation of its solid ingredients during the period of storage or impounding in the gall bladder. This, however, you will say does not quite account for the moulding of the precipitate into calculi. Crystalization does the rest.

Here is an example which shows as beautifully as anything can, the exquisite crystalline deposit of cholesterin. This, then, in brief is my view of the formation of gall stones. Viscidity of the bile, stagnation in the gall bladder, precipitation of cholesterin and bile salts, crystalization.

How does this theory accord with the pathological and clinical facts?

Man, the male, is proverbially the drinking member of the family, whether it be water, beer, wine or strong drink. This may be because of his laborious occupation, free perspiration and greater thirst, but true it is that he is habituated far more than women to swallow large draughts of liquid. This much in favor of a limpid secretion of bile.

Women as a rule drink little. Their sedentary occupation

does not engender thirst. They do not crave water. Many shun it, and boast of how little they imbibe. This much in favor of a viscid biliary secretion, which needs only the periods of stagnation in the gall bladder for precipitation and crystalization.

But why still greater frequency of gall stones in women who have borne children? The supply of water available for functional purposes is still further diminished during pregnancy. In the early months of gestation, frequently for a number of weeks, nearly all material both solid and fluid is rejected by the stomach. During the whole period of pregnancy there is a new and imperative call for water to supply the wants of the growing foetus, and the amniotic fluid, new blood, and during lactation the milk supply.

In recent years, much literature has appeared tending to show a relation between bacterial invasion of the gall bladder and cholelithiasis. Bacteria of various kinds do invade the gall bladder and are always found accompanying gall stones. It is not surprising that they reach the gall cyst, for the duodenum is the natural abode of many kinds, and a most inviting path is open to them via the common and cystic ducts. In former times the bile was supposed to be germicide, but it is now known to be quite innocuous to bacterial life. Under normal conditions it is reasonable to suppose that bacteria do not reach the gall bladder in great numbers nor make it their habitat; for the periodical out flow, presumably with considerable force at beginning of digestion, constitutes a counter current in opposition to their advance. Let, however, a calculus form, and there is a fixture to which they adhere, and thus become constant inhabitants. The colon bacillus, all forms of pyogenic bacteria, the typhoid bacillus, and others, have been found in the gall bladder with gall stones.

CLINICAL VIEW.

The following cases are selected because they present typical examples of gall stone cases as seen clinically and

well illustrate the relation between the subjective symptoms and the mechanical conditions which cause them.

First Condition.— One or more large stones wholly within the cavity of the gall bladder, too voluminous to pass into, or through the cystic or common duct, but may act at intervals as a ball valve at the funnel shaped beginning of the cystic duct.

Case.— Mrs. D., age 65, of active habit and robust constitution, has enjoyed excellent health up to the time of present illness, which is of about eight days' duration. The attack came on with feeling of discomfort and tensive pressure in the right hypochondrium, which has gradually increased, until for the past three days she has suffered acute pain, has had nausea and vomiting, and in the last twenty-four hours the temperature has been subnormal and a faint icteric discoloration is observable in the sclerotica.

Physical examination discloses an elongated tumor occupying the right hypochondrium and extending downward from about the eighth costal cartilage nearly to the crest of the ilium.

Incision through the right linea semilunaris showed the tumor to be an enormously distended gall bladder, containing bile stained pus and mucus, and an enormous oval gall stone resting in the funnel shaped beginning of the cystic duct, like a ball valve.

Second Condition. — Many small calculi, varying in size, possibly also large ones, usually with well defined angles and facets. One occasionally enters the cystic duct, passes on into the common duct and is finally discharged into the duodenum. Finally a stone of a diameter equal to or slightly exceeding that of the cystic duct gets wedged into it and remains there indefinitely.

Case.— Mrs. P., age 52, has suffered repeated attacks of pain of acute cutting character in the right hypochondrium,

extending to the epigastrium for several years. Each illness was accompanied with jaundice, varying slightly in intensity and appearing during the last hours of the attack. Nausea and vomiting were of frequent occurrence in the beginning of and during the progress of the illness. With the cessation of pain, the jaundice quickly cleared up and establishment of usual health rapidly supervened, and continued until another attack.

Physical examination through incision of the abdominal wall, just below the eighth costal cartilage, disclosed a gall bladder with greatly thickened walls through which many gall stones could be felt by palpation. Incision of the fundus of the gall cyst, resulted in the removal of forty-nine calculi, varying slightly in size, bearing sharp angles and smooth facets and dark brown in color. Palpation along the cystic duct disclosed a fiftieth stone so firmly lodged therein, that it could not be removed by way of the cavity of the gall bladder. The wall of the duct was therefore cut open longitudinally over the stone and the latter was thus removed.

Third Condition.— In this, all the physical conditions are present which are above outlined in No. 2, *i. e.* many small calculi and perhaps large ones, angled and faceted or may be rounded. One enters the cystic duct, passes on into the common duct and there, for some reason, may be a congenital or acquired narrowing, becomes impacted and acts as a partial or complete obstruction to the exit of bile. The bile is thus impounded behind this obstruction, all the hepatic ducts and the gall bladder become distended, the bile is absorbed, enters the blood current and is carried to all the tissues of the body, resulting in the violent and unmistakable pigmentation known as jaundice. No bile reaches the intestinal tract, hence the feces become white or "clay colored." The excretory organs quickly seize upon the bile pigment which has become distributed through the tissues and it appears promptly in the urine.

Case.— Mrs. R., age 35, was prostrated with pain high in

the right shoulder and under the right scapula, finally focusing in the right hypochondrium and radiating to the epigastrium. After a few days she became intensely jaundiced and remained so up to the date of operation, a period of about six weeks.

Physical Examination.—A tumor was easily detected in the right hypochondrium, projecting from beneath the costal cartilages, which was tender on pressure. An incision over the tumor disclosed the fundus of a greatly distended gall bladder. With an aspirator needle several ounces of yellow fluid were withdrawn. The gall cyst was then opened and five calculi varying greatly in size removed. Palpation along the hepatic ducts disclosed the presence of a sixth stone impacted in the common duct. The wall of the latter was cut open longitudinally and the stone removed.

DIAGNOSIS.

A study of the above illustrative cases leads to the conclusion that gall stones may produce a wide diversity of symptoms, the most pronounced of which are —

First.—Pain in the right hypochondrium, or in the epigastrium, or in the back under the scapula, or a combination of these.

Second.—Gastric disturbances. Anorexia, nausea, vomiting, gastrodynia.

Third.—Icterus present but fleeting in some portion of each attack in recurrent cases. Present with all intensity in all cases of permanent plugging of the common duct. Absent in cases of obstruction to the cystic duct alone, or at most but slight.

Fourth.—Clay Colored Feces. Present in all cases of severe icterus. Absent if icterus be absent.

Fifth.—Bile in Gall Bladder. Present always if there be icterus and clay colored feces.

Sixth.—Pigmented Urine. Absent if there be no icterus.

Seventh.—Tumor in right hypochondrium. Present in

all cases of temporary or permanent obstruction of the cystic duct. Absent or at least inappreciable in all other conditions.

Other symptoms and conditions of importance to think of and to look for are —

Calculi in the feces.

Pus in the gall bladder.

Cancer of the gall bladder.

The discovery of gall stones in the feces in some obscure cases of gall stone disease, has been the final step which has made a diagnosis conclusive and decided upon the advisability of operation.

Pus in the gall bladder is a frequent accompaniment of biliary calculi. An hepatic abscess may be the first hint of the presence of gall stone disease. A tender, painful tumor in the right hypochondrium projecting from beneath the costal cartilage, continuous in dullness with the liver, should always awaken the suspicion of biliary calculi, even in the absence of all other symptoms.

Cancer of the gall bladder is not uncommon, and it is an accepted theory that the long continued irritation of gall stones may be the determining cause. A history of long invalidism with symptoms of gall stone disease, with finally a hard nodular tumor in the right hypochondrium without elevation of temperature, should lead to a suspicion of malignancy.

Analysis of Symptoms.— A careful history of the case and analysis of symptoms is of greatest importance in reaching a diagnosis. The following scheme has been of great service to the writer :

Pain.— Location, right hypochondrium, epigastrium or shoulder, constant or recurrent.

Digestion.— Anorexia, nausea, vomiting.

Icterus.— Recurrent or constant.

Stool.— Clay color or normal.

Urine.— Normal or pigmented.

Inspection of Feces.—Daily solution of feces and passing through sieve to discover calculi.

Palpation and Percussion of Right Hypochondrium.—Presence or absence of tumor.

X ray examination of doubtful utility.

With all care in analysis of symptoms, a diagnosis will often be impossible. The only single symptom which enables a positive diagnosis to be made is the discovery of *gall stones in the feces*.

Pain in the right hypochondrium and epigastrium, jaundice, and a tumor presenting under the right costal cartilages, constitute a group of symptoms which carry great weight in forming a diagnosis.

Pain in the right hypochondrium and jaundice are suggestive, but less convincing.

Pain in the right hypochondrium and gastric disorders are also suggestive but far from convincing.

Lastly, gall stones exist for years in many people without any symptoms whatever.

(To be continued.)

MODERN SURGICAL TECHNIQUE

WITH ANALYSIS AND STATISTICAL TABLE OF THREE HUNDRED AND FORTY-FOUR OPERATIONS PERFORMED IN FIFTEEN MONTHS, PRIOR OF JAN. 1, 1900, AND SINCE USING RUBBER GLOVES.

BY J. EMMONS BRIGGS, M. D., BOSTON, MASS.

[Read at Washington, D. C., June, 1900, at Surgical and Gynecological Association of the American Institute of Homœopathy.]

With Sir Joseph Lister's great discovery, surgery emerged from chaos and uncertainly and took its place within the realms of science. Today it stands in the dignified position of being both a science and an art; a science inasmuch as it

is a department of systematized knowledge, and an art, because it requires the systematic application of knowledge and skill in effecting a desired result.

Lister occupies a position in surgery much like that held by Hahnemann in medicine. Not that either of these illustrious personages represent all there is in modern surgery or medicine today, but they formulated great principles which marked a new era. The anti-septic spray of Lister has vanished, Hahnemann's psora theory of the fundamental cause of most chronic diseases has been swept away by more recent investigation, nevertheless the good seed sown will continue to bear fruit for countless generations.

Knowing that all surgeons are interested and anxious to obtain the best results along the line of aseptic operating, the writer of this paper has been prompted to give to you his observations for a period extending over fifteen months, prior to Jan. 1, 1900. It would seem that we have arrived at absolute perfection in methods employed for the sterilization of instruments, dressings, gauze mops, operating garments and most suture and ligature materials. It is, therefore, desirable to consider other channels through which wound contamination may occur. In doing so, all substances which come in contact with the wound should be carefully scrutinized. The air of the operating room presented to the mind of Lister, far more serious forebodings than to the modern surgeon. As a source of possible infection it must always be considered, but practically it offers little cause for apprehension.

The dangers of wound infection from causes within the system, as the localization of septic bacteria from the blood stream at a point of injury, although possible is comparatively rare.

There are two remaining sources of infection far more prolific of danger than those mentioned, viz.: the skin of the patient, and the hands of the operator.

By means of thorough bathing, and special preparation of

the area of operation with soap and water, shaving the parts and rinsing with distilled or boiled water and ether or alcohol, the application of a soap or corrosive sublimate compress on the evening previous to the operation, followed on the day of the operation, and after the patient is anæsthetized, by another and more vigorous scrubbing of the area with soap and water with the quilted-hair brush, and rinsing with distilled water and also a one per cent. formaline solution, the field of operation, may, in the writer's opinion, be rendered practically sterile.

The staphylococcus epidermidis albus of Welch, described in 1891, cannot thus easily be destroyed. It is very often present in layers of the epidermis along the hair shafts, deeper than can be reached by any known means of cutaneous disinfection. After careful sterilization of the surface of the skin so the scrapings are sterile when inoculated into culture media, the presence of this white coccus can still be demonstrated by making cultures from sutures passed through the skin, or from excised pieces of the skin.* Fortunately this coccus possesses a feeble pyogenic power, or aseptic wound healing would be rare. By the employment of the sub-cutaneous running suture (blind stitch) in areas of the body covered by down rather than hair, *i. e.*, all locations except the scalp, axilla, pubes, and face of the male, we can practically avoid these hair follicles and at the same time obtain very accurate approximation. The writer has, during the past two years, used this method of skin suturing in every case where practicable.

By thorough preparation of the skin in the method outlined, the sub-cutaneous method of skin suturing and the burying of all deep sutures, so that no stay-suture penetrates the skin, we reduce to the minimum the possibilities of infection of the wound from the patient's own skin, and prevent the stitch-hole abscess.

*General Bacteriology of Surgical Infections. Dennis System of Surgery. Vol. 1, p. 251.

The surgeon is called upon daily to perform operations upon septic cases, to examine digitally the mouth, vagina or rectum, and his hands are thus constantly in contact with septic bacteria. The serious and all important question is, can the surgeon, with hands laden with septic bacteria, render them in every case, positively sterile in the short space of time which he has at his disposal in preparing for operation? and again, can he rely with equal certainty upon all of his assistants, who must also be sterile? In order to answer this question, let us consult the bacteriologists who have worked in conjunction with the surgeon and supplied the bacteriological knowledge necessary to confirm the various methods employed. Before considering the bacteriological reports made from cultures taken from the hands of the surgeon after preparation is complete, it may be said that the best results have been obtained after the use of chlorinated lime and washing soda. This method we have employed for over two years, and is as follows:

1. Wash the hands thoroughly with several changes of soap and water, using nail cleaners, wood and metal, quilted-hair brush and nail brush.
2. Rinse in several changes of faucet water.
3. Rub well into the hands, under the nails and up on the wrists, a paste made by adding a small amount of water to a tablespoonful of chlorinated lime and a slightly less quantity of washing soda.
4. Wash off the paste in distilled or boiled water.
5. Rinse in amoniated distilled water.

Fully twenty minutes should be spent in the process above named. The hands are then ready to receive the rubber gloves.

Bacteriological experiments show the following:

By using the Weir method for hand sterilization, chlorinated lime and soda, the best results obtained have been by Dr. Weir himself. It is natural that this should be so as the man who institutes a method is always most jealous to see it

succeed. Dr. Weir reports in 42 tests 40 sterile results, 95 per cent. The same observer obtained sterility in 70 per cent. with permanganate of potash and oxalic acid. Kelly in 50 experiments with permanganate of potash and oxalic acid, got germ free results in 44, or 88 per cent. It is exceedingly probable that 75 per cent. would be too high a figure to represent an average of sterile results.

A state of affairs far more satisfactory, nothing short of sterility of 100 per cent. is obtainable by the use of boiled rubber gloves. They were introduced by Halstead, of Baltimore, in 1889, and are now very extensively employed. The profession was a little slow about their adoption, because every one felt that their use would interfere with that delicate tactile sense so necessary in the art of surgery. One is strengthened in this opinion on the first trial of gloves, especially if they be moderately heavy or ill fitting. One is probably not favorably impressed with the ease, comfort and luxury of his first set of false teeth as soon as they are introduced, but as he becomes accustomed to them, their advantages are apparent. So with rubber gloves, at first decidedly clumsy, then tolerated, and finally in view of their advantages, they become almost indispensable. The user of the gloves soon acquires a sense of personal security against the dangers of infecting himself in severe septic cases, as in septic peritonitis following appendicitis. In operating upon clean cases he feels a like sense of security for the patient, for he knows that nothing but a boiled surface will come in contact with the clean wound, or peritoneal cavity.

We often hear the argument that gloves, though ideally perfect, are subject to injury, being pricked or torn, and therefore, useless or even worse. There are operators who are constantly injuring their hands, scratching, pricking and cutting the fingers with instruments or the tying of ligatures. The latter cannot be avoided by the writer in operating without gloves in making a vaginal hysterectomy. Surgeons accustomed to injure their hands will, of course, cause rents

in the delicate glove fingers. Should this occur in the midst of an operation a rubber finger cot should be drawn over the point of injury. There is no especial cause for apprehension regarding septic infection should puncture occur, for the hands are sterilized by the best known methods before putting on the gloves.

The writer has heard it argued that the use of rubber gloves engenders carelessness on the part of the surgeon, that the tendency is to spend less time in the preparation of the hands, and to place too much dependence on the gloves. In reply to this argument, it is only fair to assume that the conscientious surgeon will follow out all the technique of hand sterilization according to the best of his ability, and because he adds one more safeguard than was formerly employed, demonstrates that he is wide awake to the possibility of infection and is taking all known means to prevent it. We have no right to infer that with the addition of this means he will reject the more important step of thorough hand disinfection. Gloves are prepared by thoroughly washing them in ammonia water, using soap. They are then washed again in fresh ammonia water, placed in a towel and boiled from five to fifteen minutes. They are then removed from the receptacle in which they were boiled by means of the towel in which they are enveloped, and gloves and towel immersed in a basin of distilled or boiled water. They are removed from the towel by the person using them after he has been through the process of sterilization by chlorinated lime and soda, and applied wet. The water remaining in the gloves is expressed as nearly as possible, and the fingers of the gloves worked on with the assistance of a sterile towel. Handling the gloves with the bare hands should be avoided. The surgeon, his assistant and instrumenteur should wear rubber gloves. As a matter of economy nurses whose duty it is to pass gauze for sponging, never touching any substance except dry gauze, gauze mops and sterile towels, may

wear cotton gloves sterilized with steam under pressure of fifteen pounds.

It does not seem necessary to produce arguments in favor of the rubber glove. The boiled hand is the only infallibly sterile hand. One objection to the use of the gloves is expense, which is very trivial. The most weighty argument is, that they interfere too much with the sense of touch. This argument, as far as the writer has observed, has always come from those who have either never tried gloves, or have had very limited experience with them, and who were, perhaps, unfortunate in their selection of gloves for their first experience. They are a hindrance in making a vaginal hysterectomy, and their use is not advocated in this operation, except in easy cases where there are no adhesions.

After what has been said it will be seen that the writer is an ardent believer in the efficacy of the rubber glove as the most efficient means of obtaining absolute sterility of the hands. Yet he would not say but that, exceptionally, as good results have been obtained in the hands of operators who never use them, as by their most enthusiastic supporters. This much, however, can be truthfully claimed, that personally a marked improvement in the behavior of wounds was noticeable from the time of their adoption, and an ideal wound closure without suppuration has occurred in 276 out of 280 clean cases.

It is not claimed that the rubber gloves are alone responsible for the improvement which has been obtained in wound closure during the fifteen months to which reference has been made. Far from it. Greater pains have been taken in every particular which would have a tendency to promote healing by first intention, notably along the line of careful hæmostasis and accurate suturing. Nothing new has been developed which will add anything to our knowledge of hæmostasis, yet greatest care has been used to stop all bleeding before closure of the wound with as few ligatures as

possible. Catgut is practically the only ligature which has been used, and a small size is selected, and the knots made small and cut close.

(To be continued.)

SOME PREVENTABLE CAUSES OF MENTAL DISEASES.

BY ELLEN L. KEITH, M. D., FRAMINGHAM, MASS.

There seems to be no one question more often asked by the friends of a patient than the one as to the probable cause of the disease. Perhaps this is more especially true of mental cases, or it may only be that as my line of work has been chiefly among these patients, I have noticed it more. It is a question I have seldom tried to answer, feeling that the causes have been varied and complex and often such as might not appeal to the friends as the real ones. Of late, however, I have been led to think whether there were not many causes that might be classed as preventable, at least to some extent, and therefore of general interest.

I must certainly include among the most important ones, pre-natal influences, and these every child has a right to demand shall be as favorable as possible. Yet, in reality, how miserable they often are! If the young life is not wholly destroyed it is often weakened and the brain injured beyond the power of recovery. Many parents have spent time and money trying to undo in after years, the wrong done their unborn child before parental love had supplanted the selfish love of ease and indulgence. To be well born means much, and it is probably more in the power of parents, during these early months, to effectually control the future of their children than is usually recognized.

Granting that a child has come into the world with a normal amount of physical and mental health, where and when shall we look for danger signals, and what shall we

seek to avoid for the child still dependent on us for everything?

It is not my intention to go into the detail of the general care of children, only to touch on certain points that seem to affect more particularly the nervous system. Among the early ones is the bad management of children at night in permitting them to become frightened, or, if frightened, seeking to conquer them by force. Perhaps I should include the day as well as the night, for at no time can a severe fright fail to have its effects on the nervous system of the young or the old.

There are two elements so powerful in affecting the nervous breakdown of many people that they cannot be considered too early in life. These are lack of moderation and lack of self-control, and the earlier a child *begins* to live moderately in all ways the better. The lesson will not be an easy one, but is worth some hard study and will need many years for its perfection.

Much has been written on the school life of children, and the subject seems inexhaustible. An extremely readable article appeared some months ago in the *Ladies Home Journal*, by Edward Bok, in which some rather radical ideas were presented. For example, we are told that at fifteen a boy or girl should be expected to have been in school only long enough to have acquired an accurate knowledge of how "to read aloud pleasantly and intelligently, to write legibly, to spell correctly, to express himself clearly in a letter, to count accurately, to use his mind himself and to use his fingers so that his hands will be a help to him in earning his living."

At first this impresses the average reader as being too radical altogether, and as giving the ordinary boy or girl quite too much time for play and for development. Still, nearly every one can think of some boy or girl, who for one reason or another, was not sent to school at all until ten, twelve or even fifteen years of age, and yet who graduated from college as young as the average. The Jesuit Fathers

say, that in their observation, "the more a child knows at seven the less he knows at fourteen." Possibly the theory that early life is intended for growth and not for very much brain work, may prove to be the correct one.

However, as a complete revision and a possible reformation of the whole school system is not one of the present probabilities, must children necessarily be made nervously ill by it? A very large majority of children will go through the course with credit to themselves and with health as good as when they began. That others will not, is no reason why the system should be wholly condemned. That it has many grave faults all claim. Perhaps its greatest is that it demands nearly the whole time of a school boy or girl, and the fault of the parent is that this is not acknowledged, and therefore innumerable other things are crowded into the hours that the school has already appropriated.

Home duties, real work of many kinds are demanded of quite young children during the hours at home. Many a little girl does the work that would take a servant some hours to do each day, and many a boy is called upon to some extent, but, as a rule, unless it be in the country on a farm, there are more things thought suitable for girls to do about the home than for boys, and so the boys are left more free to find health and strength in play and exercise in the open air.

Another competitor for the time already claimed by the school work is society; and here, too, the girls suffer more, partly because of the open rebellion of the boys, who thereby escape its clutches, and partly by the tyrant, Custom, which demands more of girls in this direction.

The study of music is also often made to take much time daily from a girl's play hours while her brother is free for his own pleasure. These three elements, together with the unhygienic dress provided for most girls, seem to me to be the greatest factors in causing more girls than boys to break down during the average school course.

But, allowing that most children can pursue the ordinary

school course without serious injury, what can be done for those who early show signs that indicate that they cannot?

The first point to be decided and definitely is, which shall have precedence, the school education or health? It would seem to be an easy question to settle, but when one is uncertain just how much strain can be borne, one is in doubt how much may be ventured with safety.

By the time this question has to be settled, we no longer have to deal with the very young child, and we have to encounter the youth's own will and wishes as well as our own desires and ambitions, thus making the problem doubly hard. Still it should be wisely met, and it is not thus met when young people are allowed to have continuous headaches, to lose their appetite and to study without proper food, to sit up at night for school work, giving up all recreation time, and who show nervous irritability by being what is wrongly called cross and ugly. These symptoms should be recognized early and treated promptly, not half so often by medicine as by lessening of the mental strain. How this can best be accomplished must be decided individually for each case. Sometimes it can be done by dividing one year's work into two, sometimes by stopping all work entirely for a year.

It is not school children alone who suffer from preventable causes. If we look into the lives of every age and class, we find some who are living below par, yet for whom the value of life might be increased by a little careful management on their part or on the part of their friends.

It is not always possible or wise to take away all work from over tired people, but a lessening here and there is frequently possible, by simplifying the wants or by the helping hand of another if the wants have already been brought down to a basis of necessities.

Some principles apply to young and old alike, and if heeded would prevent many mental disasters. One is home nagging. I can think of no better term for what I mean. The origin of the word is from the Danish, meaning to gnaw,

and that peculiar characteristic very common in some homes of always commenting, criticizing, complaining, or on the other hand of showing such tender solicitude that one is never allowed any freedom of thought or action, is not unlike the attention a dog bestows on a precious bone. All this excessive care has foundation in a desire to be of assistance to one's friends, but its effect is sometimes nearly or quite to drive the friend or relative from the home. To be allowed to live and develop along individual lines is one of the greatest blessings. It need not make a person eccentric, though its tendency may be in that direction, but the wholesome friction that comes from rubbing against other individuals usually corrects the tendency.

I am not referring here to normal home training or home discipline, but to the excessive manifestation of both, frequently indulged in by one or more members of a household. Sometimes the only salvation of the younger members of a family consists in sending an older brother or sister away to school, or in encouraging the nagging one to find a home outside the family circle. It is an advantage to both and no detriment to the banished one, for it is chiefly because of over solicitude about home trifles that the habit arises, and absence from these relieves the anxiety and corrects the habit.

I have seen cases that threatened to become really mentally diseased, recover entirely by a change from home life and by relief from this undue pressure.

Undue pressure with over-much friction seems to be the key note to the causes of mental break-down far oftener than mere overwork. The old saying that "it is worry not work that kills" usually holds true, but in this age of rush some of us are liable to drop from simple overwork.

Habits of thought must have some influence in developing certain mental diseases. This is particularly true of those forms characterized chiefly by delusions, and may begin early in life.

The child who is allowed, perhaps encouraged, to think that his playmates do not care for him, or are trying to take advantage of him in some way, is very liable to become morose and reserved, and later to develop delusions of suspicion and of persecution. There can be no better prophylactic for paranoia than a determination to believe that men are honest and intend to do well until proven to the contrary. It is also quite as well to let some one else do the proving!

On the other hand, for a child who has a bad inheritance to be unduly petted, pampered and flattered, the tendency will be to develop a self-exaltation and pride so characteristic of some cases of delusional insanity that it is manifested externally by carrying the head so high that it is really thrown backward.

When we consider that a bad mental heredity includes not only fully developed insanity, but the neuroses, consumption, syphilis, and any disease that destroys the purity of the blood, we feel that it is not so very strange after all that so many young people become insane and are sent to hospitals before they have reached maturity. Adolescent insanity, occurring between 21 and 25 years of age, furnishes more cases than any other like period of five years, and it is the most hereditary of all forms of insanity.

Hence the necessity of carefully individualizing the management of the lives of so many young people. For many of them the safest course would be largely an out-of-door life, free from excitement and artificial stimulus. Proper food is a most essential feature in the preventive treatment of such cases. As children, milk is the best diet, and should be used largely, even if not fancied by the child. Some claim that it would be best to force its use. This with farinaceous foods, some eggs, fish and vegetables, should be used to almost the entire exclusion of meat until a child is eight or ten years of age, and should preponderate for a long time.

An *abundance* of plain, nourishing food is very necessary.

Fat is the great prophylactic in these cases and should be cultivated by all possible means.

Though the youth claims our first attention as being in the most danger, we cannot stop when maturity is reached, for there is no period of life when those predisposed to mental disturbances may not yield to some undue strain.

The teacher, who under this same questionable school system is severely overworked, is in constant danger. Bad habits of food, sleep and exercise are contracted by many during their school days and are continued when they become teachers.

The more faithful the worker the less common sense is often used in regard to health. The mother, with her multiple cares and much work, often has to leave them all and find the rest she needs in an insane hospital. I remember being told some years ago by a young mother, possibly thirty years old, that her enforced stay in the hospital was the first rest of any kind that she had had since she was fourteen years old. There never seems to come the right time for rest, when work presses and children's needs are so numerous, but it is needed, and if not taken will perhaps be forced. It is often due to thoughtlessness on the part of the husband that more efforts are not made to lighten the cares and relieve the monotony of the wife and mother.

What I said earlier in regard to a child's being taught moderation, applies with equal force to the adult. If the lesson has not been learned in childhood it should be later. One of the most essential factors in acquiring a peaceful and healthy mind is learning one's limitations. To aspire beyond our reach, to live beyond our means either as regards purse or strength, to strive after the unattainable is what brings unrest to the soul and disease to the mind.

The choice of a suitable occupation is important when a young man or woman is obliged to consider how best to conserve mental strength. Those occupations requiring close application and involving risks or much excitement should be

avoided. Regular work and fixed salaries, freedom from close confinement and continued brain work, and out-of-door life, if possible, are most liable to prevent wrecks.

I have been asked to make some suggestions as to when other than home care should be advised. It is a question especially applicable to incipient cases, and hard to answer. I have not yet been able to answer it myself in regard to a young man about whom I was consulted some time ago. I should like to give very briefly a few points in the case. He is bright, handsome, boyish looking for 20 years, quick at mental work and fond of it, in fact determined to pursue it; was sent home from college in his first year as mentally affected, has since entered a technical school, left for a time and became a reporter for a daily paper, but has now returned to school. Though very affectionate in his home is impatient of any control; does not eat properly and is evidently going to break down entirely. His heredity is bad. Means are limited. I believe he should give up study, but what to substitute and how to control a young man who has much of the energy, excitability and stubbornness of acute mania, though yet under a fair degree of self control, is not an easy question to answer. He certainly is not a subject for a State hospital now, though he may be later, and life in a sanitarium would be irksome to him. Probably some out-of-door occupation, under proper guidance, would be the safest course, but to induce him to adopt it or to find the place for him will not be easy. This case illustrates the necessity of beginning prophylactic treatment very early.

There are a few general principles that apply to most cases in regard to home versus hospital treatment. It is by no means always best to send a nervous or an incipient mental case away from home, yet I believe that, as a rule, there is less danger of erring by sending early rather than keeping at home too long.

There is always this to be considered, that if one member of a family is nervously weak other members are liable to be,

and may be affected by having the care or even the presence of a nervous invalid in the home. Again, the break down has come amid the home surroundings and may have been caused by them. Removal from them is often the essential step towards relief.

The character of the home must usually decide the question. There are homes where it is impossible for any one within the four walls to have rest of mind or body. Business, pleasure, society, charity, and numerous other things, keep the whole atmosphere full of energy. From such a home, however happy and luxurious, the nervous patient should be taken as early as possible.

REPORT OF CASES ILLUSTRATIVE OF THE ASSOCIATION OF CRIME AND INSANITY.

INTRODUCTION.

The subject of this evening with the Medico-legal section of the Boston Homœopathic Medical Society has been forced upon the mind of the Chairman of this bureau by recent association with four cases which seemed worthy of special consideration. As presented to me, and while under observation, they seemed especially interesting and of peculiar significance in illustrating our duty, as physicians, to these patients, and the relatives and friends of those suffering from mental disorders or diseases, whose ill fortune it is to be arraigned before a court of justice, while the defect in their mental sphere is yet unrecognized. A remarkable fact to note, and one too often occurring in the association of the legal with the medical practitioner, is the mismanagement of this class of cases. They have apparently, sometimes in reality, been suffering from the most violent form of mental derangement, but during a state of lucidity convicted of crimes that were committed during a state or stage of exacerbation, sometimes with or without medical expert testi-

mony. Now while it may not be denied that our laws are very exact, and that the justice of our courts is beyond dispute, yet the fact not infrequently faces us, when put to the crucial test, that the prisoner is misplaced. There seems to open an opportunity still in a jury trial for those to decide, who are least capable of deciding vital questions, as was recently illustrated in a New York court, I think, where the opinions of the most astute medical experts, after most careful and repeated examination and observations, were overruled by the jury, it being a question of fact as to whether the man was or was not insane. We are not much in doubt of the opinion of the court who listened to that of the experts. It is often apparent in witnessing a trial that the prosecuting attorney, or attorney for the defence, is much more interested in the success of winning his case than in the facts of the mental status of the client. This we know is their duty to a degree, and it does sometimes seem, in the weakness of human criticism, that the doctors are not altogether guiltless. *They* want to win. One of our ex-governors, and I think one who now occupies a national position, once said, "Nothing succeeds like success." This seems to be the motto in court as elsewhere, and we will not deny that it is worthy of commendation, but be sure the premises are right. My point is, that the paramount issue with the professional man should be to get at the *truth*, and to this end they should labor together unhampered and unbiased — that the lawyers and the doctors should work for the common weal — ybu can trust the judge.

The purpose of bringing this subject to the minds of the members at this time for discussion is to enlist your interest in a vital matter, that we may become more deeply concerned. For that is in every way for our greatest good always, which more fully subserves to the largest measure of benefit to our patients. The object of inviting in with us a legal representative is, that we may learn of him our truer relations to the law. And there should be a conjoint obligation between the attorneys and the medical witnesses — a

feeling understood if not expressed—to act to the end of placing these cases within the proper institutions for restraint. Confession of my own inability to cope with this question is needless, much less to suggest a possible solution of it, but if we have even excited combat, stirred you as it may be to a discussion, set you to thinking, then something has been accomplished.

SUMMARY.

Case I.—Man arrested for attempted murder of his wife and step-daughter, and suicide by shooting. Was not this mania? All were shot, none proved fatal. He was arraigned before the courts, tried, convicted and sentenced to penal servitude.

The defence was insanity at time of act. Sane at the time of trial (many months afterwards). Was an alcoholic. The prosecution denied insanity at any time or at time of the tragedy, by testimony of medical expert. Sentence not severe. Both sides were satisfied with the disposition of the case, as the defence feared recurrence, and believed the family still in danger.

Case II.—Arrested for robbery on the “highway.” Allowed bail. Was submitted to medical expert examination; adjudged insane, suffering from “*dementia*.” Opinions submitted to the court. Accepted. Case was committed to asylum.

Case III.—Arrested on charge of attempted rape, and for improper conduct with young children. Was tried and convicted without medical expert examination. After trial general belief in the idiocy and imbecility of the prisoner. Was subjected to medical expert examination. Opinion prevailed that he was “feeble-minded,”—age of a man and mind of a child.” Result entertained as a fact by the court and acknowledged by the prosecuting attorney, but too late to reverse the decree. Was sentenced to reformatory.

Case IV.—Man arrested on a charge of “Indecent Exposure.” History of his case revealed the fact of recurrent

attacks of conditions suggestive of epilepsy or recurrent insanity. He was committed for trial, but result of examination was submitted to the court.

He was committed to asylum, adjudged insane, and at time of act irresponsible for his conduct.

Case I.—It was about seven years ago that I first met Mr. S. He was then a hale and hearty, jolly, cockney Englishman, of the peasantry type, approaching middle life; thick set and stout of stature, average height, round face and rounder head, heavy set jaws, a strawberry blonde, with blue eyes and a freckled face. He had not a strong voice, but it was not difficult to hear it, however, when backed up by his severe manner of expression, characteristic of his disposition. He was, however, not so disagreeable in his manner when partially influenced by alcoholic beverages, in which he freely indulged, and which was his condition much of the time. This disposition was worse when he hadn't been drinking. He was, however, an earnest, hard-working and successful vender; out early, often and late, and acquired a comfortable subsistence, and a small additional accumulation resulting in an unpretentious home. He had a wife—one of those devoted, simple-mannered, lovable peasant women, conscientious and self-sacrificing, willing to bear the burdens of life as they come, severe as they may be, in the trueness of her vow to love, honor and protect one to whom she had espoused. My first call on this family was to prescribe for this wife—her heart—one of those hearts so frequently found in women whose cares, whose fears, whose anxieties and griefs of mind have carried beyond physical power to resist, and it seems as if the heart strings stranded, and when no longer the great reservoir for supplying the vital fluid is patent, then its possessor sinks quietly but surely into a state of enfeeblement from which she never rises. A few years later came cerebral apoplexia, paralysis and death.

He had daughters and sons, all of whom were healthy.

Following the death of his wife he plunged more deeply into his indulgencies to drown his sorrow. But realizing the

possible results of such debauchery, and becoming interested rather seriously in a second union, he undertook a reform. For a time he abstained from the fire water, but indulged all the more fiercely in the "weed." Tobacco and alcohol having for a long time been his boon companions.

His newly accepted family of wife and step-children, to the exclusion of his own by kin of blood, proved anything but felicitous, and he was soon deeper than ever in self-indulgence. In a little while, however, his sight began to fail him, and he was unable longer to attend to business. He found himself staggering about—moping and feeling his way. Liquor had rarely ever intoxicated him to the degree of unbalancing his gait, but now he was ever apparently intoxicated whether he had been drinking or not. He became alarmed, and sought medical advice. Being of strong will and stability of character, when obliged to assert it—and this he did only when it affected self—he acted upon advice, and desisted from his strong habits. He was thought to be suffering from alcoholic amaurosis. Now began his acts of marked strangeness. He became dejected, despondent, feared loss of sight, and possibly of his life, hypochondriacal melancholic, and pictured to himself, as he related, all the dangers that were to befall him. His children, fearful of his mental state, applied to me, seeking his commitment to special care in an institution. He would consent to no examination but for his eyes. This at the infirmary, where he was treated for a few times, then refused admittance because of his wild and untractable disposition. He concluded to return to his native land; made a most extravagant business deal and cleared out for England. After a few months, he returns in poverty and degradation. Seeks his children, makes exorbitant demands. Threatens the life of his son unless he concedes to his (the father's) wishes. His last demand was for money, which not receiving he avowes to his son that he will seek his wife, the step-mother, and if she refuses he will shoot her and then himself, and end all. The distance was less than a mile. No sooner

started than the son gets notice to the police station. The police arrive at the house just after the tragedy. The man hurried to the home of his wife, made his demand for money to buy a drink, refused, he draws his revolver, shoots her. The alarm arouses the household and brings the step-daughter to view, who in turn receives the contents of another chamber of the death dealing weapon, and then he muzzles the muzzle and sends a bullet through the palatal arch that lodges behind the left orbit. Fortunately, or unfortunately for him, none of the injuries proved fatal. He, with the others were cared for at the hospital; he under police surveillance, until able to be removed to jail, and in due process of time was brought before the bar for trial. This was, indeed, a new bar for him. It is here we associate him with cases representative of "crime" and "insanity." The shock of his suicidal attempt, with the bullet yet in its lodgment as a constant reminder of his act; his protracted and enforced abstinence from alcoholic liquors; the regular habits; the improved dietary, and unyielding restraint of hospital and prison life had improved his physical condition, and controlled his mental desires, but it needed only a little opposition on the part of his visiting friends to convert him into a madman, except as influenced by the fear of his attendants and of future incarceration with his trial still pending. He was morose, obstinate, indolent and ugly—ugly in its American usage.

At his trial he did not present as insane. I was requested by the family to appear for his defence, with the hope of committing him to an asylum for the insane. They feared his release from confinement would result in a repetition of similar acts of violence. The lawyer for the defence decided that if this client could not be adjudged insane in the present, that he had best be incarcerated, hence would try only to reduce the sentence by asking the leniency of the court. In direct examination I was asked if I considered the man insane at present. My reply was negative. Did I believe him sane and responsible at the time he committed the

crime? Reply was negative. The State attorney asked me, "Did the criminal know 'right from wrong' when he did the shooting?" I was, as a matter of course, not allowed to answer conditionally, or to make any explanation, but must give an opinion by saying only either Yes or No. There being given no measure, no basis or standard for comparison to judge right from wrong, I could easily believe that this man, with what I knew of his past life, and the condition of frenzy, fury, mania or madness at the time of the act, did *not* know "right from wrong" as you and I know it now, nor as he has known it since. My reply was "No!" emphatically "No!"

Here is where the lawyer has the advantage of the doctor surely; and he usually takes it. He formulates the question and suggests what language you may use in replying, allowing you only the alternative of answering in the negative or affirmative. Undoubtedly of wise origin, but not always used to the welfare of the truth or the prisoner, though sometimes may be relieved by the judge.

He was examined by an expert medical witness for the prosecution, and was not found wanting in mental capacity. Nor did his testimony admit of any interpretation as of mental unsoundness in the prisoner at any time or place in the history of his life, past or present. From any facts gathered by the doctor in his examination of the prisoner — rather than the *patient* — there was nothing on which to base an opinion that the culprit was irresponsible for his acts. This from the prosecuting attorney's standpoint was based upon the offender's absolute ability to know "right from wrong." From whose standard I never heard stated.

'Tis often quoted "All's well that ends well." 'Tis human to think so when the result is agreeable to our wishes. This man's fate was not too bad for the restraint of himself for his own good and for the safety of others. He was sentenced to imprisonment and labor for a period not incommensurate to his crime.

I will not attempt a diagnosis, neither do I argue to prove

an opinion. But may I suggest to you before whom I speak, some of you professionals whose opinions are expert, being based on a special knowledge acquired by experience and practice; or may I ask the question, is there not something in the life and custom and habits of this case which might have contributed in great measure to a condition at least bordering upon the danger line, which is sometimes, at least, with difficulty drawn to divide the sound from the unsound mind? Why might not the man have been suffering from alcoholic mania, "mechanically conscious," but "filled with wild fury," as one author expresses it? In the Medico-legal consideration, as applied in criminal jurisprudence, we find these cases variously dealt with. Many find refuge in the Home for Inebriates. And while the question is open as to the degree of responsibility of the inebriate, why should not the lawyers, and the doctors, and the officers of the law, labor mutually for the best interest and most proper disposition of the unfortunate offender, rather than for the winning of their case. From personal observations I have the highest tribute reserved for the court—and I mean the judge solely—for he often exhibits more humanity than either the prosecution or defence.

Case II.—Mr. F. My acquaintance with this man covered a period of thirteen years. His mother had several times consulted me in his behalf, with the general complaint that she believed him not in his right mind, that his peculiarities were noticeable and his acts were not those of one of a sound mind. He is somewhat peculiar in his habits and general appearance. One would be attracted to scrutinize him in passing, as he wears his hair long and has a fanciful way of dressing it, and has other mannerisms. Some would incline to call him a "freak" or a "crank." He has been a source of care and anxiety for several years.

The circumstances which led to his arrest, for which reason I was consulted in the case as related, were as follows: This young man had been under parental restraint for some time, and had been given his daily allowance of

money, received orders with promised rewards or threatened punishments according to his deserving. In the present instance his parents were away for a summer vacation, and he was left under the care of his sister, who meted out to him his usual requirements, as had been the custom of his mother.

On a certain evening he did not return at the appointed time. Search and investigation revealed on the following morning that he had spent most of the night in a public park; had associated himself with a negro with whom he was apprehended and arrested by an officer, and accused of having committed highway robbery. The policemen who made the arrest claimed that the prisoner had robbed a man who had fallen and was sleeping by the wayside; that while detaining the prisoner at the call box the prisoner ruffled something in his hand and threw it into the gutter. This proved to be two bank notes which the officers believed to be the money stolen from the sleeper.

The patient said that he saw the man lying across the sidewalk asleep, that he also saw two policemen standing a short distance away on the opposite side of the street. He suggested to his companion that they lift the man to his feet and set him on his way or else the "cop" would "pull him in," and "that would be too bad." He denied the charge of robbing the man, but averred that he was acting the part of the "good Samaritan," while the officers, "priests and Levites, passed by on the other side."

The victim of the assault asserted that he was aroused from his sleep, that the negro held him while the white man rifled his pockets.

Knowing the patient's past, and believing his present condition of mind unsound, I undertook to show that he was irresponsible. He was released on bail, and taken to a medical expert for examination, with the following result:—

MCLEAN HOSPITAL, WAVERLY, MASS., July 25, 1900.

REPORT OF A MEDICAL EXAMINATION (OF MR. F.) BY DR.
EDWARD COWLES AND DR. FRANK L. NEWTON.

We, the undersigned have together examined at Waverly, on the 23d instant, Mr. F., his father, and his brother-in-law, with reference to his, the said Mr. F's, mental and physical condition, spending three hours in the inquiry. On the 24th instant his mother and his sister were examined for two hours for the same purpose, by Dr. Cowles, and all the persons above named have been known personally to Dr. Newton for a number of years. The examinations included a review of the history of the said Mr. F's lifetime; of its main incidents from infancy to manhood with reference to his physical and mental development, his education, his character and conduct, his attempts to engage in business, and his illnesses and manifestations of peculiarities indicating the state of his mental health.

He is now 34 years of age; he was born an apparently healthy infant, but from the age of about 3 to 8 years he suffered severely and almost fatally from asthma; at 10 years of age he began going to school, and grew up a bright, promising boy, mentally the equal of other boys of his age; he became especially interested in the study of electricity and chemistry. Not being strong physically, and considered as limited in his endurance of mental work, he undertook only a special course in Harvard University, entering at about the age of 18 years. During two years of study there, he showed increasing tendency to headache and nervousness, and attention was attracted to his propensity for expansive and unpractical schemes for business and money making beyond his means and ability.

At the middle of the second college year, when 20 years old, began the event which proved to be the loss of his mental health. He broke down under the stress of examinations early in 1887, and was brought home by a friend, who found him in his room in a dazed and confused state of mind; and of what then happened he had had no recollection afterwards. The college authorities advised his giving up his studies because he was mentally incapable, his writings being rambling and incoherent, according to his mother's memory of the statement. He returned later, however, but grew worse again, and was taken home by his parents, terminating his college studies. This was followed by months of seclusion at home. His strangeness of conduct continued. He sat in the house inactive, silent and apathetic. He appeared confused, and to have lost memory and intelligence; he would leave unopened his letters received by mail. About this time he was taken to a specialist in Boston, who said he had "grave brain disease," and advised his being taken to an asylum. He was, however, taken to the country for a time. The medical opinion then expressed was that the boy's case was hopeless.

The foregoing statements, corroborated by the several persons examined, together with the subsequent history, clearly establish a diagnosis of primary

dementia, a mental disease sometimes called *adolescent insanity*, to which young persons are peculiarly prone. This was the onset of a progressive mental decline from which he has never recovered. The recurrences, in the subsequent 12 or 13 years, of periods characterized by confusion and apathy, or by depression with suicidal impulses, or by exhilaration and expansive ideas, with intervals of comparative lucidity, though with continuance of the fundamental dementia, constitute a consistent history of the progressive course of the mental disease. Within the last six years applications were twice made by his mother for his admission to the McLean Hospital, and upon the symptoms then described he would have been received, but for his parents having yielded to the patient's unwillingness to come.

The recognition of the patient's mental disease, and its character, serves to explain the remarkable association of grave mental defect with a superficial appearance of smartness and ability that is misleading. The mental damage is chiefly to his judgment, which at his best is only that of a child; he lacks appreciation of the fitness of things, and the sense of proportion in the commonest affairs. Although his chemical education is defective, his natural ingenuity has enabled him at times to make some small inventions. He is visionary and most unpractical in his expansive schemes. With facility of expression of his ideas, he is not hampered by any limitations of facts and circumstances; he can make plausible and entirely untruthful statements with such evident sincerity as to gain sympathy for his schemes from those who abandon them later. His constant exaggerations are regarded as falsehoods by none who know him well. His natural gentleness of character and disposition not to injure anyone, have led to his being considered as harmless to others, while at home for years he has had to be treated as incapable of taking care of himself, and at the same time he has had to be allowed to go much at large without suitable restriction because his insanity was not properly recognized. His need of restriction has been latterly more manifest.

Mr. F's case has presented an especially serious aspect within the last year or more. A growing fondness for children, especially little girls (which act in more trusted persons might appear quite innocent) has been so manifested as to lead a number of persons, independently, to be distrustful of him. There seems to be some ground for taking precautions in this regard. Other considerations in his case are that he has been led into improper associations and to indulge in drinking habits through the influence of companionships against which it is becoming more difficult to guard him during the past year.

Our findings in the case of this man, as stated in the foregoing summary, are sustained by many particulars that cannot be enumerated here. In our opinion he is insane, in a condition of chronic progressive dementia. In our opinion he is incapable of taking care of himself or his business affairs, and is irresponsible for his acts; and further we believe that he should be placed under restraint and treatment in a hospital, both for his own benefit and protection, and for the protection of others.

EDWARD COWLES, M. D.
FRANK L. NEWTON, M. D.

Case III.—Mr. A. This young man about thirty years of age, of idiotic or imbecilic appearance, was arrested on the charge of attempted rape committed against a girl of ten years, in a store of which he was the acting proprietor.

His father, from under whose care "the boy," as he called him, had never been allowed to pass, believed it an act of blackmail instituted by the parents at the instigation of the officers of that locality, who were his avowed personal enemies. There was much to cause belief in such a theory, but as this was not the case before the court, it could not very well be brought out.

The doctors, of whom I was one of the three on the defence called into the case by the father, were not for the examination of "the boy" for mental soundness or unsoundness, but to inspect the child for a possible injury of six months' previous commission. I can assure you, without further speculation, my hearers, that we didn't find any injury, nor did there need to be any inflicted to prove the legality of the claim by the prosecution, for proof of an attempt was quite sufficient. But the parent was obstinately opposed to any other procedure than to prove the innocence of his "boy." "He was as gentle as a lamb, and as pure as a dove, and innocent of any crime," and all the time he kept declaring that "he was a mere boy," notwithstanding his age of manhood, and "never did a wrong thing in his life."

The prosecution needed but the testimony of the mothers of a few other children in the neighborhood, who told tales of similar experiences to corroborate the testimony of the complainant. The medical testimony of facts was purely negative, or really neutral, practically valueless. The case was an easy one. The judge could find nothing amiss in the law, and the jury found sufficient evidence in facts. The prisoner was found guilty, and sentenced to a reformatory, notwithstanding it was the general sentiment of the court, inclusive, that the "boy" was mentally incapacitated.

The judge and jury, the prosecuting attorney, and all the physicians, I can almost authentically state, if it were proper

to, were of the opinion reservedly expressed, that we were dealing with a feeble-minded victim of circumstances. When sentence came to be passed then the indignation of the family was aroused, and the father awoke to the possibility in the case, and bestirred himself to get release by establishing a case of irresponsibility. Examinations were made, strong letters of opinion were given, direct testimony and opinion of a medical expert was presented before the court; the belief of mental enfeeblement was indulged by the judge, and acknowledged by the district attorney, who prosecuted the case, but the decree of the court could not be withdrawn. It had all come "too late." The parent was not willing in the beginning to accept medical advice to clear the case on such grounds. Here we are confronted by the apparent authority of parents, friends or relatives. Ought not there to have been an intervention on the part of the court or some authority, and a demand made for proper medical expert examination of this man, and if proved an "irresponsible," even if found guilty of a crime, to have committed him to a suitable place for treatment and protection? Do not these cases demand our attention? Our mutual interest is for their proper assignment and everlasting benefit.

VALUE OF EXAMINING SCHOOL CHILDREN'S EARS.—The value of these examinations is that they call attention to the existence of defects and thus prevent neglect. A frequent cause of ear trouble in children is lesions in the nose and throat. The practice of scrubbing the ears and nasal douches are harmful rather than useful. In children under six years of age the eustachian tube is so wide that liquid can get into the middle ear when swallowed. Over 50 per cent. of all cases of ear disease occur in children under ten years of age. The nose and throat of school children must be examined, and the conditions found must be treated in order to prevent ear complications.—*Exchange.*

EDITORIAL.

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

BAZAAR FOR THE BENEFIT OF MEDICAL SCHOOL.

We are in receipt of the appended circular, issued by the N. E. Hahnemann Association, which explains itself. It is evident that the practical work for the good of the college has begun, and we have no doubt that it will meet with the success which the cause merits. Let every physician do what he can to help this good work along. It is very encouraging for us to be able to state that the school has recently received a fund of \$2,000 for the benefit of the library, a bequest of \$1,000 to be added to the Alumni Scholarship Fund, and a recent tea party held by the Ladies' Aid Association at the residence of Dr. A. J. Baker-Flint, netted the sum of \$355, which was given to the school for library purposes.

TO THE FRIENDS OF HOMŒOPATHY.

The friends of New England homœopathy in general, and especially those who are banded together in the membership of the New England Hahnemannian Association, are making a strenuous effort, in this first year of the new century, to place Boston University School of Medicine on the permanent and independent financial basis, on which we may feel that most of the other distinctively homœopathic institutions of New England now happily rest. The School and its practical achievements in the cause of homœopathy need no recalling to the minds of homœopaths anywhere. To its making and its maintenance have gone the unselfish, unrewarded efforts, freely given, of men who have stood with the highest, not only in the history of the homœopathy of New England, but of the homœopathy of the world. Some of those men have

passed to their reward. Others are passing rapidly in to the late afternoon of their working lives. It has long been among the dearest desires of them all, to see the School to which they have given so many of the best years of their lives, established on a sound and permanent financial basis. The School has always been a self-respecting, self-supporting institution. It does not ask financial aid and upbuilding today, because it cannot, in its present comparatively restricted sphere of work, still meet its needs. It asks large financial aid, that it may immediately and indefinitely enlarge its sphere of work, to the direct and practical good of the community in which it labors, and to which it has for so many years been most practically useful. It has led the way, in the raising of the standards of medical education: daring, when older and far richer schools have hesitated to dare. It has sent out hundreds of men and women well equipped by sound medical training, and by the implanting of high ethical ideals, to do the medical work of the community. The wide success and usefulness of the School's alumni is the best guarantee of the quality of the work done by the School. We ask that this work be henceforth unhampered by the burden of the mortgage that for so many years the School has carried. We ask that we may have adequate provision for scholarships; so that hereafter not one of the many bright and earnest young men and women who annually come to the School, asking the modest financial aid which shall enable them to enter on a course of medical study, they pledging themselves to make good this aid to their Alma Mater within a certain space after graduation, may be denied such aid. To many of such the School finds itself today obliged to return a discouraging answer. Adequate scholarship endowments alone can make a different answer possible. For such endowments, and for the raising of the mortgage now hampering the School, the friends of the School are now putting forth an especial effort. Will you join your effort to theirs?

On Friday, the nineteenth of April, there is to be held, at Copley Hall, Boston, an "Æsculapian Festival," the proceeds of which are to be devoted to the purposes above mentioned. You are earnestly requested to aid in the success of this Festival, in any or all of the following ways:

By disposing of a number of tickets at (full admission) one dollar

each; (day admission) thirty-five cents each; or (evening admission) fifty cents each.

By securing sums of money, large or small, to be applied to the purposes of the Festival.

By soliciting any of the below mentioned articles, for purposes of sale at the Bazaar of the Festival.

FOR TABLE OF "PHYSICIANS' WEAR."

Gloves. Neckties. Stocks. Hose. Garters. Belts. Mufflers. Chest-protectors (for wear with evening dress). Slippers. House-jackets. Surgeons' Frocks. Surgeons' Cuffs. Caps. Dressing-gowns. In a word, any article adapted for men's and women's wear, excepting, of course, heavy garments.

FOR TABLE OF "PHYSICIANS' SUNDRIES."

Note-books. Clinical Thermometers. Covers for Magazines. Sofa-cushions, worked with medical designs. Pin-cushions. Linen Cases for Stethoscope, etc. All sorts of desk furniture, Inkstands, Pens, Pen-wipers, Mucilage-bottles, Stationery, Blotting-pads, etc. Bags for soiled towels. Soap-saucers. In a word, anything suited to the furnishing of a doctor's office or waiting-room.

FOR TABLE OF "DOMESTIC MEDICINE."

Nurses' Aprons. Nurses Caps. Clinical Thermometers. Sand-bags and Salt-bags of all sizes, for quick heating. Alcohol Lamps. Medicine-glasses. Lint. Bandages. Oiled Silk. Rubber sheets. Emergency-boxes. Court-plaster. Hot-water Bottles. Flannel Cases for Hot-water Bottles. Japanese Heaters. Absorbent Cotton. Oil. Medicine-spoons. Medicine-droppers. Wrappers for Invalids. In a word, anything suitable for the plenshing of the home sick-room.

FLOWER TABLE.

Cut Flowers suitable for boutonnières. Plants, Flowers for decoration. Ferns, Palms, etc., for decoration.

ART TABLE.

Engravings or Water-colors, suitable for the physician's office or waiting-room. Old Prints of medical subjects. Photographs of physicians. Calendars. Statuettes on medical subjects, like Rogers' "Playing Doctor."

FOOD TABLE.

Home-made Candies of wholesome sort. Bread-sticks. Oatmeal Cakes. Whole-wheat Bread. Simple, dainty Cookies. Strawberries. Chocolate. Cream. Fruit Syrups. Jellies. Seltzer Water. Crackers of all kinds.

BOOK TABLE.

Any books written *by* physicians, such as the works of Oliver Wendell Holmes, Weir Mitchell, John Brown (Edinburgh), William Tod Helmuth, or any other medical author. Books *about* doctors, as Miss Phelps' "Doctor Zay," Mr. Howells' "Dr. Breen's Practice," "Dr. North and his Friends." Medical works of all kinds.

ARTICLES FOR THE "DOCTORS' GRAB-BAG."

Any sort of little article having whimsical relation to medicine, such as tiny Skeletons, Skulls for tobacco-jars, packs of cards painted in medical designs, little Warming-pans, Flasks, etc.

If you prefer to contribute to the Food or Flower tables, please send your contributions to Copley Hall not later than nine o'clock on the morning of April nineteenth.

Contributions of money, in sums however modest, will be especially welcomed by ALL the tables.

Your help in some one direction, at least, is earnestly hoped for and expected.

LEGISLATION.

In our last number we mentioned several legislative matters that were of importance to the profession. We are glad to state that two of the matters have been satisfactorily settled, both being killed in committee. The bill to give permission to the College of Physiological Optics to grant the degree of Doctor of Physiological Optics was "referred to the next General Court." The so-called Pfeiffer bill was given "leave to withdraw," the reports of both committees being accepted by the House without debate. This result shows what can be done by united, harmonious and persistent work on the part of the profession.

OBITUARY.

HENRY M. SMITH, M. D.

It is with great regret that we are obliged to chronicle the death at Escondido, Cal., on the 16th inst., of Dr. Henry M. Smith, of New York City. There are few men in the profession whose loss we could so ill-afford. He has always been a most indefatigable worker for the cause of homœopathy. He served as one of the editors of the "Pharmacopœia of the American Institute," and his labor was of much value in perfecting this great work, but probably his most untiring, persistent, and finally successful endeavor, was in connection with the Hahnemann Monument. He served as secretary and treasurer of the committee from the time of its appointment, and his work in raising the necessary funds to complete the monument was prodigious. When we consider that it involved an expenditure of about \$50,000, which was raised largely through the homœopathic profession, we can form some idea of the task. While many connected with the Institute believed that the work never would be completed, Dr. Smith never doubted the issue and never relaxed his efforts to accomplish it.

The following biographical sketch has been very kindly furnished us by his son.

Henry M. Smith, M. D., son of John T. S. and Amelia Franklin Smith, was born in New York City, April 24, 1835, and always lived there. He was graduated at the New York Medical College in 1860, and joined the American Institute of Homœopathy the same year, and was elected provisional secretary. He also joined the Homœopathic Medical Society of the county of New York, of which he was secretary for eleven years from 1861, and the Hahnemann Academy of Medicine. He was elected a permanent member of the New York State Homœopathic Medical Society in 1865. He was professor of physiology in the New York Medical College for Women in 1865-66, and held the same chair in the New York Homœopathic Medical College in 1866, '67,

'68. In 1859 he married his first wife who died in 1865. In 1867 he married again. For forty-five years he was actively engaged in the business of homœopathic pharmacy, but during that time found time to edit, in connection with Drs. P. P. Wells and Carroll Dunham, and publish the *American Homœopathic Review*, and to compile a great mass of statistics concerning homœopathy, homœopathic physicians and medicine. The last four years he had not taken active part in business, but had devoted his time largely to his work as necrologist of the American Institute, which his painstaking attention to detail made very considerable. The "Pharmacopeia of the American Institute," of which he was one of the editors, and the raising of the Hahnemann Monument at Washington, for which he was secretary and treasurer of the fund, had occupied a great deal of his time and attention. He died of pneumonia on March 16, at the home of his daughter in Escondido, Cal., after an illness of about a week.

March 12, 1901.

DEAR SIR,— At the regular meeting of this Society, held in Buffalo on the 22d of February, 1901, the following resolution was unanimously adopted, and the secretary instructed to send copies of the same to the principal journals with a request for publication :

"RESOLVED: That the Western New York Homœopathic Medical Society does most emphatically and unanimously protest against the unwarranted, illegal and entirely unnecessary interference by the Executive Committee of the American Institute of Homœopathy, with the action of the Institute in fixing the place of meeting at Niagara Falls. We regard this action as an impertinent assumption that the Institute did not know its own business when it voted, by a large majority, and after a fair and very full discussion, to prefer

Niagara Falls to all other places named, as the best place for holding the Institute meeting in June, 1901.

"We have positive information that the facts as they exist at Niagara Falls have been entirely misrepresented by the circular letter sent by the Executive Committee. We can assure every member of the Institute that ample accommodations will be afforded all at Niagara at reasonable rates."

GEORGE R. CRITCHLOW, M. D., *Secretary*,
505 Norwood Avenue.,
Buffalo, N. Y.

NOTES ON PATHOLOGY.

CONDUCTED BY S. C. FULLER, M. D., PATHOLOGIST TO THE
WESTBORO INSANE HOSPITAL.

On the Relation of Chronic Interstitial Pancreatitis to the Islands of Langerhans and to Diabetes Mellitus.

Opie (*Four. Exp. Med.* Vol. 5, No. 4) as a result of his studies on the various forms of interstitial pancreatitis, seems to have demonstrated that the interstitial invasion of the Islands of Langerhans in the interstitial forms of pancreatitis bears a direct causative relation to diabetes mellitus.

He calls attention to the marked interstitial changes which take place in other forms of adult pancreatitis, and in the pancreatitis of congenital syphilis. In these conditions, however, the interstitial changes are either of an interlobular or interacinars type alone, leaving the Islands of Langerhans entirely unaffected, while in diabetes mellitus, not only may the lobules and interacinar structure be implicated, but the interstitial proliferation also takes place within the intra lobular islets, Islands of Langerhans.

In one of his eleven cases of inter lobular pancreatitis there was a "diabetes of mild intensity," but the sclerosis in

this case, supervening upon obstruction of the ducts, was far advanced and the Islands of Langerhans were also involved.

These studies of Opie demonstrate, perhaps, more clearly than any other the double secretion of the pancreas, one of which is poured into the intestinal canal, and the other liberated into the circulation.

The function of the Islands of Langerhans has offered much for speculation to investigators, and until lately very little has been known of their nature. Laguesse, Schäfer and Diamare suggested that they elaborated a secretion which influenced carbohydrate metabolism. *Ssobolen, in recently conducted experiments, found that after feeding animals on carbohydrates the cells of the islands became more granular, and that after ligation of the duct of Wirsung in dogs the islands were not implicated in the sclerotic process.

The Bacteriology of Cystitis, Pyelitis and Pyelonephritis in Women.

Brown (*Johns Hopkins Hospital Bulletin* No. 118) reports the bacteriological examinations made on women with cystitis and pyelonephritis. One hundred cases were studied: acute cystitis 26, chronic cystitis 31, seven of which were associated with pyelitis; tuberculous cystitis 6, two of which were associated with renal tuberculosis; 17 cases with no infection, nine of which were due to urinary hyperacidity, and eight to other causes; 2 cases of acute pyelitis and pyelo-nephritis; 12 cases of chronic pyelitis and pyelo-nephritis, eight of which were associated with cystitis; 6 cases of tuberculous pyelitis and pyelo-nephritis, four of which were associated with cystitis.

He calls attention to the low sp. gr. usually found in pyelonephritis, and of the importance of determining the amount of albumen; for if the grade of pyemia is more marked than the grade of albuminuria, cystitis is probably present alone;

* Cited by Opie.

while, if the reverse is true, it indicates renal infection, alone or complicated with cystitis.

The mode of infection of the bladder was in most cases through catheterization. Still there were instances of infection from the rectum, kidney, or some other focus of infection either by means of the blood or lymph.

The bacteria most frequently found were *B. coli comunis*, *B. proteus vulgaris*, *St. pyogenes aureus* and the albus, and a staphylococcus which slowly, or not all, liquefied gelatin. In the tuberculous forms the tubercle bacillus was also found.

A New Blood Stain for the Plasmodium Malariae.

Goldhorn (of the Carnegie Laboratory) has recently devised a polychrome methylene blue solution for rapidly demonstrating the plasmodium of malaria. The smear which must be fresh is immersed in pure methyl alcohol for 15 seconds, then washed in running water and stained from 7 to 30 seconds in 0.1 per cent. aqueous solution of eosin. It is then washed as before and stained in the polychrome solution for 30 to 60 seconds; washed again and dried by agitation in the air; no filter paper or heat should be used.

If the dye should become too alkaline add a few drops of 4 or 5 per cent. acetic acid. If too acid add a few drops of a saturated aqueous sol. lith. carb.

The stain improves on keeping.

By this method the chromatin body is stained red, the body of the parasite blue and achromatin zone remains unstained.

The red corpuscles containing parasites may sometimes be seen containing blue granules. These granules are also demonstrated in macrocytes and megaloblasts in cases of pernicious anæmia. Blood platelets and the various leukocytes are also stained.

The method is rapid and reliable.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS MEETING.

The regular meeting of the Society was held at the Boston University School of Medicine, Thursday evening, March 7, 1901, at eight o'clock, the President, T. Morris Strong, M.D., in the chair.

The records of the last meeting were read and approved.

PROGRAMME.

1. "The Maternity Department of the Massachusetts Homœopathic Hospital," with report of the service of Walter Wesselhoeft, M. D., obstetrician.

2. "Fibroids."

(a.) "Clinical Notes." Alonzo Boothby, M. D.

(b.) "Recent Literature." Harry O. Spalding, M. D.

Discussion opened by N. W. Emerson, M. D.

3. Protargol in the Treatment of Gonorrhœa in Women.
Carl Crisand, M. D.

Discussion opened by Geo. R. Southwick, M. D.

Dr. J. Emmons Briggs read an account of the Maternity Department of the Massachusetts Homœopathic Hospital on West Newton Street, describing the accommodations for patients, and stating that only three deaths had occurred out of 161 cases treated from date of opening to Jan. 1, 1901.

Dr. Walter Wesselhoeft was not present to discuss the paper.

Dr. Spalding stated that he did not claim originality for his paper, it being made up of extracts from "Recent Literature," and were given simply to furnish a starting point for discussion.

Dr. Crisand's paper on "Partargol in the Treatment of Gonorrhœa in Women" was not read.

Dr. George R. Southwick, in opening the discussion, stated that unfortunately he had not seen the paper, but that it dealt with a drug familiar to all. There is, perhaps, very little to say of the method of application. It is not so painful as many seem to think, and is more effective than nitrate of silver; can be used in varying strength, as nitrate of silver, and about the same result; acts promptly and less pain following application. One point in connection with protargol is the fact that these germs get into the crevices, or sulci, and there seem to acquire a habitat, and after a patient seems to be cured, an attack occurs for which there seems to be no reason. I would emphasize the great importance of local treatment in cases of gonorrhœa. I think it cannot be commenced too soon when the disease is discovered, the effects of which are familiar to all. I think it is a practical point, when we see inflammation, make examination and find a bit of pus which contains gonorrhœa, whether there is a method of treatment to prevent salpingitis, and how far it would be practical. If we find the germs present under these circumstances, how far shall we carry the treatment? I have seen a case where a small amount of pus was present in the external os, which twenty-four hours before was free from infection. Is there anything we can do to prevent the extension of the disease? I think it means the thorough cleaning out of the urethra, vulva and vagina, the cervix and cervical canal. A patient was sent to me about two weeks ago with a history of gonorrhœal infection some three or four years before, there was also frequent micturition, and every symptom of cystitis. Cystoscopy was used. The patient had had doses of urotropin, and as good allopathic treatment as a misled physician could give. On carefully looking over the case I doubted the diagnosis. The patient was subject to recurrent sharp attacks of gonorrhœa, and I was satisfied that cystitis was not present. I speak of it, because gonorrhœa may resemble cystitis. I think it was

wholly due to the condition of the vagina and recurrent attacks of gonorrhœa.

Adjourned at 10.10.

E. E. ALLEN,
Secretary.

REVIEWS AND NOTICES OF BOOKS.

A TEXT-BOOK OF HISTOLOGY, INCLUDING MICROSCOPIC TECHNIC. By A. A. Böhn, M. D., and M. von Davidoff, M. D. Edited by G. Carl Huber, M. D. Authorized translation from the Second Revised German Edition. By Herbert Cushing, M. D. W. B. Saunders & Co., Philadelphia and London. 1900.

Of the many recent works published on histology this book may be easily classed among the best. The arrangement of the technic best adapted for the study of a tissue at the end of the histologic description of each subject, is a most convenient feature of the text.

The subject matter is clear and concise, and, for the most part, free from discussion of matters still unsettled. The book is well illustrated with drawings accurately made, and instructive diagrams.

The work is divided into three parts: I. Introduction to Microscopic Technic. II. General Histology, and III. Special Histology, all of which, as intimated above, are very well treated.

The book may well be recommended as a manual for students.

The typographical work is good.

A TEXT-BOOK OF THE DISEASES OF WOMEN. By Henry J. Garrigues, A. M., M. D., Gynecologist to St. Mark's Hospital in New York City. Illus. Third edition. Philadelphia: W. B. Saunders & Co. 1900. pp. 756. Price, cloth, \$4 *net*. Sheep, or half-morocco, \$5 *net*.

The author states that the above is a text-book for beginners, and a manual for general practitioners, but we think that even specialists may glean some very good points and helpful information, especially along the line of treatment.

As the whole range of gynecological work has been covered, or at least touched upon by Dr. Garrigues, it is unnecessary to reproduce

the table of contents. One of the best sections of the book, however, is that upon the anatomy and physiology of the genital organs of women. These subjects are gone into with commendable thoroughness, for it is certainly of the greatest importance that students should be carefully familiarized with the normal structure and functions of these parts.

The surgical treatment of the diseases of women is hardly sufficiently elaborated to serve as a guide to the practitioner who is without opportunities for observing the methods and technique of the skilled operator, but as an assistant in preparing for such observation, and as a means to intelligently following gynecological surgery this book will prove satisfactorily helpful.

Electro-therapeutics is a subject which receives due attention, while medicinal treatment is given in full and in detail. The latter is a most important point, too often not sufficiently dwelt upon. In the matter of local applications, especially, we commend the full and minute directions which accompany their mention.

We hope that works on gynecology in the near future, may more frequently reduce the subject of differential diagnosis to the tubular form wherever possible. Although this is not done in the present work, considerable space is given to the topic, and none of the approved modern methods for determining the true nature of each case have been passed over.

The illustrations are very numerous, the new ones being for the most part excellent, while many of the old ones are of no special value.

ATLAS AND EPITOME OF DISEASES CAUSED BY ACCIDENTS. By Dr. Ed. Golebiewski, of Berlin. Translated from the German, with editorial notes and additions by Pearce Bailey, M. D. Illus. Philadelphia: W. B. Saunders & Co. 1900. pp. 549. Price, \$4 net.

Too many readers associate the word atlas with a cumbersome and unwieldy volume. The series to which the above-mentioned work belongs is far removed from the folio atlases of old. Each book is of a uniform and acceptable size, compact, handy, usable.

The volume in question covers ground which has heretofore been somewhat neglected, or too cursorily considered. Physicians, medi-

cal examiners for accident insurance, and even the laity connected with insurance companies need to be posted upon the sequellæ of injuries the result of accidents.

This book is divided into two parts, one treating of injuries in general, and the other of injuries affecting special structures and regions of the body. Numerous descriptive cases, in connection with colored plates, illustrate the teachings of the text. These plates are copied from original water-colors, mostly from life. Many pen-and-ink drawings, skiagraphs from photographs, etc., supplement them.

Among the most prominent ways in which this book will prove of service is as an aid to diagnosis, for every physician knows that the relationship between traumatisms and disorders that are not immediately surgical, is often very obscure and difficult of demonstration.

Any efficient help is welcome and greatly appreciated. The medico-legal relations of diseases caused by accidents also forms an important department of Dr. Golebiewski's work.

In general it may be said that he has briefly and succinctly presented, within a reasonable compass, the results of his experience, and the testimony of the latest and most reliable literature bearing on this branch of medical practice.

INTRODUCTION TO THE STUDY OF MEDICINE. By G. H. Roger, Professor Extraordinary in the Faculty of Medicine in Paris, etc. Authorized translation by M. S. Gabriel, M. D. New York: D. Appleton & Co. 1901. pp. 545. Price, cloth, \$5; sheep, \$6.

As a resumé of recent medical advancement we may expect this volume to occupy a unique place. It is something of a novelty to turn the pages of a medical work which will be most valuable to the profession as a whole, not to the specialist or individual student alone. It is, however, well suited to use as a text-book, and will put students in touch with medicine as an all-embracing science. But to those of the profession, and they are many, who lack opportunity to thoroughly acquaint themselves with the rapid strides which are being made in knowledge of the causation of disease, lesions and reactions of the organism which are discussed under pathological anatomy, and semeiology, the work will serve as a substitute for lectures and laboratory experience.

Some of the principal chapters deal with the mechanical, physical, chemical and animate agencies of disease, the general etiology and pathogenesis of the infectious diseases, nervous reactions, disturbances of nutrition, heredity, inflammation, septicemia and pyemia, tumors, cellular degenerations, examination of the sick-clinical application of scientific procedures, diagnosis and prognosis, therapeutics, etc.

An immense amount of work is evidenced by the text, and much careful and scholarly research. A book of this kind is needed, and will be particularly appreciated by those who, without undervaluing the importance of laboratory investigations, still think clinical methods and the simpler means of reaching a diagnosis and prognosis should not be forgotten or slighted.

PERSONAL AND NEWS ITEMS.

EDITOR NEW ENGLAND MEDICAL GAZETTE:

MY DEAR DOCTOR,—An especial effort is being made this year to extend the work of our national organization by increasing its roll of membership. Special committees have been appointed in every State, and the work is being systematized so as to extend a *personal* invitation to every homœopathic physician in the country.

It is a lamentable fact that less than one-fifth of the physicians practicing homœopathy are members of *the* representative organization of the school. What homœopathy is to-day is due to this Society, and what homœopathy shall be in the future depends upon this Society. It has, through its existence and work, secured privileges and protected the rights of every homœopathic physician in the land. It has made a recognition and standing for every one of its practitioners.

The battle to protect the rights and to secure additional privileges for homœopathic physicians is not and never will

be ended. It is, therefore, of vital importance, in order to secure the greatest good to all, that this organization be strengthened in every way possible. It is furthermore a *duty* that every member of our school owes to himself and to the cause of homœopathy to support in every way possible The American Institute.

Every physician of our school can and should aid in this work by supporting and endorsing, by membership at least, the efforts of this Society.

Every physician is urged to become a member of this association now. Application blanks will be furnished by the Secretary or by any of the following members who are acting as Chairman of the Special Committee in their State to secure new members.

- Dr. W. E. Green, Little Rock, Ark.
- Dr. Florence N. Ward, 606 Sutter St., San Francisco, Cal.
- Dr. Hugh M. Patton, 125 Mansfield St., Montreal, Canada.
- Dr. D. A. Strickler, 705 14th St., Denver, Col.
- Dr. Edward Beecher Hooker, Hartford, Conn.
- Dr. L. B. Swormstedt, 1455 14th St., N. W. Washington, D. C.
- Dr. Henry M. Paine, Atlanta, Ga.
- Dr. Joseph P. Cobb, 254 East 47th St., Chicago, Ill.
- Dr. M. K. Krieder, Goshen, Ind.
- Dr. George Royal, Des Moines, Io.
- Dr. M. Dills, Carlisle, Ky.
- Dr. James S. Barnard, 2112 No. Charles St., Baltimore, Md.
- Dr. John P. Rand, Monson, Mass.
- Dr. Roy S. Copeland, Ann Arbor, Mich.
- Dr. W. S. Briggs, St. Paul, Minn.
- Dr. D. A. Foote, Omaha, Neb.
- Dr. G. Herbert Richards, Orange, N. J.
- Dr. John B. Garrison, 111 East 70th St., New York City.
- Dr. H. E. Beebe, Sidney, Ohio.
- Dr. T. H. Carmichael, 7127 Germantown Ave., Philadelphia, Pa.
- Dr. Geo. B. Peck, Providence, R. I.
- Dr. M. J. Bliem, San Antonia, Tex.
- Dr. C. E. Grove, Spokane, Wash.
- Dr. J. M. Fawcett, Wheeling, W. V.

The above members of the Institute have accepted the Chairmanship, and have selected their associates, all of whom

are taking active interest in this great work for the good of the cause.

Every member should, through love of the Institute, give enough of his time to extend a *personal* invitation to at least one or two of his friends.

Many physicians we find are not only willing but pleased to join the Institute when *personally* invited to do so, and when told that the necessary three endorsers will be found for them. They have delayed in many cases by not knowing whom to ask to endorse their application.

The cost of membership, which should accompany the application, is \$7, which covers the certificate of membership and the first year's dues.

A. B. NORTON, M. D.

President.

EUGENE H. PORTER, M. A., M. D.,

181 W. 73d St., New York, N. Y.,

General Secretary.

ALUMNI OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—Please note that the date of the Annual Banquet is May 9, this year. The place of meeting is Delmonico's, and Dr. G. W. Roberts will act as toastmaster.

All graduates are requested to join. Send application to Dr. E. S. Munson, Corresponding Secretary, 16 W. 45th St., New York.

WE are informed that there is a good opening for a homœopathic physician in Dighton, Mass., and one is wanted at that place. Mr. E. F. Andrews (Dighton), is responsible for this notice, and would be pleased to give further information in regard to the place.

DR. HORACE PACKARD will sail on the 28th inst. for Europe. He will be away about five months.

DR. B. A. SAWTELLE, class of '75, B. U. S. of M., will remove early in April from Norfolk, Conn., to Southington, in the same State.

DR. AMELIA BURROUGHS announces her removal on March 1 from 480 Boylston Street to 31 Massachusetts Avenue, Boston. Office hours 9 to 11 A. M. and 2 to 4 P. M.

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TERATOMA OF THE PAROTID GLAND.

BY T. M. STRONG, A. M., M. D., BOSTON.

[Read before Boston Hom. Med. Society, Dec., 1900.]

L. P., age 44 years, came to my clinic at the dispensary during the winter of 1899 and 1900, complaining of difficulty in swallowing. Examination showed a tumor in right faucial region, beneath and largely adherent to the palatal arch, which was made prominent by the growth. It extended downward to a level with the upper edge of the epiglottis. At first glance the tumor had the appearance of a hypertrophied tonsil, but closer examination showed only a small tonsillar development and this rested upon the top of the growth, as though pushed forward by the latter. The growth was not movable. The mucous membrane was slightly injected and congested. The tumor was elastic with more or less resistance to pressure, but not painful to manipulation. The whole mass had an apparent circumference of about six inches, or that of a small Tangeline orange. There was no infiltration of surrounding tissues nor glandular involvement. There was no pain on swallowing, only a sense of discomfort and an increased muscular effort to pass the bolus of food, and this only since the tumor had reached the present size. There was an uncertain, indefinite history of two years, a reasonable history of one year, with beginning sensations of discomfort, ill-defined, and a positive history of six months

in which the tumor had been noticed, and within three months had apparently doubled in size. On the date of operation, March 8, of this year, it had notably increased since first seen.

The operation was performed at the Massachusetts Homœopathic Hospital, where he had been courteously admitted to the free ward, in the services of Drs. Emerson and Rice, attending surgeon and laryngologist, respectively, the latter kindly aiding in the examination and operation. Anæsthetization was slow, but when once established was steadily maintained with the nasal tube, under the direction of Dr. Batchelder. The head was suspended over the end of the table, and the blood removed by sponging and a dentist's suction tube. Although apprehensive that the hemorrhage might be excessive it was never at any time free enough to cause any uneasiness. The soft palate was incised through its centre, and the tumor torn loose from its attachments to the former and the posterior pharyngeal wall. It did not separate clean and smooth, but with a rough, friable surface, although it seemed for a time that the tumor might be detached *en masse*. When a little more than half separated the walls suddenly gave way, and there was a discharge of broken down debris, simulating cancerous degeneration. After this it was simply clean away as much of the adherent friable tissue as was possible. The attachments involved the homular process, the superior pharyngeal muscle and wall, and down to and partly including the middle pharyngeal areas. The wound left presented a mass of torn, ragged tissue and muscle fibres, the anatomical areas presenting few recognizable traits. The cut edges of the palate could not be united on account of the friability of the tissue, and the pharyngeal muscle was represented by a torn mass of fibres. He was removed from the table pale and weakened, but not at all in a bad condition. The healing was uneventful, except that for several days there was an enormous patch of slough involving the operative area. The final healing left

the palatal arch sufficiently in line and connection for all practical purposes, while the direct area of infiltration healed with comparatively few traces of any operative work. Since then he has had complaints of fugitive pains and distress on the opposite side, headache, *et cetera*, but no signs of any return.

The diagnosis was not determined before the operation. The absence of pain, ulceration or glandular infiltration, seemed to negative cancerous involvement, nor did it appear to embrace the tonsillar tissues as already stated. A portion of the removed mass was submitted to my brother, Dr. F. F. Strong, for examination, and his report is as follows :

“As submitted, the specimen consists of half of a mass of rounded form, containing various forms of tissue. The outer layers appear rather soft and spongy, while the central portion is denser, with small areas of an apparently cartilaginous nature.

“Technique.—The mass was divided laterally and several pieces, about one centimeter square, were taken from various parts of the tumor. These were hardened in alcohol, embedded and sectioned in celloidin and stained with eosin and hematoxylin.

“Histological Details.—The specimen consists of a great variety of structures, merged together without apparent order or arrangement, consisting mainly of mesoblastic tissues, with some areas of a glandular or epithelial nature. Throughout a diversified stroma of fibrous connective tissue, occur more or less rounded masses of hyaline cartilage, while between several of the latter masses appear areas of other tissues, the following varieties being identified: (1.) White fibrous tissue, which occurs in well-defined masses of elongated form, consisting of rather short, spindle-shaped fibres with prominent nuclei. In one place there appears to be a tendency for this fibrous tissue to return to the embryonic type, and we have tissue typical of the fibro-sarcoma, and the spindle-celled sarcoma, respectively. (2.) Myxomatous

tissue. Outside of one of the cartilaginous masses occurs a definite area of typical 'mucous' tissue, containing some areas of proliferating small, round cells, giving the appearance of a myxo-sarcoma. (3.) A few small areas of ductless glandular tissue, in some of the lumens of which there is an apparent tendency to atypical epithelial proliferation, as in carcinoma. (4.) Perhaps the most interesting part of the growth, from a standpoint of embryology, is a dense cellular area, which at first sight resembles the picture seen in rectal or mammary adeno-carcinoma. Careful examination, however, reveals the presence of delicate ramifying strands consisting of lymphatic endothelium, interlacing and forming an apparent stroma for the support of masses consisting of large pulpy cells, arranged in circular or cylindrical clusters. In some part of the mass these clusters are seen in early stages of formation, and it then becomes evident that they are the results of the proliferation of the capillary endothelium lining the lumens of a structure similar to that seen in a capillary angioma. The final structure in the present case would, were it unaccompanied by other forms of tissue, be classed as an endothelial sarcoma or 'capillary cylindroma.' In addition to the tissues mentioned, there are a few small areas which apparently consist of unstriped muscle cells, while in one spot, a small mass of stratified cells was found resembling epiblastic epithelia, and embedded in a dense mass of white fibrous tissue, rich in infiltrated, or proliferated, small, round cells of undoubted mesoblastic origin.

"Probable diagnosis.—The diversity of structure and atypical arrangement of the specimen classifies it at once with the teratoid tumors, and the nature of some of the areas in the present tumor growth warrant the supposition that it had its origin during embryonic life, as a Teratoma of the Parotid Gland."

The text-books do not refer to teratomata, with the exception of Brown, who says, that teratomata of the throat are frequent; and Kyle, who describes these growths as "tumors

containing hypoblastic, epiblastic and mesoblastic structures. A congenital tumor. The common site of cystic growths is at the point in the embryo where fissures exist, permitting the possibility of the inclusion of a portion of the epiblastic layer of the blastoderm. This would be especially true about the head and face where such fissures occur."

Ziegler describes them as "possessing complicated structures made up of different kinds of tissue, and characterized by the presence of tissues which do not normally occur at the sight of the growth. Tumors containing cartilage frequently occur in the parotid gland, which normally contains no cartilage. Cysts which are found in the neck also contain not infrequently cartilaginous foci in their walls and sometimes also adenomatous tissue."

Delafield and Prudden refer to them as "congenital tumors which frequently contain a great number of different forms of tissues, such as the various forms of fibrillar and connective tissues, cartilage, bone, teeth, hair, skin, muscles and glands. They are infrequently found about the head and neck."

In a paper on a "Parotid Tumor Successfully Removed," which appears in the *Lancet*, 1897, part 2, p. 20, the writer quotes from Paget's "Lectures on Surgical Pathology of Tumors" (3d. edit., p. 521), as follows: "Their structure (tumors of the parotid gland), has claimed for them the cacophonous title of chondro-myxo-fibro-adenoma, for they frequently contain all of these tissues. The malignancy which they sometimes possess is apparently dependent on the presence of sarcomatous elements amongst the fibrous tissue."

Dr. Mixer, in a paper on "Tumors of the Parotid Gland Appearing in the Faucial Region" (*Boston Medical and Surgical Journal*, 1897, p. 134), quotes two cases having some similarity to the one here related. He points to the fact "that one of the deep processes of the gland is situated in front of the styloid process and passes back into the

glenoid fossa behind the articulation of the jaw. A tumor starting here would meet with less resistance going into the mouth, than outwards into the face."

In spite of the diversity of structure in the tumors above described, they all resemble each other in that they are heterologous growths, that is, they consist of, or contain, tissues which are not normally present in the part from which they originate. In other words, they are all undoubtedly the result of the development of embryonic inclusions, and fall properly under the head of growths known as teratomata. These inclusions are prevented from developing in early life by the pressure of surrounding structures; but when, later in life, for some reason or other, this pressure is lessened, or some unknown irritation arises, the potential power of the inclusion may be converted into a condition of active proliferation, and a teratoid tumor results.

TREATMENT OF EPITHELIOMA OTHER THAN BY THE KNIFE.

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

[Read before the Mass. Surgical and Gynecological Society, Dec., 1900.]

The treatment of epithelial growths of the skin by caustic rather than by the knife has claimed the attention of the profession, more and more for the past few years, and has constantly gained in favor rather than lost. It was my privilege, fifteen years ago, to hear the method of cauterization in selected cases advocated by Dr. A. R. Robinson, of New York, and in a most able and interesting article, published in the *New York Medical Record* for March, 1900, after twenty years' experience, he is more firm than ever in his conviction that cauterization is in many cases the best, safest and most effectual treatment for cutaneous cancer.

Just what is the condition which confronts us in an epithe-

lioma of the skin? We have an abnormal proliferation of the epithelial cells, pushing down into the subcutaneous tissue which, as the disease progresses, becomes itself invaded. The lymph-channels take up the wandering epithelial cells, carrying them to the nearest lymph glands where, becoming localized, they act as new foci for the development of the disease, and we have what is known as regional infection. For the reason that the new epithelia constituting the growth never reach maturity, they are short lived and soon undergo degeneration of one kind or another, and we have the well known and characteristic ulceration as soon as marked extension of the original focus begins. From this it follows that in any case, where ulceration to the slightest degree has taken place, there must exist a surrounding zone already invaded by the epithelial hyperplasia, a zone the extent of which it is impossible to estimate from the macroscopic appearances.

It is not within the province of this paper to discuss whether it is a blood or microbic disease, suffice it to say that Nicholas Senn, in the recent second edition of his admirable work on tumors, quotes De Morgan in these words: "I can see no analogy between new growth, whether as innocent as lipoma or as malignant as cancer, and the products of true general or blood diseases. From the first, a tumor is a living, self-dependent formation, capable of continued growth, by virtue of its own power of using nutritive material supplied to it. Nothing like this is seen in any of the blood diseases," to which Senn adds, "Until additional and more positive light is shed upon the microbic origin of a cancer, we must adhere to the theory that carcinoma is an atypical proliferation of cells from a matrix of embryonic epithelial cells of congenital or post-natal origin."

From the careful study of the pathology of a carcinomatous growth it is evident that up to a certain point, probably when the lymphatics begin to take up the hyperplastic cells, and subsequent regional affection takes place, cancer is

practically a benign growth and is susceptible of absolute cure, provided sufficient tissue is removed and no diseased cells left behind to serve as foci for new development. This result is undoubtedly accomplished by excision provided sufficient surrounding, apparently healthy tissue is sacrificed, but to determine just how much is necessary, is difficult to tell from appearances. In some cases excision sufficient to produce the desired result is productive of great mutilation, necessitating secondary plastic operations for cosmetic effects.

It is in this latter class of cases especially that destruction by cauterization is applicable and gives most excellent results. Its advantages are that owing to the lessened resistance the cancer cells are destroyed much more quickly than the normal tissue, so that comparatively little normal is sacrificed, and the resulting disfigurement is reduced to a minimum. Again owing to what some believe to be a selective affinity on the part of certain drugs, especially arsenic, the cauterization extends sufficiently into surrounding tissue to destroy the diseased cells, thereby rendering return as little likely as if the whole surrounding zone was excised, or again, what is more likely, by the surrounding inflammatory action set up. On this point Robinson says, "The destruction of these outlying cells depends, in my opinion, first, upon the existence of the acute inflammatory process destroying the pathological tissue quicker than it does normal tissue, according to a general law in pathology, and especially so in this instance, as the pathological epithelia lie in the lymph spaces and can, therefore, be vigorously acted upon by the inflammatory lymph, thus changing quickly and very greatly the previous condition under which they live; second, that arsenic has a special selective antagonistic action on the epithelia in this disease, and third, that the toxins and toxalbumens from the necrosed tissue act distinctly upon the epithelia, or if the disease is a parasitic one, upon the organisms present."

Of the various substances used in this destructive cauterization, I much prefer arsenic and have, of late years, seldom

used anything else. Success, however, depends much on attention to detail. For small, scaly patches, with which many cases begin, the repeated painting with Fowler's Solution, three or four times a day, until considerable inflammatory reaction is set up is sufficient. For the ulcerated cases the Marsden's Paste is by far preferable. Should there be much elevation above the surface it is best to curette the surface first, and it is imperative that any sound skin over the border of the ulcer and surrounding infiltration should either be entirely removed or thoroughly scraped or scarified. The length of time that the paste should be applied is much a matter of judgment and experience, some tissues reacting very quickly and others very slowly, so that its action must be more or less closely watched in any case. An average time is from twelve to sixteen hours. It should be applied until the whole visible portion is thoroughly necrosed. The subsequent dressing consists in simple application of some aseptic dressing, such as carbolized cosmoline, borated ung. aq. rosae or, as Robinson suggests, subiodide of bismuth, twenty grains to the ounce. After the separation of the slough, if healing is slow, I apply a ten per cent. aristol ointment. The pain suffered by this plan is often severe for the last few hours, sometimes necessitating a small dose of morphine. In the last four cases I have operated upon, however, I have incorporated ten per cent. of eucaine with, so far as I could see, no injurious results and with complete absence of pain or even discomfort. But the number of cases is, as yet, too small to draw conclusions concerning all cases.

SOME THROAT SYMPTOMS OF LACHESIS.

MAURICE W. TURNER, M. D.

The throat symptoms of Lachesis may be divided into two groups.

The first includes the characteristic symptoms, *i. e.*, those which differentiate this remedy from others; and also some

general symptoms applicable to the part. It consists of nine more or less complete symptoms, which are as follows :—

1.—Throat and neck sensitive to slightest touch or external pressure ; it may cause nausea.

Everything about the throat distresses, even the weight of the bed clothes.

If in the evening on lying down anything touches the throat or larynx, it seems as though he would suffocate and the pain is much increased.

2.—Difficulty of swallowing of saliva, not food ; of liquids more than solids, they escape through the nose.

With spasmodic stricture, on swallowing solids there is a struggling and the food “goes the wrong way,” gagging follows.

3.—Feeling of a lump in the throat ; sometimes painful ; suffocative sensation ; must swallow often ; on swallowing the lump descends but returns at once. It feels as if it could be brought up, but it will not come. May wake from sleep distressed and unhappy with this sensation of choking ; must have the whole neck bare.

4.—Tendency to affect the left side either alone or to begin on the left and extend to the right.

This is the common feature, but the reverse may be true, *i. e.*, the right side first involved with extension to the left, where it remains fixed.

This does not contra-indicate Lachesis.

5.—Recumbent posture often impossible.

6.—Aggravation after sleep ; or the aggravation wakes him from sleep ; *i. e.*, sleeps into the aggravation.

This is spoken of as the morning aggravation of Lachesis when it comes on waking in the morning, more properly it is the aggravation after sleep.

Often, especially in the severer cases, the patient feels the aggravation immediately on going to sleep and it arouses him.

7.—Aggravation from hot drinks.

8.—Pain in the throat, extending to the ears ; desire to

swallow; aggravation on deglutition; pharynx swollen, dark red. Swallowing increases the pain in the ears or sends the pain into the ears.

9.—Throat and larynx painful on bending the head backward.

The second group is made up of the concomitants. In it are to be placed the various sensations which are non-characteristic; they simply round out the case. They are important but less so than those in the first group, which they often elaborate.

These symptoms should be taken into account and covered by the remedy; but as they vary within rather wide limits, it is evident that for the purpose of selecting the remedy or discriminating between it and others they are useless.

A few examples will illustrate:—

Constant tickling in throat.

Fullness and soreness in throat.

Spasmodic contraction of œsophagus.

Sensation of dryness in throat with inclination to swallow.

Pain in small spot in throat at one side of larynx, somewhat posteriorly.

Burning sensation of swelling; dryness in throat.

To return to the first group. This combination of symptoms is unique. The separate symptoms are found under various medicines, often two or three, and occasionally four occur together, never the whole nine.

From this group of nine symptoms twenty-three or more remedies, my list is not complete, which cover a wide range of disease, must be differentiated.

They are, agar., amyl-n., apis, asaf, bell., bry., cact., chel., cocc., crot-t., elaps, ign., kali-bi., kali-c., lyc., mosch., naja, nat-m., nux-v., phyt., sep., stram., sul.

I will speak only of eight; of some of them very briefly, and take them partly alphabetically and partly in groups.

With *apis* and *belladonna* there is more soreness or tenderness of the throat which makes touch or pressure intolerable; not the nervous uneasiness from pressure about the neck so characteristic of *Lachesis*.

Both are predominately worse from swallowing liquids; Lachesis also worse when swallowing saliva.

We may take as a group the serpent poisons, of which perhaps *crotalus horridus* is the most intense (except possibly *cenchrus cartortrix*).

They as a class have certain peculiarities, which are well illustrated under Lachesis, and *crotalus* comes nearer to Lachesis than any one of the group or any other medicine; so much so that it is no wonder that those who question the reliability of the Lachesis preparations prefer to substitute it for Lachesis. Still, in the provings we have, its symptoms are not identical with those of Lachesis.

It has the sensitiveness to touch and pressure of the clothes; the dysphagia; lump sensation (*globus hystericus*); left sided tendency and the aggravation after sleep, all like Lachesis.

It does not have the aggravation at the beginning of sleep, which is often marked with Lachesis, neither has it developed the other symptoms of the first group,—the aggravation lying down, from hot drinks, bending head back (in diphtheria it rather has a desire to throw the head up and back), and pain extending to the ears. This ought to be sufficient to enable us to decide between them.

We know that *crotalus* is useful in severer conditions than Lachesis, if that be possible, but we cannot say that it is only serviceable then. Milder states and nervous diseases may be helped by it, and then the decision between *crotalus* and Lachesis is likely to be difficult.

Elaps corallinus has some of the throat symptoms of Lachesis; especially the aggravation from touch, great sensitiveness, and from swallowing liquids and solids, not saliva. Besides this, it has the left sided tendency with the pain extending to the ears on deglutition.

Naja tripudians shows even less similarity, though it has an affinity for the left side of the throat.

Diphtheria with symptoms in many ways like Lachesis; with extension to the larynx and impending heart paralysis; or threatened paralysis of the heart after diphtheria.

The laryngeal and cardiac involvement being the essential things.

The throat symptoms of *lycopodium* do not run so close to those of Lachesis as we are usually led to think.

The sensitiveness to touch and pressure is very slight, though the throat may be extremely sore inside. The sensitiveness to pressure of the clothes under *lycopodium* is over the epigastrium and abdomen, not about the neck.

Next the difficulty of swallowing is especially marked for liquids, though there is the constricted sensation present and food and drink may regurgitate through the nose. (Liquids only — Lachesis.)

There is the sensation of a lump rising up in the throat from below, not particularly affected by swallowing.

The right side of the throat is likely to be first affected with or without extension to the left side, or the membrane in diphtheria, descends from the nose to the pharynx or from the upper part of the pharynx down the throat.

On waking the patient is cross, terrified or unrefreshed, not suffocated or choking.

The aggravation comes in the late afternoon and early evening, 4 to 8 P. M.

Warm drinks usually relieve, but occasionally there is the opposite state of amelioration by holding cold water in the mouth.

The other symptoms are not present.

With *nux vomica* many of the symptoms are absent.

External sensitiveness not marked.

Swallowing difficult of saliva, more so of food and still more aggravation after swallowing food.

The sensation of a lump or plug in the throat is present, and the patient is aroused at night with a sense of impending suffocation, exactly as with Lachesis.

Perhaps the right side of the throat is more likely to be affected with extension over both tonsils (diphtheria).

There is often aggravation lying down and after sleep — 4 A. M. and 4 P. M.

Stitches into the ear when swallowing occur, with fetid ulcers in the throat in "nervous cases."

Phytolacca decandra is the last remedy of which I wish to speak.

There is some resemblance to Lachesis, but with additional symptoms, which are peculiar to phytolacca, the distinction is not difficult.

Deglutition: painful, difficult; and with every attempt excruciating pains through the ears; regurgitation through the nostrils; unable to swallow even water; almost impossible, *i. e.*, deglutition, because the throat feels so dry and rough.

Sensation of a lump in the throat, causing a continuous desire to swallow; like a plug; worse on the left side, when swallowing saliva, or turning the head to the left.

Swallowing saliva especially aggravates; also worse from swallowing warm drinks.

The great pain at the root of the tongue when swallowing; the intense burning in the fauces as from a coal of fire; the dryness, with absence of other symptoms are sufficient to differentiate from Lachesis.

As the proof of the pudding is in the eating, so the evidence that a remedy has been properly selected lies in the relief or cure which follows its exhibition.

I have a number of cases which are apropos to this study of Lachesis, but have selected two which illustrate its use in nervous affections of the throat.

Case 1, is that of Mrs.—, who is now 39 years old, short, dark complexioned, in good flesh. She has had three children. About eight years ago, during her last pregnancy, albuminuria developed. Labor was uneventful, but she was much prostrated and gradually drifted into neurasthenia. From this she slowly improved, but has never completely recovered.

She came under my care in April, 1899, complaining of certain nervous trouble of which the most annoying was cesophagral spasm. The spasm was worse from swallowing

solids or anything warm, and it was seldom that she went through a meal without it.

Solids went the "wrong way," and she gagged. The condition was always worse during menstruation. She often waked with the choking, and when the attacks were bad could not lie down. There was pain from the throat to the left ear with the spasm.

She received then Lachesis 12x, four doses in water, one night and morning for two days, and placebo.

She gradually improved for ten days, was then worse, and then the remedy was repeated in the same way. Amelioration this time for two weeks and with another repetition still larger, till finally she would go four, five or six weeks between accessions, and at last no return unless she becomes over tired, either physically or nervously, which has not occurred for some time.

Case 2, one which ought to yield to Lachesis, is as follows: Mrs. G., 30 years old, tall, quite fleshy, very light complexion, with light hair. Married twelve years, one child, no miscarriage.

She has had more than her share of severe sickness. Scarlet fever when very young, diphtheria when six years old, and since her marriage malarial fever, then cerebro-spinal meningitis, followed by various paralyses and, later, nervous prostration. She has numerous discomforts, the worst being the way her throat has troubled her for six years.

When first lying down at night a smothering sensation is likely to come on in the throat, and she feels as if she must sit up, but is often able to remain lying in bed. There is no heart complication. At other times the aggravation comes at 4 A. M. — after sleep — with hoarseness and a feeling as if her breath were cut off, and a hot burning sensation in the throat.

At these times she can breathe through the nose but not through the mouth. This is all likely to continue till about ten o'clock in the forenoon.

Her neck is very sensitive to the slightest pressure of a ribbon or the clothes generally.

Sometimes there is a little pain, stinging in character, in the ears from swallowing.

She has been to me only twice, and the report comes that she is somewhat better.

The remedy, if carefully exhibited, ought in time to completely remove the trouble together with many, and perhaps all, of the other discomforts of which she complains.

THE DIAGNOSIS AND TREATMENT OF GALL STONE CASES.

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

[Read before Mass. Hom. Med. Society.]

(Continued from April Number.)

TREATMENT.

HOMŒOPATHIC.

Cal. carb. 30x every 15 minutes to relieve the pain of a gall stone attack, *i. e.* gall stone colic.— Hughes.

Berberis, (tinct.)— every 15 minutes.— Hughes.

China 6x every 8 hours for four weeks to prevent their formation, then at increasing intervals.— Ruddock.

Chelidonium, (tinct.)— expels and prevents formation, has cured numerous cases.— Hughes, Hale, Ruddock.

Aconite 3x with large hot compresses over the seat of pain.— Ruddock.

Podophyllin 3x to aid expulsion.— Ruddock.

OLD SCHOOL.

Sweet Oil. In the attack, large portions of hot sweet oil, half a pint a day. Do not be deceived by the appearance afterwards in the feces of round green boluses the size of marrowfat peas — balls of soap.

Morphine gr. $\frac{1}{8}$ in the attack to temporarily relieve pain.

Chloroform internally in four-drop doses as a prophylactic.

Salicylate of sodium or phosphate of sodium in 3j to 3ij doses before each meal for several months.

Gelsemium, 5 drops of tincture every 15 minutes.—Ringer.

Walk the patient about during colic.

An abundance of pure water.

Alkaline waters, hot or effervescent.

Poultice, or hot compress over right hypochondrium.

Hot baths.

Exercise daily.

Massage of right hypochondrium and epigastrium.

SURGICAL TREATMENT.

Aspiration of gall bladder.

Incision through abdominal wall just below 8th costal cartilage. Exposure of fundus of gall bladder, incision and removal of stones.

If a stone be lodged in cystic duct, open and remove.

Suture incision in duct.

If stone is in common duct, make long incision through abdominal wall parallel with costal cartilages to give access to deep parts. Incise lesser omentum, which covers the common duct and hepatic vessels, expose the site of the incarcerated stone, open the wall of the common duct and remove calculus. Sew up the wounded duct. Drain with rubber tube and gauze wicks.

Review of the accompanying table corroborates previous statements regarding the predominance of gall stones in the female sex. Of the 39 cases here recorded, 33 were women. It appears that gall stone disease is an exclusive occurrence of adult life. The youngest case was 26 years of age. From that they ranged to 80. But 8 out of the 40 cases were under 40 years of age.

The number of stones found vary from 1 to, in one case, 295. In another a vast number of minute ones were found, scarcely possible to count, but approximated 200.

Many and devious pathological conditions were met. In

PATIENT OF.	DATE OF OPERATION.	SEX.	AGE.	DURATION.	STONES.	PATHOLOGICAL CONDITION.	NATURE OF OPERATION.	DRAINAGE.	RESULT.	REMARKS.
Dr. N. W. Rand.	Dec. 20, 1891	F	60	years.	110	Dilated and thickened gall bladder. Uniformity in size of stones. Stones very white in color.	Cholecystotomy	Open	Recovery	Patient never fully recovered. Autopsy 2 yrs. later disclosed other gall stones apparently in dilated hepatic duct.
Dr. W. Wesselhoeft.	May 24, 1892	F	65	?	1	Cyst enormously dilated. Single stone 4 in. about largest circumference, acted as valve. Wall of cyst gangrenous.	"	1 wick	Death	Patient in extremis at time of operation.
Dr. J. L. Coffin.	Apr. 11, 1893	F	71	?	3	Empyema of gall bladder.	"	2 tubes	Recovery	Enormous inflammatory thickening of gall bladder walls. Much pus. Sinus remained long after. Patient now alive and in good health.
Drs. E. P. Colby and J. S. Devereaux.	Feb. 26, 1894	F	53	3 yrs.	50	Angular stone impacted in cystic duct.	" Incision of cystic duct.	rubber tube	Recovery	Complete relief from gall stone trouble.
Dr. H. C. Clapp.	May 6, 1894	F	26	2 mos.	11	Empyema of gall bladder.	Cholecystotomy	rubber tube	Recovery	Great inflammatory thickening of cyst walls. Much pus, slow recovery.
Dr. J. T. Harris.	May 10, 1895	F	72	?	108	Great distention of gall bladder—pus and mucus	"	gauze	Death	Persistence of sinus. Death later from other causes.
Dr. Geo. E. May.	June 13, 1895	F	46	?	7	Cystic duct opened. Stones uniform, but little fluid.	"	"	Recovery	A neglected case. Patient in extremis.
Dr. N. W. Rand.	June 20, 1895	F	38	11 mos.	72	Many small, light yellow stones. No impaction of ducts.	"	"	Recovery	Permanent cure. Rapid closure of wound.
Dr. Geo. E. May.	July 16, 1895	F	68	?	9	Gall cyst tightly contracted over stones closely wedged together. No impaction of ducts.	"	"	Recovery	Perfect recovery and good health at present time, 5 yrs. from operation.
Dr. A. Chipman Palmer	Oct. 19, 1895	F	36	3 yrs.	116	Great diversity in size of stones. No impaction of ducts.	"	"	Recovery	Sepsis supervened. Sub-phrenic abscess ruptured into lung. Final recovery and good health 5 years later.
Dr. M. F. Styles.	Jan. 8, 1896	F	80	5 yrs.	several	Sinus in r. hypochondrium which led to gall bladder. At times discharged dark masses.	Sinus traced to gall bladder. Much crumbly material curetted	"	Recovery	Under mistaken diagnosis, previously operated upon for dislocated kidney. Right lobe of liver had been sutured into the wound.
Dr. Geo. E. May.	May 20, 1896	F	41	6 yrs.	4	Great diversity in size of stones. No impaction of ducts.	Cholecystotomy	"	Recovery	Sinus persisted as long as patient was under observation.
Dr. J. P. Steadman.	Nov. 2, 1896	F	44	17 mos.	2	Empyema. Great inflammatory thickening of walls. Closure of cystic duct.	"	"	Recovery	Excellent recovery. Good health 4 years later.
Dr. C. McV. Tobey.	Dec. 4, 1896	F	55	?	48	Septic state of gall bladder. Distended with pus and mucus.	"	"	Death	Excellent recovery. Good health 4 years later.
Drs. Edwards and Boyd.	Dec. 8, 1896	F	35	?	1	Cyst distended with pus and mucus.	"	"	Recovery	Patient in wretched condition at time of operation.
Dr. J. T. Sherman.	Jan. 1, 1897	F	55	?	10	Stones present, but little or no fluid. Ducts open.	"	"	Recovery	Case had never presented other symptoms than pain.
Dr. W. O. Faxon.	Jan. 26, 1897	F	53	?	several	Thickened and distended gall bladder. Impaction of cystic duct.	Stone in duct crushed and removed.	"	Recovery	During operation no show of bile in the wound, and none appeared during convalescence.
Dr. Geo. E. May.	Mar. 24, 1897	F	68	?	3	Enlarged and thickened gall bladder.	Cholecystotomy	"	Death	Bile appeared in wound at close of operation. Patient in extremis. Death from septic invasion.

Hospital Case.	Date.	Sex.	Age.	Duration.	Number.	Findings.	Operation.	Recovery.	Death.	Remarks.
9. Dr. M. B. Raynes.	Nov. 20, 1897 May 23, 1898	F M	33 52	?	?	Empyema of gall bladder. Gall cyst distended with dark fluid. Cystic duct occluded. Wall of bladder gangrenous.		gauze	Recovery	General septic condition supervened in wretched condition prior to operation.
1. Dr. S. J. Gruver.	June 14, 1898	M	48	years.	1	Greatly thickened gall bladder. Much mucus.		tube and gauze	Recovery	An old case. Many attacks. Complete restoration to health.
2. Private.	July 5, 1898	F	42	?	63	No pus. Multitudes of small calculi in viscid bile.		gauze	Recovery	Many previous attacks. Occasional icterus.
3. Dr. S. J. Gruver.	July 7, 1898	F	33	?	vast number	Great distention of gall bladder with brownish fluid. Common duct impacted.	Cholecystotomy	"	Death	Continuous escape of bile through incision.
4. Dr. F. A. Hodgdon.	Oct. 15, 1898	F	40	15 yrs., 6 mos.	32	Great enlargement and thickening of gall bladder. Darkropy fluid. Great enlargement of gall bladder. Many apparently lobulated chambers, filled with thick mucus.	" Incision through common duct. Both openings sutured. Cholecystotomy	No.	Recovery	Continuous escape of bile through incision. Many previous attacks. A distinct tumor in right hypochondrium. Good recovery.
5. Dr. Angus MacDonald	Nov. 5, 1898	F	73	5 mos.	6	Distended gall cyst. Several ounces yellowish fluid. Stones divergent in size. Common duct impacted.		tube and gauze	Recovery	Persistence of sinus. Otherwise good recovery.
6. Dr. John C. Shaw.	Nov. 7, 1898	F	59	6 yrs.	10	Gall cyst distended with dark greenish fluid.		gauze	Recovery	Great relief, but never complete cure. Persistence of sinus. Finally developed cancer.
7. Dr. T. S. Eveleth.	Nov. 16, 1898	M	55	?	2	Septic gall bladder.		tube	Recovery	Many previous attacks. A distinct tumor in right hypochondrium. Good recovery.
8. Dr. E. A. Sears.	Nov. 28, 1898	F	35	?	6	Distended gall cyst. Several ounces yellowish fluid. Stones divergent in size. Common duct impacted.	" Incision of common duct. Cholecystotomy	tube and gauze	Recovery	Wound common duct sutured. Fundus left open and sewed to abdominal wall. Perfect restoration.
9. Dr. E. M. Phillips.	Dec. 10, 1898	M	46	?	1	Septic gall bladder.		rubber tube and gauze.	Death	Violent general sepsis.
0. Dr. A. M. Seelee.	Mar. 29, 1899	F	65	years.	32	Distended and thickened gall bladder.		No.	Recovery	Perfect cure.
1. Dr. W. A. Sawyer.	Nov. 13, 1899	F	34	?	4	Walls of gall bladder moderately thickened. Some bile. No pus or mucus.			Recovery	An extraordinary case. No symptoms of gall stones. Only complaint, pain in left hypochondrium.
2. Dr. J. P. Sutherland.	June 1, 1900	F	64	?	12	Empyema of gall bladder.	Cholecystotomy	gauze	Recovery	Persistence of sinus. Good recovery.
3. Dr. D. A. Babcock.	June 5, 1900	F	67	?	1	Sinus opening into 1 st grain, traced to gall bladder. A large, old, dark-colored stone.			Death	Survived the operation, but died a few weeks later from extension of cancer.
4. Dr. J. Herbert Moore.	Oct. 2, 1900	F	71	?	7	Enormously distended gall bladder. Much thick mucus. Cystic duct closed. Evidence of carcinoma.		gauze and tubes	Recovery	Excellent recovery.
5. Dr. W. N. Emery.	Oct. 6, 1900	F	40	?	32	Slight change in gall bladder wall which was contracted closely over 3 ^d stones. One wedged in cystic duct.	" and incision of duct. Cholecystotomy	rubber tube and gauze.	Recovery	Excellent recovery without complications.
6. Dr. Sam'l H. Spalding.	Nov. 1, 1900	F	57	?	2	But slight distention of gall bladder. Fragment of stone impacted in cystic duct.		gauze and rubber tube.	Recovery	Excellent recovery without complications.
7. Dr. C. R. Henderson.	Nov. 2, 1900	F	24	years.	20	Gall bladder, disengaged with pus, reaching below the costal cartilages.		gauze and tubes	Recovery	Excellent recovery without complications.
8. Hospital Case.	Nov. 24, 1900	M	58	months.	20	Gall bladder much distended. Icteric.		gauze	Recovery	Convalescent at time of this report.
9. Dr. E. S. Young.	Dec. 1, 1900	M	47	?	275	Gall bladder enormously distended. Fundus reached nearly to iliac crest. Cystic duct closed. Common duct obstructed.		tube and gauze	Recovery	Convalescent at time of this report.
0. Dr. F. A. Hodgdon.	Dec. 5, 1900	F	46	?	5	Enormous distention of gall bladder. Little lateral distention. Cystic duct closed. Much mucus and pus.		tube and gauze	Recovery	Convalescent at time of this report.

many cases there was a distinct empyema of the gall bladder with great distention and menace to the patient's life.

This frequency of formation of pus is corroborative of the theory of accession to the gall bladder of pyogenic bacteria from the duodenum by way of the common and cystic ducts.

I have come to suspect the contents of any gall bladder septic when stones are present, and use every means to prevent fluid from being spilled upon the surrounding viscera and wound. Aspiration of the gall bladder is always a desirable step to take before it is incised. Packing of the surroundings with mops of gauze, to catch any drops which might escape, is also a wise precaution. After the gall bladder is open a careful scrubbing with a $\frac{1}{4}$ per cent. formaline solution is conducive to sterilization of the lining membrane.

In one instance I found a singular pathological condition accompanying gall stones. There were, apparently, separate chambers entirely cut off from the cavity containing the stones, and filled with a glary fluid of the consistency of white of egg. There was nothing to suggest cancer at the time, but several months later malignant disease developed and ended the patient's life.

Another extraordinary case, number 31 in the list, had no symptoms whatever of gall stone disease. Her pain was all in the left epigastrium. Exploratory incision through the left semilunaris disclosed nothing abnormal in that region. Palpation and inspection of all the abdominal viscera finally divulged gall stones. The original wound was closed and another made over the gall bladder. Through this four large brown gall stones were removed. There was no pus or mucus present. Fresh bile appeared in the wound, which warranted immediate closure of the gall bladder and also of the abdominal wound. The patient made uncomplicated recovery and has had no further trouble.

Still another case of more than ordinary interest, number 10, was a woman of 36 years, who has been operated upon

for a supposed dilocated kidney, from which she obtained no relief, but still had a bunch which she herself could easily feel. On examination of the case I found a vertical scar in the lumbar region and a circumscribed bunch in the right hypochondrium. She had never suffered gall stone colic, had never been jaundiced, and was troubled only by a consciousness of the bunch and ill defined bad feelings through the region of the tumor. I first explored the region of the operation and found a surprising state of matters. The cicatrix was easily traced down through the tissues. An exceedingly broad adhesion had been established, as a result of the previous operation between the abdominal wall and the border of the right lobe of the liver. This was severed. Exploration through this wound resulted in palpation of the tumor which could easily be distinguished as the gall bladder distended with many calculi. The exploratory wound in the lumbar region was closed, and a fresh incision made over the gall bladder through which 116 gall stones were removed.

The facility for operation varies most markedly in different cases. A gall bladder distended so that its fundus projects well below the costal cartilages, and thin abdominal walls render the operation of cholecystotomy for removal of gall stones one of the easiest of operations.

On the other hand, a gall bladder tightly contracted over a small number of calculi, with possibly one lodged in the cystic duct, constitutes a complication extremely difficult for even the most expert operators to cope with. If to this be added thick adipose abdominal walls, inadequate assistance and poor light, the operator is confronted by difficulties which would appall a beginner.

In nearly all of the cases the operation performed was incision of the gall bladder, removal of the stones and suture of the fundus to the abdominal wound, thus establishing permanent drainage. In a few cases the wound in the gall bladder has been closed immediately with Lembert sutures of fine silk. This has been done only when the cystic and

common ducts have been wide open and there was no pus in the gall bladder. In two cases the common duct has been opened and the incarcerated calculus removed. In both cases deep drainage consisting of a rubber tube, with wicks of gauze packed about it, has been instituted, and allowed to remain for thirty-six hours.

It has not been an uncommon thing to find a stone wedged in the beginning of the cystic duct, and I have nearly always succeeded in removing it through the gall bladder. In two or three instances the duct has been slit open from the outside, and after removal of the stones, it was sutured with fine silk.

The behavior of an abdominal wound is a matter of interest. It frequently happens that the case which indicates complete obstruction of the cystic duct at the time of the operation, opens up, and normal bile begins to appear in the wound within a day or two. Under such circumstances all drainage is removed, and the wound encouraged to close by strapping it with adhesive plaster. Where no bile appears either at the operation or thereafter an external opening is maintained until the deep cavity is obliterated. This involves the perpetuation of the fistulous opening, sometimes, for months.

In adjustment of the parts after the operation, the following expedient is sometimes adopted which is of great value: The lips of the wound in the gall bladder are inverted by adjusting a Lembert suture at either extremity; through such wound drainage can be maintained as long as desired by simply keeping a drainage tube in. On its removal, the valve like opening closes spontaneously and rapidly.

The danger of gall stone operations is relative. If performed when the general health of the patient is good, and before an abscess is formed, there should be no mortality. On the contrary, cases which have become debilitated from recurring gall stone attacks, when septic absorption has

occurred, and the contents of the gall bladder infects the abdominal wall, a mortality is inevitable.

Of the 40 cases recorded in this report there are nine deaths, every one of which is traceable to collapse from neglect, exhaustion or sepsis.

MODERN SURGICAL TECHNIQUE.

WITH ANALYSIS AND STATISTICAL TABLE OF THREE HUNDRED AND FORTY-FOUR OPERATIONS PERFORMED IN FIFTEEN MONTHS, PRIOR TO JAN. 1, 1900, AND SINCE USING RUBBER GLOVES.

BY J. EMMONS BRIGGS, M. D., BOSTON, MASS.

[Read at Washington, D. C., June, 1900, at Surgical and Gynecological Association of the American Institute of Homoeopathy.]

(Continued from April Number.)

In the method of wound closure a decided improvement has been inaugurated in my work by following suggestions given by Dr. Horace Packard, of Boston, with whom it has been my good fortune to be associated for the past ten years. His method of wound closure which has been used when practicable, for over a year, is based upon the principle of using only such sutures for the deep structures as can be readily absorbed, and catgut has been the suture material selected.

Dr. Packard has put much time and energy into a series of experiments calculated to develop a reliable catgut of moderate size, which will preserve its strength in the tissues for about ten days, and then become absorbed. With this end in view, he has finally succeeded in hardening catgut for a specified length of time in a solution of chrome alum of a standard strength, and then chromisized it so that it has an enduring strength of ten days and is all absorbed in two weeks. This preparation of catgut is of a delicate green color, exceedingly strong, and ties very securely.

The abdominal wound is closed first by uniting the severed edges of the peritoneum with an ordinary continuous catgut suture of small size, which probably absorbs in three or four days. Next the sheaths of the muscles are brought together with a No. 4 chrome alum catgut suture (with enduring strength of ten days to two weeks), and then the skin by a subcutaneous, fine silk suture. No silk worm, nor other stay sutures are employed. It will be seen that no sutures penetrate the skin, and there are none to be removed save the subcutaneous silk, which is left with a long end, so it can be easily grasped, and readily removed by the end of the second week. For some time a fine catgut ligature was used for the subcutaneous suture, but when a suture sufficiently fine to afford accurate proximation was employed, it was prone to give way before the skin was firmly healed, and the skin wound would gape. Kangaroo tendon, in my experience, has signally failed to fill the requirements. It has been followed in years past by suppuration in a few cases, and several times it has failed to absorb at a sufficiently early date, acting as an irritant in the tissues. It has been exfoliated as a foreign body. That obtained by me, commercially prepared, has not proven aseptic, and re-prepared it loses strength and is inferior to catgut. It has, therefore, been discarded.

For drainage, gauze has been preferred, as it removes fluid by capillary attraction and prevents its accumulation. The principal disadvantage in its use in the peritoneal cavity is that it adheres to the edges of the abdominal wound and also to the intestines and omentum. Its removal is accompanied by much pain and discomfort to the patient. This can be overcome by administering nitrous oxide, and its use is a great boon in the desperate cases of septic peritonitis, where a number of ramifying wicks of gauze are left in the peritoneal cavity. Where only a single wick of gauze is used, as in a localized appendicular abscess, I have used the thin rubber cylinders manufactured by the Miller Rubber

Co., of Akron, Ohio, or the ordinary rubber finger cot, cutting off the closed end, and running a wick of gauze through it, allowing the gauze to protrude slightly at each end. The great advantage of the rubber externally is that it can be removed painlessly. The capillary attraction is augmented by the rubber encasement of the wick of gauze, and continues to drain as long as there is fresh gauze in contact with the protruding end of the wick.

The following summary comprises all the cases operated upon during the fifteen months, is made up, solely, as will be seen, with reference to the wound healing. The total number of operations is 344, 65 of them, however, were septic at the time of operation. We have, therefore, 280 clean cases with four failures to secure union by first intention, or what is more accurate, four cases where pus formed, either in the wound or in stitch holes.

Of these suppurative cases a few words of explanation may not be out of place.

Nos. 1 and 2. Cases of Hernia.

No. 3. Case of Tubo-ovariotomy.

No. 4. Case of Keloid of abdominal wall.

Case 1.— Mr. L., age 76, was operated upon Oct. 26, 1899, for relief from a large, irreducible, scrotal hernia, which had, on several occasions, become incarcerated. It caused him constant pain, and frequent attacks of vomiting. He was very feeble and debilitated, and his mind considerably unbalanced. He had a cystitis and, frequently, incontinence of urine. Knowing this, great care was taken in the dressing after operation, oiled silk being as carefully arranged as possible. But, in spite of every precaution, the patient on the second night, during an attack of mental aberration, pulled off the oiled silk, disarranged the dressings generally, and completely soaked them with urine. In view of the septic character of the urine, a violent suppuration was expected. The wound showed no indications of infection until twelve days after the operation, when it reddened slightly, and per-

Cases.	Operations.	No. of Opr'ns	Time of Op'n		Subseq. course	
			Septic	Clean	Septic	Clean
Abscesses	Drained	23	23	0	21	2
Ankylosis, Elbow Joint	Excision, Elbow Joint	1		1		1
Appendicitis	Appendectomy	17	11	6	9	8
Incised Wounds	Sutured	3		3		3
Coccyx	Excision	3		3		3
Imperforate Anus	Colostomy	1		1		1
Empyema	Resection Rib	1	1		1	
Gall-Stones	Cholecystotomy	1		1		1
Hernia	Herniotomy	10		10	2	8
Ingrowing Toe-nail	Section	2		2		2
Necrosis of Bone	Amputation of Toe	1	1			1
Osteomyelitis	Osteotomy	2	2		2	
Puerperal Eclanpaia	Caesarian Section	1		1		1
Pleurisy with Effusion	Aspiration	1		1		1
Phimosis	Circumcision	3		3		3
Prostrate, Hypertrophy of	Castration	2		2		2
Rectal Surgery		22	9	13	7	15
Recto-Vaginal Fistula	Laparotomy Suture, Intes.	1		1		1
Tubal Disease	Tube-Ovariectomy	2	1	1	1	1
" "	Abdominal Hysterectomy	4	4		1	3
" "	Vaginal Hysterectomy	3	2	1	1	2
Tubal Pregnancy	Tube-Ovariectomy	1		1		1
Tuberculosis—Ax. Glands	Extirpation	1	1			1
Cervical Adenitis	"	1		1		1
Inguinal Glands	"	1	1		1	
Ribs and Sternum	Resection	1	1		1	
Tumors—Carcinoma, Arm	Extirpation	1		1		1
Carcinoma, Clitoris	Extirpation & Plastic oper.	1		1		1
" Intestine	Aspirated Abodmen	1		1		1
" Mammary	Extirpation	6		6		6
" Uterus	Curetting	5	5		5	
" Uterus	Abdominal Hysterectomy	1		1		1
" Uterus	Vaginal Hysterectomy	2		2		2
Cysts, Ovarian	Ovariectomy	2		2	1	1
Epithelioma	Extirpation	4		4		4
Keloid, Abdominal wall	Exploratory Laparotomy	1		1	1	
" Neck	Excision, Skin Grafting	1		1		1
Myoma, Uterine	Abdominal Hysterectomy	4		4		4
Sarcoma, Breast	Extirpation	2		2		2
" Infr. Clav'r Reg'n	Extirp. & Leg. Sub. Cla.V.	1		1		1
" Parotid Gland	Extirpation	1		1		1
" Testicle	Castration	1		1		1
Tumors without Ab.Sec.	Extirpation	23		23		23
Septic Arm	Amputation	1	1		1	
" Finger	"	1	1			1
Urethral operations	Dilatation, etc.	12		12		12
Vaginal Tract—						
Cervix, Laceration	Amputation Cervix	8		8		8
" "	Trachelorrhaphy	31		31		31
Crystocele	Anterior Colporrhaphy	11		11		11
Dysmenorrhœa	Dilatation Cervix	9		9		9
Endometritis	Curetting	32		32		32
Miscarriage	"	5		5		5
Perineum, Ruptured	Perineorrhaphy	43		43		43
Polypus (Cervix)	Excision	8		8		8
Prolapsus Uteri	Vaginal Hysterectomy	2		2		2
	Ventral Suspension	1		1		1
Rectocele	Posterior Colporrhaphy	7		7		7
Retroflexion	Alexander's Operation	5		5		5
	Ventral Suspension	1		1		1
Vesicle Calculus	Litholopaxy	1		1		1
Totals		344	64	280	55	289

Total number of operations	344
Septic at time of operation	64
Clean at time of operation	280
Aseptic healing after operation	289
Septic development after operation in cases previously clean	4
Septic at time of operation but rendered aseptic by the use of formalin	13

haps a teaspoonful of pus escaped. The discharge continued for four or five days and then subsided.

In this case it is clear to my mind that infection did not occur at the time of operation, but later as a result from septic urine.

Case 2.—Mrs. S., age 42, was operated upon Dec. 9, 1898, for inguinal hernia. Kangaroo tendon was employed in closing the wound. On the tenth day the wound began to redden and in two or three days thereafter began to discharge bloody serum, and later pus. The knots of Kangaroo tendon were expelled one by one, and then the wound closed. I have always attributed the infection in this case to Kangaroo tendon.

Case 3.—It is difficult for me to know how this case should be classified. There is little doubt in my mind but that the case was septic when operated upon, as it was not recognized as such, being treated as a clean case, it seems only fair to classify it among clean cases which developed a septic condition following operation.

Mrs. B, age 30, was operated upon Nov. 29, 1899, for a cyst of the left ovary. After removing it with the tube, the exploration of the right side was undertaken. Here strong adhesions were encountered, which were broken up with difficulty. The right tube was found much distended and as large as my thumb, the fimbriated extremity of the Fallopian tube being completely sealed. This ovary was apparently healthy. Gauze mops were adjusted preparatory to removing it, when it ruptured and a clear, transparent fluid escaped. The condition was thought to be hydro-salpinx, and a suitable case for conservative treatment. The sealed end of the tube was excised, and the mucous membrane of the interior of the tube stitched to the serous membrane, and the abdominal wound closed.

On the second day symptoms of septic peritonitis began to appear, and the patient died on the sixth day. A post mortem examination revealed a general, purulent septic peri-

tonitis, which apparently originated in the right tube which was found gangrenous, and almost completely destroyed. It resembled a slough of the appendix veriformis.

It is the operator's opinion that the tube contained a septic accumulation which was liberated by the conservative treatment adopted, and had this right tube and ovary been removed a better result might have been obtained.

Case 4.—Mrs. J. (colored), age 41, was operated upon Oct. 18, 1899, for a tumor in the abdominal wall. The operation was simply an incision into the tumor, for the purpose of exploration, and to obtain tissue for microscopical examination. The knife entered tissue very hard and glistening, like a fibroid of the womb. No bleeding occurred from the cut surface. A piece of tissue was removed and the wound closed. The pathologist reported "keloid." The suppuration following the operation was very slight, but persisted for about a week.

MATRICULATE AT A LEADING COLLEGE ONLY.—To no other class of professional men does the stability and permanence of his alma mater mean so much as to the physician. The clergyman having entered his profession, cannot be debarred from preaching so long as he can obtain an audience, no matter what becomes of the college from which he received his diploma; the lawyer cannot be debarred from practice so long as he finds a client, and observes the amenities of his guild, no matter where he may locate, or what changes take place in the college in which he received his instruction; but the physician whose diploma is from a *new* college, a *defunct* college, or a college whose assets give no guarantee of prolonged life, is always an object of suspicion; he is liable to be blighted to prove the character of the institution from which he graduated, and may actually be debarred from practice if his alma mater fails to be included, as time passes, among the reputable colleges of the land; or if, at the the time of its de-
case, it had not met the requirements of some state board.

EDITORIAL.

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

THE REPROVING OF THE MATERIA MEDICA.

After some years of agitation it is good to know that the reprovng of one drug, as a test, along lines more in accordance with scientific methods than ever before is beginning.

In his annual address before the American Homœopathic O. O. and L. Society, the President, Dr. H. P. Bellows, of Boston, presented a perfected plan for this work, a plan more comprehensive in detail than any yet suggested. The plan, as briefly summarized in the conclusion of his address, is as follows :—

“To summarize, in closing, I should say, therefore, that, from the standpoint of a specialist, the reprovng of the Homœopathic Materia Medica requires that such work be done either in our large cities or in close connection with our medical colleges; that it be conducted by organized clubs or boards of physicians which shall be presided over by a master or director of provings; that this director shall himself be a general practitioner of the largest possible experience and the broadest knowledge and grasp of materia medica, or that he be a specialist who has previously had such general experience in medicine; that he shall have associated with him two or three other general practitioners for the division of labor and a body of specialists for the examination of special conditions and testing of special organs, and that these shall cover the mind and nervous system, the eye, the ear, the nose and throat, the chest, the genito-urinary system and the skin; that arrangements shall

be made for the assistance at all times of laboratory experts for chemical, microscopical, bacteriological and physiological tests; that the provers shall receive some adequate compensation for their time and services, the means to come from private sources, from funds administered by our medical colleges, or from the treasuries of our State societies; that the provers shall be subjected to careful preliminary organic and functional tests; that they shall receive the drug to be proven at the hands of the director of the proving so guarded by blanks and counter-tests that they shall not know the nature of the drug taken or when the actual administration begins; that the examiners themselves shall not know what drug is being proven or when it is being administered, but may receive special hints or practical suggestions from the director at his discretion; that the prover shall keep a daily record of his own condition and symptoms in a book provided for this purpose and shall submit this written record every day to the director of the proving; that after careful questioning the director shall each day send the prover to such specialists as may seem desirable for the further testing and verification of special symptoms or conditions which may arise, the visit to be made during the specialist's office hours or at such other convenient seasons as may be specified in advance or arranged at the time by telephone; and that, finally, the results of the proving as a whole shall be summarized and arranged for publication in scientific form by the director with such aid from any or all of his associates as he may desire."

The suggestions were accepted by the Society, Dr. Bellows invited to take the position of general director, and committees have already been appointed in New York, Brooklyn, Chicago, Philadelphia, St. Louis, Boston, Baltimore, Cincinnati, Buffalo, Cleveland, Detroit, Washington and San Francisco.

In Brooklyn the committee has organized, money has been raised and the work practically begun.

In Boston the committee has been organized with Dr. E. P. Colby as director of provings, and a better selection could not have been made.

This work initiates the most important movement in the homœopathic school for many years, and it should receive the most enthusiastic and cordial support of every member of the profession.

Everybody can help in some way, but the best and only way that will give results will be to respond to the calls of the committee.

Necessarily work of this scope and character must be done in the large cities where laboratory facilities are at command, but some money must be raised, and this can be contributed by everybody, so everybody must help with what he can, be it ever so little. The committee has not yet called for funds but when they do, let everybody respond, respond gladly and generously.

American Medicine.

The above is the title of the new journal edited by Dr. George M. Gould and a large staff of collaborators. It is "founded, owned and controlled by the medical profession of America," and its aim is to publish a journal which shall be absolutely free from "commercialism," as understood in its application to professional matters. Anybody who has ever had anything to do with medical journalism knows how very difficult it is to do this and attempt to financially support the journal, and realize what a difficult task Dr. Gould and his assistants have undertaken, but it is in the *right*; the only way a journal should be conducted, and we are sure it will receive the endorsement and cordial support of those who place profession above pocket-book. We cordially wish *American Medicine* a long and useful existence.

OBITUARY.**DR. W. D. ANDERSON.**

Dr. Wm. Dexter Anderson, of New Haven, Conn., died in March, 1901, at Grace Hospital, after operation for intestinal obstruction.

Dr. Anderson was born in Londonderry, N. H., in 1841. When he was very young his parents removed to Boston. Here his father became a prosperous merchant. In 1858, Mr. Anderson, then in his 17th year, entered Yale College as a student in the academic department. He was very successful at his studies and an unusually popular man, receiving an election to Scroll and Keys in May of his junior year. He graduated in 1862, then spent three years in the medical school, from which he graduated with a high standing in 1865.

For a time after graduating he practiced with Dr. Paul C. Skiff, but after the death of Dr. Arthur Foote, which occurred about the year 1869, Dr. Anderson purchased his home and practice.

Dr. Anderson joined the Connecticut Homœopathic Medical Society in 1869, and was its president in 1879 and 1880.

DR. L. LOUISE BRIGHAM.

Dr. L. Louise Brigham, of Hartford, Ct., died April 2, 1901. She was a graduate of the Boston University School of Medicine in 1843; practised in Hartford for seventeen years, building up a large business. She was quite an active member of the State society, and also belonged to the Dunham Medical Club of this city.

NEW YORK, April 3, 1901.

MEETING OF THE HAHNEMANN MONUMENT COMMITTEE OF
THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Held at the residence of Dr. Wm. Tod Helmuth, 504
Fifth Avenue.

Dr. J. H. McClelland in the chair.

Drs. J. H. McClelland, J. B. Gregg Custis and Wm. Tod
Helmuth, the latter appointed Secretary *pro tem*.

The President stated that the meeting had been called to
consider the death of Dr. Henry H. Smith, the Secretary
and Treasurer, and to take the necessary legal steps to fill the
vacancy occasioned thereby.

On motion of Dr. Helmuth, Dr. J. B. Gregg Custis, of
Washington, D. C., was nominated for Secretary and Treas-
urer of the Committee; carried.

On motion the following preamble and resolutions were
unanimously adopted.

WHEREAS, through the death of Dr. Henry H. Smith, this
Committee has lost one of its most active and efficient mem-
bers, and

WHEREAS, through the untiring energy and perseverance
of Dr. Smith much of the successful workings of this Com-
mittee can be attributed, therefore

RESOLVED, that the Hahnemann Monument Committee of
the American Institute of Homœopathy has sustained an
irreparable loss in the demise of Dr. Smith, and offers this
resolution as a tribute to his perseverance and self-sacrifice
in assisting to secure a lasting monument to the founder of
Homœopathy in the United States of America.

RESOLVED, also, that copy of this preamble and resolu-
tions be presented to the American Institute of Homœopathy
at its next meeting in June and to the family of Dr. Smith.

WM. TOD HELMUTH,
Secretary Pro tem.

SOCIETY REPORTS.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The sixty-first annual meeting of the Society was held at Pilgrim Hall, Boston, Tuesday evening, April 9, and Wednesday, April 10, 1901.

EVENING SESSION.

The meeting was called to order by the President, John L. Coffin, M. D., and placed in charge of Dr. Fred B. Percy, Chairman of the Committee on Diseases of Children, who presented the following program:—

1. "Antitoxin in the Treatment of Diphtheria." W. C. Goodno, M. D., Philadelphia, Penn. Discussion opened by Geo. B. Rice, M. D.
2. "A Method of Infant Feeding." Wm. F. Wesselhoeft, M. D.
3. "Some Interesting Cases of Tuberculosis in Children." D. P. Butler, Jr., M. D.
4. "Experiences with Marasmus at the Sea Side Hospital." Carroll C. Burpee, M. D.
5. "A Leaf from the Children's Ward at the Massachusetts Homœopathic Hospital." A. S. Boomhower, M. D.
6. "A Contribution to the Study of the Treatment of Pertussis." F. L. Babcock, M. D.

Dr. Goodno's paper brought out a great deal of discussion, but it was almost universally conceded that we should use antitoxin in every case of diphtheria. A vote of thanks was extended to Dr. Goodno for his exceedingly interesting and up-to-date discourse.

WEDNESDAY, APRIL 10, 1901.

The meeting was called to order by the President, John L. Coffin, M. D., and the records of the semi-annual meeting, also the records of the Executive Committee's quarterly meet-

ings were read and approved. The reports of the Treasurer and Auditor were received and accepted. The report of the Necrologist, F. A. Warner, M. D., was read and referred to the Committee on Publication. Following is the list of deceased members during the past year :—

Luther M. Lee, M. D., Benjamin H. West, M. D., Sarah E. Sherman, M. D., Charles L. Farwell, M. D., Henry F. Batchelder, M. D.

The report of the Committee on Amendments of By-Laws was received and voted upon. Dr. Moore offered an amendment to the By-Laws, which was referred to the same committee.

The following candidates were elected to membership :—

Solon Abbot, M. D., 10 Dean Ave., Franklin; Jeanie O. Arnold, M. D., 101 Brown St., Providence, R. I.; Thomas E. Chandler, M. D., 670 Massachusetts Ave., Boston; Marion Coon, M. D., Hotel Ilkley, Boston; Charles T. Cutting, M. D., 66 Highland Ave., Newtonville; Charles J. Douglas, M. D., 524 Warren St., Roxbury; Mary R. Farnum, M. D., 45 Water St., Penacook, N. H.; H. E. Fernald, M. D., Elm St, Cohasset; Walter J. Graves, M. D., Peabody Sq., New Dorchester; Fred'k De F. Lambert, M. D., 33 Summer Street, Salem; Edwin R. Leib, M. D., 45 Pleasant St., Worcester; Francis H. MacCarthy, M. D., 39 Hancock St., Boston; Edward R. Miller, M. D., 63 Merriam Ave, Leominster; Lillian B. Neale, M. D., 138 Marlboro St., Boston; Elizabeth B. Newman, M. D., Belmont; Helen F. Pierce, M. D., 13 Pleasant St., Plymouth; Julia M. Plummer, M. D., 160 Huntington Ave., Boston; William H. Watters, M. D., 26 So. Common St., Lynn; Henry A. Whitmarsh, M. D., 64 Jackson St., Providence, R. I.; Ralph C. Wiggin, M. D., 26 Puritan Ave., Dorchester.

Dr. F. P. Batchelder, Chairman of the Committee on Registration and Statistics, made a very interesting report which was referred to the Committee on Publication.

REPORT OF COMMITTEE ON OBSTETRICS.

GEORGE H. EARL, M. D., Chairman.

GENERAL SUBJECT: TEMPERATURE AFTER DELIVERY.

1. "A Brief Study of Temperature in Certain Serious Puerperal Complications, with Cases." Sarah S. Windsor, M. D.
2. "Dispensary Cases and Statistics." Lena H. Diemar, M. D.
3. "Two Cases." Nelson M. Wood, M. D.
4. "The Common Cause, with Cases." George H. Earl, M. D.

After luncheon the meeting was called to order by the President, John L. Coffin, M. D., and the report of the Election Committee was received as follows:—

President, George S. Adams, M. D.

Vice-Presidents, Winfield Smith, M. D., George E. Percy, M. D.

Recording Secretary, Frederick L. Emerson, M. D.

Corresponding Secretary, Frederick P. Batchelder, M. D.

Treasurer, Winslow B. French, M. D.

Librarian, J. Wilkinson Clapp, M. D.

Censors, John L. Coffin, M. D., Edward P. Colby, M. D., Fred B. Percy, M. D., Nathaniel W. Emerson, M. D., Frank C. Richardson, M. D.

REPORT OF COMMITTEE ON CLINICAL MEDICINE.

ELMER H. COPELAND, M. D., Chairman.

1. "The Modern Idea of the Use of Drugs as Medicines." Conrad Wesselhoeft, M. D.
2. "Diseases of the Chest in 1800 and 1900." Herbert C. Clapp, M. D.
3. "Serum Therapy and the Animal Extracts." J. P. Sutherland, M. D.
4. "Modern Aids to Accurate Diagnosis." John P. Rand, M. D.

REPORT OF COMMITTEE ON INSANITY AND NERVOUS DISEASES.

ELLEN L. KEITH, M. D., Chairman.

1. "The Influence of Manual Education upon the Development of the Speech Centres." Illustrative Case. Frank C. Richardson, M. D.

2. "The General Practitioner and the Insane." Clara Barrus, M. D., Physician at the Middletown State Hospital, New York.

3. "Suicidal Tendencies of the Insane." Edward H. Wiswall, M. D.

4. "The Report of Four Cases of Pernicious Anæmia in Insane Subjects with a Consideration of the Nervous Sequelæ of the Disease." Solomon C. Fuller, M. D.

The meeting adjourned at 5.15 P.M. to meet at Young's Hotel, where dinner was served to one hundred and sixty-five members, and at eight o'clock the annual address of the President was delivered and very much enjoyed by all present.

The papers and discussions will be found in full in the transactions.

FREDERICK L. EMERSON, M. D.,
Secretary.

TEACHING HYGIENE IN SOMERVILLE, MASS.—The Somerville, Mass., School Board, according to an item appearing in the public press March 26, passed the following order:

"That in the primary and grammar schools instruction in physiology and hygiene be entirely oral, and that hereafter a single desk book be furnished for the use of teachers only; and it is hereby also ordered that instruction be regarding the proper care of the body, rather than the structural formation."

The order that should be passed by every school board is that such teaching should be given by, and at the discretion of, a properly qualified and appointed physician. Not less, but more teaching of the right kind is needed.

AMERICAN INSTITUTE ANNOUNCEMENT.

The Executive Committee beg to announce to the members of the Institute, and the profession generally, the following important notice as to the railroad arrangements and the program of entertainment offered to the Institute and its guests by the citizens of Richfield Springs.

The usual fare and one-third rate for the round trip, on the certificate plan, has been granted by all the roads.

Arrangements have also been made whereby all members coming from the Western Country *via* Buffalo can stop over at the Pan-American Exposition for ten days on any kind or character of ticket, providing said ticket is deposited with joint agent, No. 50 Exchange Street, Buffalo, and the payment of \$1 made.

For those who come from the Eastern Country, The New York Central, West Shore and Lackawanna will make amicable arrangement that will grant our members a sufficient stop over at Binghamton or Utica, at which points they can procure regular excursion tickets to Buffalo and return. This will allow members from the East to attend the exposition at a very slight additional expense.

Through parlor cars will be run direct to Richfield Springs from both the East and the West. The Delaware and Lackawanna Road will put on its summer schedule of trains for the session of the Institute, which provides close connections at both Utica and Binghamton.

The Entertainment Committee and the citizens of Richfield Springs offer the following unusually fine social program which has been so arranged as not to interfere with the work of the Institute.

Saturday, June 15.—Open Air Concert, Richfield Springs Military Band, 3.30 P. M.

Sunday, June 16.—Sacred Vocal and Instrumental Concert in the Earlington Hotel parlors, 8.30 P. M.

Monday, June 17.—Open Air Concert, Richfield Springs Military Band, 3.30 P. M.

Tuesday, June 18.—Open Air Concert, Richfield Springs Military Band, 3.30 P. M. Grand Ball, Hotel Earlington, tendered to the Institute and its guests by Messrs. E. M. Earle & Son, 10 P. M. Supper, 12 M.

Wednesday, June 19.—Drive over magnificent mountain roads to Lake Otsego, the famous "Glimmerglass," of Fenimore Cooper, sail over the lake to Cooperstown, his home; Luncheon in Cooperstown, drive home to Richfield along the shores of Lake Otsego, reaching Hotel Earlington about 5 P. M.

N. B.—Each day the ladies of the Institute are invited by the Citizens of Richfield Springs to take this delightful excursion to Cooperstown and return.

Music in the parlors Hotel Earlington, 11 A. M. Open Air Concert in Earlington Park, 4 P. M. Reception at the Waiontha Golf Club, 4 to 6 P. M., by the president, Mr. T. R. Proctor. Progressive Euchre Party, tendered by Messrs. Earle & Son in the Earlington parlors.

Thursday, June 20.—Drive to Cooperstown and return (same as Wednesday), 10 A. M., 5 P. M. Music in the parlors Earlington, 11 A. M. Open Air Concert, 4 P. M. Musicale in the parlors of Hotel Earlington, 9.30 P. M.

Friday, June 21.—Drive to Cooperstown and return (same as Wednesday), 10 A. M., 5 P. M. Music in parlors Earlington, 11 A. M. Open Air Concert, 4 P. M. Grand Complimentary Vaudeville Entertainment, tendered to the Institute and their guests, by the Entertainment Committee and Citizens of Richfield Springs. (It will be the endeavor of the Committee in charge of this entertainment to procure in New York City for this performance only the very best available talent, and no expense will be spared to make this vaudeville performance one of the highest class.

Saturday, June 22.—Music in Hotel Earlington parlors,

11 A. M. At 2 P. M. at the Lake House, on Canadargo Lake, a Clambake tendered by the Entertainment Committee and the Citizens of Richfield Springs. Music by the Richfield Springs Military Band.

The Citizens of Richfield Springs announce it as their purpose to make every member of the Institute pleased with their visit. They do this as an advertisement of their health resort, and the Committee feel assured that the session of 1901, will be the most pleasant one in the history of the Institute.

A. B. NORTON, M. D., *President.*

E. H. PORTER, M. A., M. D., *Secretary.*

INFECTION THROUGH MODELLING CLAY.—Mr. M. O. Leighton, health inspector of Montclair, N. J., in a paper read before the American Society of Bacteriologists at its recent meeting in Baltimore, made the following statements:

“In the ordinary schools such clay, after having been used by one student, is returned to the stockbox and subsequently used again. Study of clay thus obtained from schools showed bacteria to be tolerably abundant in the clay. The species of bacteria identified were those which ordinarily occur in pus formations, thus showing that clay may be capable of distributing these organisms. An attempt to sterilize clay showed that the only efficient means of accomplishing this purpose is by the use of superheated steam under the pressure of 15-20 pounds for forty-five minutes.

“Next, an attempt was made to determine how long certain pathogenic bacteria could remain alive in the clay. Sterilized clay was inoculated, under proper precautions, with the bacilli of typhoid, diphtheria and tuberculosis. The clay was then kept moist and warm, and studied periodically for the presence of these organisms. The results were, briefly, as follows: *B. typhi abdominalis* grew vigorously after having been enclosed in the clay for thirty-two days. After that no colonies were found. *B. diphtheria* grew after having been enclosed in the clay for eighteen days. *B. tuberculosis* was alive after eighteen days.”

REVIEWS AND NOTICES OF BOOKS.

OBSTETRIC AND GYNECOLOGIC NURSING. By Edward P. Davis, A. M., M. D., Professor of Obstetrics in the Jefferson Medical College, Philadelphia, and in the Philadelphia Polyclinic, etc. Philadelphia and London: W. B. Saunders & Co. 1901. pp. 402. Price, \$1.75 *net*.

The above is one of the most valuable of the recent contributions to medical literature for nurses. It is exceptionally thorough and comprehensive, and in a plain, straightforward, practical way gives all the teaching required by a nurse engaged in obstetrical and gynecological work.

In Part I., Obstetric Nursing, an outline of the anatomy and physiology of pregnancy is followed by instruction in nursing in complicated and uncomplicated cases. Chapters are devoted to preparations for confinement, nurse's duties during and after labor, care of the child, obstetric surgery, complications during and following labor, feeding and weaning, disorders of infancy, etc.

Under Part II., the examination and management of patients, local treatment, douches, preparation for and assistance during operations, post-operative nursing, and care in special cases are treated at length, and many additional directions are given in regard to the preparation of surgical supplies, selection of foods and aseptic precautions to be observed.

There are many good full page illustrations, and carefully a prepared index.

TRANSACTIONS OF THE HOMEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK FOR THE YEAR 1900. Vol. XXXV. Edited by the Secretary, De Witt G. Wilcox, M. D., Buffalo, N. Y. pp. 410.

The present volume is a record of the forty-eighth annual meeting of this society, held at Albany, N. Y., Feb. 13 and 14, 1900, and of the thirty-fourth semi-annual meeting held at Brooklyn, N. Y., Oct. 3 and 4, 1900.

It contains a large number of short suggestive papers, which are well supplemented by the discussions they evoked. Transactions like these are interesting reading, and form excellent books of

reference, inexpensive to society members, and serviceable to all who would keep in touch with what is being thought and done along medical lines.

We are pleased to note that Drs. N. W. Emerson and Horace Packard, of Boston, have been elected honorary members of this society.

A TEXT-BOOK ON PRACTICAL OBSTETRICS. By Egbert H. Grandin, M. D., with the collaboration of George W. Jarman, M. D. Third edition, revised and enlarged. Illus. Philadelphia: F. A. Davis Co. 1900. pp. 511. Price, cloth, \$4 *net*; sheep, \$5 *net*.

As a standard work on obstetrics Grandin and Jarman's occupies a decidedly leading position. If it is less voluminous than certain contemporary treatises which might be mentioned, it is not the less instructive and reliable on the subject of essentials. The schema of the work, which for the most part relegates instruction in anatomy, physiology, embryology and pathology to other and earlier chairs, admits of a considerable omission and condensation of matter ordinarily included. We think this a reasonable and advantageous plan to pursue, and that little is gained by diffuseness and repetition if the student comes to obstetrical work well grounded in preliminary branches.

We also commend the omission of many of those antiquated wood cuts, whose introduction to the pages of books on midwifery antedates the memory of the oldest practitioner. There are still a few, notably those illustrating the structure of the genital organs, which we hope to see superseded by far better ones in a subsequent edition. There are numerous excellent plates, photogravures from nature, in the present volume.

We have always liked this book, and continue to think it well and conscientiously written. It is clear and practical, not overburdened with theory, statistics or literary references which do not help a man out appreciably in a difficult case, and which often confuse a student.

Students and practitioners need more than one text-book on obstetrics, and the one under discussion may well be among the number selected.

We quote one or two of the many sensible sayings concerning

precautions, to prevent infecting the lying-woman: "These precautions take but little time, and the man who is not willing to give this time to safeguard a human life had better decline obstetrical work altogether."

Again, "The vaseline-pot should, once and for all, be banished from the lying-in chamber."

Concerning the time for instrumental delivery, "It is a question of conditions, and not minutes or hours."

NURSING ETHICS FOR HOSPITAL AND PRIVATE USE. By Isabel Hampton Robb, Graduate of the New York Training School for Nurses, Bellevue Hospital, etc. Cleveland: J. B. Savage. 1901. Price, \$1.50.

The qualifications of a young woman who wishes to become a professional nurse are summed up by the author as being good physical health, education and culture. To these must be added a sense of personal responsibility which shall ensure the conscientious discharge of her obligations.

The author very carefully presents the ethical side of a nurse's service as probationer, junior, senior and head nurse while in the hospital, and the relations she should bear to patient, doctor and family when practicing her profession outside.

It is unfortunate so much important and well expressed advice and instruction should be dissociated from a text-book on nursing, as joined with the technical teaching, a larger circle of readers might be reached.

THE MEDICAL ADVISER; OR HOW TO TREAT THE SICK AND THE INJURED. By O. Edward Janney, M. D., Professor of the Practice of Medicine in the Southern Homœopathic Medical College. Baltimore: Maryland Homœopathic Pharmacy Co. 1901. pp. 72.

Designed primarily for the use of patients temporarily out of reach of a physician, this monograph is also recommended by the author to readers at large. The best things it contains are the suggestions on diet in common diseases, but the text throughout is too sketchy to be otherwise than frequently misleading to the laity. This is especially noticeable in the section on Remedies and Reme-

dial Measures. The subject of dysentery, for instance, is dismissed as follows: "Mercurius corr. 3x one tablet every hour or two."

There are several good receipts for the preparation of food for the sick.

INFANT-FEEDING IN ITS RELATION TO HEALTH AND DISEASE. By Louis Fischer, M. D., Attending Physician to the Children's Service of the New York German Poliklinik, etc. Illus. Philadelphia: F. A. Davis Co. 1901. pp. 368. Price, cloth, \$1.50 *net*.

We have no hesitation in predicting that Fischer's Infant-Feeding, will at once command the appreciative attention of the profession. It is the work of an educated man and a clinician who has thoroughly mastered his subject.

The plan of the book embraces a description of the digestive organs of the infant, verified actual capacity of the stomach at different ages, properties and action of the digestive juices, intestinal bacteria, constituents of breast and cow's milk and their value, feeding of milk, diet of mother, wet-nursing, care of nipples, importance of record of infant's weight, properties of human and cow's milk, modification of milk, how good milk may be secured, sterilization, pasteurization, modification, mixtures, infant foods with analyses and deductions, condensed milk, Gærtner's "mother-milk," chemical and clinical reports on same, infant stools, appropriate feeding of infants in various diseases, rectal feeding and feeding in intubation cases, dietary.

When breast milk is not available, Dr. Fischer favors the feeding to healthy infants of raw milk obtained under conditions of perfect cleanliness. He points out its superiority over sterilized or pasteurized milk, and gives rules for its modification at home. The use of modified or laboratory milk is not recommended. He notes that it causes constipation, retards development, and may occasion or predispose to intestinal disorders and scurvy.

It is impossible to call attention to all the good points of this book which will not only supplement, but supersede much of the present teaching of infant-feeding.

PERSONAL AND NEWS ITEMS.

EMERGENCY HOSPITAL AT PAN-AMERICAN EXPOSITION.



The above cut represents the Emergency Hospital which has been erected on the Pan-American Exposition Grounds at Buffalo. It is equipped with all the approved medical and surgical appliances necessary for emergency work. A unique feature consists of two electrical ambulances, and also another automobile ambulance to run either by gasoline or steam. The hospital has accommodations for from twenty-five to thirty patients at one time. Physicians visiting the exposition will doubtless find much to interest them in the arrangements and appliances of the hospital, all of which are of the most modern style.

AT the next meeting of the American Homœopathic Ophthalmological, Otological and Laryngological Society, which will open its session in the parlors of the Hotel Earlington, Richfield Springs, New York, on Saturday, June 15, at 2.30 P. M., and have sessions on Monday and Tuesday, June 17, and 18, it has been arranged to have Mr. M. R. Hutchison,

E. E., exhibit and explain his recently perfected akouphone and akoulalion, mycro-telephonic instruments so constructed as to reproduce and intensify sounds and still preserve their quality.

AMERICAN INSTITUTE OF HOMŒOPATHY.

PRESIDENT'S OFFICE.

NEW YORK, March 29, 1901.

TO THE MEMBERS OF THE AMER. INST. OF HOMŒOPATHY:

Having appointed Dr. A. C. Cowperthwaite to the office of Necrologist, in place of Dr. H. M. Smith, deceased, I would respectfully urge upon the members of the Institute that they forward to him at once all the data within their possession as to the death of any member of the Institute during the past year.

Fraternally yours,

A. B. NORTON,
President.

DR. GIVEN'S Sanitarium at Stamford, Conn., is pleasantly situated on a hill overlooking the city of Stamford and Long Island Sound, and is easy of access from New York and all New England States.

It is a well known fact that certain climatic conditions are beneficial in certain nervous and mental disorders, and the invigorating (coast) air of this locality, charged with ozone, is a sedative in itself.

During the past year another cottage has been added, and the recreation hall has been enlarged, thus improving upon the already excellent accommodations offered for patients desiring special treatment.

All modern means are employed for the treatment of nervous and mental disorders. A separate department is devoted to the treatment of drug habits.

DR. KRAFT, editor of the *American Homœopathist*, 57 Bell Ave., Cleveland, Ohio, is collecting a small but select party of ladies and gentlemen for a fifty days' summer tour in Ireland, France, Italy, Switzerland, Austria, Germany, Holland and Belgium. Terms moderate. Apply early.

FOR SALE.—A \$2,000 country practice in Massachusetts. Terms very reasonable. Collections over 90 per cent. Address "Y," Care Otis Clapp & Son, 10 Park Sq., Boston, Mass.

THE town of Norfolk, Connecticut, is in need of a homœopathic physician, and it is said to be a good opening for one. For information regarding the place, address Dr. B. A. Sawtelle, Southington, Conn.

DR. THOS. H. McCLINTOCK, class of '98, B. U. S. of M., has removed from Hillsboro Bridge, New Hampshire, to No. 56 Buckingham St., Hartford, Conn.

DEATH RATE OF SIX LARGE CITIES.—It may be of interest to glance at the death rates of six of the large cities during the past five years :

	1895	1896	1897	1898	1899
London	19.8	18.6	18.2	18.7	19.8
Paris	21.3	19.0	18.6	19.7	20.2
Berlin	19.4	17.9	17.7	17.3	18.7
Vienna	23.1	22.3	20.9	20.1	20.6
St. Petersburg	28.8	30.9	29.0	25.8	25.2
New York	23.2	21.8	20.0	20.5	19.8

The death rates for New York given here are for the boroughs of Manhattan and the Bronx, and are calculated from the results of the United States census of 1900. It is seen by this table that there has been a tendency to a lower death rate during the past few years. This may be accounted for by a lessening of the virulence of influenza, by better paving of streets, and by a more careful oversight of water and milk supply. Much can still be done by physicians and sanitarians and municipal governments in these relations.—*New York Medical Journal.*

A USEFUL DRAGON FLY.—The United States Government has been experimenting with the savage looking but harmless dragon fly. Experimenters saw one fly eat up 800 mosquitos in an hour, and it is now proposed to breed the “darning needle” on a large scale to see if they cannot be made sufficiently numerous to kill the mosquitoes that infest some parts of the country. . . . A recent report of a commission of surgeons of the United States Army, prepared by Dr. Walter Reed, is of interest in this connection. The conclusion reached by this commission is that the mosquito serves as the intermediate host for the parasite of yellow fever and it is highly probable that the disease is propagated through the bite of this insect.—*Exchange.*

THE NEW ENGLAND MEDICAL GAZETTE

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COMMUNICATIONS.

PRESIDENTIAL ADDRESS.

BY JOHN L. COFFIN, M.D.

[Delivered before Mass. Hom. Med. Society, April 10, 1901.]

Ladies and Gentlemen, Members of the Society:

Since last we met, the last year of a century has closed, and with its demise the nineteenth century has passed into history. Not the history that is written but the history that is. The history that is written at best gives only the salient points, the remarkable things that have been done, the notable or notorious people that have lived, and from the perusal and contemplation of these recorded facts we endeavor to construct an idea of the genius of the ages past. Not so with the remarkable century just gone. We are not yet so remote that it is necessary to summon our imagination to help in forming our estimate.

The blood is hardly yet cold in our veins that fought at Lexington or froze at Valley Forge. Our ears still tingle and our hearts throb at the voice of Patrick Henry, and Jefferson, and Webster, and Calhoun, and Clay. The story is still told in the flesh of Bull Run, of Fredericksburg, of the Wilderness, of Gettesburg, and Antietam. The trying days of the reconstruction period are yet a reality to many of

us and the solution of the race problem is still with us today in all its complexity. We no longer drag our weary way over the hot and dusty road in the stage-coach, but travel on the wings of the wind surrounded by all the luxuries of an up-to-date hotel. We talk almost, if not quite, all around the globe. Distance and space are annihilated. These are facts well known to us and these are the things that will be known to the future, emblazoned as they will be on the pages of the written book.

But of more importance far than all this is the fact that we still know and feel all those tremendous, subtle, silent forces of humanity which have made these achievements possible. We know the denial and self-sacrifice of the parents that the children might be educated, and the earnest struggle and endeavor of the children that they might be worthy of the sacrifice. We remember that early and wholesome discipline at home and in school, resulting in that intelligent obedience which enables the American citizen-soldier to walk unflinchingly into the hell of battle and to stay there till he wins. We feel the honest struggle of the New England conscience with dogma and tradition, that everlasting reaching out after truth which resulted in a religious emancipation, and rendered possible an Emerson, a Channing, a Theodore Parker and a Phillips Brooks. We are yet an integral part of that living, breathing, resistless, onward-striving humanity, which under Divine guidance has made the nineteenth century the best the world has yet seen. Never, I believe, has the intelligence of the great mass of people been so well developed as today, never has the laborer been so well-housed and well-fed both physically and mentally, never to so great a degree has the possession of great wealth been so much regarded as a sacred trust to be used for the benefit of mankind, and therefore it is that at the dawn of a new century we stand fully conscious of the debt we owe the past, fully appreciative of the responsibilities thereby entailed upon us, but at the same time proud of our forebears and

their work, strong in our ability to do the duty of today, and filled with courage and determination for the future.

So has it been with our chosen profession. As we look over the past hundred years we are dazed at the names and deeds that stand out in bold relief. The names of Jenner; Claude Bernard, Rasori, Brüssais, Couvelhier, Andral, Magandie, Rokitansky, Vichow, Lister, Cooper, Lagenbeck, Hutchinson, Paget, Spencer Wells, McDowell, Sims, Warren, Dunglison, Austin Flint, Mott, Hamilton, Gross, Bigelow, Meigs, Agnew, and many others. And in our own special school the names of Hahnemann, Stapf, Gresselich, Fleishman, Quin, Jahr, Gram, Pope, Hughes, Drysdale, Lippe, Dunham and Talbot.

When we recall the discovery of the homœopathic law, of anæsthetics, of the principles of asepsis and antisepsis, when we contemplate the advance made in surgery and the perfection of the various instruments to assist us in diagnosis, we stand almost aghast. But of far greater moment to humanity is the fact that, guided by the brilliant and indefatigable labors of these noble men, the whole body of medical men and women have steadily and persistently added their mite to the work until the ordinary, every-day, average practitioner today, has more knowledge of the human body in health and disease that is accurate and true, than ever before since the world began. This is a condition of affairs, of which, we, each and every one of us is a living part, a condition of which we may justly be proud and which should constantly stimulate us to add what we may, be it ever so little, to the sum total of medical knowledge.

Fascinating as is the temptation to dwell in the glorious past, we must live in the prosaic present. It was wisely or otherwise, ordained by our founders, that the society should twice each year be benefitted, or bored, by an oration and presidential address.

As we opine that the object of the oration was to give such members as might be selected, full license to choose

their pet subject and display their elocutionary and oratorical powers through all gradations from a Booth to a Barnstormer, so we conceive that the object of the presidential address was to consider more especially those things of vital interest to the society itself, a sort of annual stock-taking. We are the representative society of our chosen faith in the State and as such our interests are two-fold ; first as regards those matters of general interest to the whole profession, and second those pertaining more especially to homœopathy.

Not for some years have there been before the legislature matters of such importance to our profession. The first matter to come up was a bill to give the College of Physiological Optics permission to grant the degree of Doctor of Physiological Optics. The general character of the scheme may be judged from the fact that of sixteen students enrolled, the names of four appeared in the application for a charter and the names of eight of the sixteen appear as trustees of the institution. Through the efforts of the leading oculists of the city, backed by the profession generally, we are happy to say the bill was practically killed in committee. The committee reporting "reference to next general court". Of far greater import and danger to the welfare of both the public and the profession, was a petition of one Dr. Emanuel Pfeiffer, praying for some modification of the existing laws governing the Board of Registration whereby the fees for examination should be reduced and graduates of legally chartered medical schools should be granted licenses without an examination. This was a very crafty and plausible attempt to cripple absolutely the Board of Registration by cutting of its resources and its principal power. The petitioner as well as remonstrants were represented by able legal counsel. There were present at the hearings among the remonstrants the president of the Massachusetts Medical Society, the president and vice-president of the Massachusetts Homœopathic Society, the president and legislative committee of the Boston Homœopathic Society, and many others. Com-

munications were read by the deans of Harvard, Boston University and Tufts Medical School. As a result of their work the committee unanimously reported "leave to withdraw," which was accepted by the House a few days after without debate.

The third legislative matter of interest was a petition afterwards incorporated with the report of the Board of Registration, including under the rules and laws of the Board, osteopaths, mental healers, clairvoyants and Christian scientists, who heretofore have been exempt. This matter is still under consideration, and the influence of this as well as of other societies is being used to further the recommendation. The point I wish to emphasize is that the above pernicious legislation has been defeated, largely because there has been harmonious and concerted action by the medical fraternity, brought about very largely by the interest and activity of the committees on legislation of the various societies, more especially by that of the Boston Homœopathic Society, headed by its able president, Dr. Strong, whose labors were unceasing and invaluable.

All these matters but tend to show that there is no reason why, under proper management and well-organized co-operation, we cannot have here in Massachusetts as satisfactory laws regulating the practice of medicine as in any State in the union.

I have not touched upon the question of vivi-and anti-vivisection because that is perennial. We can examine that at any time. So far as I know, no injurious legislation has been enacted and the cat-loving old maids of both sexes have had the pleasure of doing what they consider their duty.

Next to these matters of general interest to us as medical men and women, comes those of special interest to us as homœopaths. Our Massachusetts homœopathic institutions should always be the especial interest of this society, for either directly or indirectly we are held accountable and are accountable for their success. Our State hospital has

throughout the year fully maintained its well established reputation for good work. The staff has been materially enlarged by the appointment of second assistant physicians and surgeons. What to my mind is more a cause of congratulation is the fact that never before has the medical side of the hospital been so continually occupied. This certainly shows that the appreciation of our methods of practice is constantly growing with the public. Our Hampden County members are to be cordially congratulated on the opening of the new Hampden County Hospital, and treading close upon the heels of this fact comes the good news that undoubtedly the name of Essex County Homœopathic Hospital of Salem, will before long be added to our list. Of one thing this society may be sure, and that is, that if Essex County has started to have a homœopathic hospital she will have it, for since the foundation of the world, the New World, I mean, Essex County has generally accomplished what she set out to do, whether it be to catch fish or burn witches.

Of the State Insane Hospital at Westboro, I can say that we still cure a larger per cent. of cases admitted that are classed as curable than any other State hospital; our accommodations have been over-crowded during the entire year, and the legislature will undoubtedly appropriate means for additional buildings during the present session. What is true of our hospitals is equally applicable to our dispensaries. At the college dispensary on Harrison Avenue the clinics are constantly increasing in size, and more room or the opening of the building for afternoon hours is imperative.

Under the auspices of a committee appointed by the society in 1873, there was established a medical school. What has the society as a society done for it since? Search the records as I may I fail to find a single mention. Apparently it gave birth and then deserted its off-spring. But the child fell into good hands, was well tended and well nourished, and today has arrived at healthy maturity.

The attitude of the society toward the college has for the

most part been one of indifference. This is not as it should be. The college should always have the cordial support of the society, and the faculty should always feel that in their labors they have back of them the friendly support and the influence of this representative body. The society in no small degree is dependent upon the college, for the last census shows that out of our published list of members, numbering 329, 224 are graduates. If, then, the society desires that the new additions to its membership shall be well-equipped men and women, capable of becoming useful, active workers and ornaments to the profession, it certainly is for its interest to encourage and support by all means in its power the college from the graduates of which the society largely recruits its members. There are many ways in which this body might be helpful to the college. At the present time the trend all along the line is toward a marked advance in the requirements for admission to the study of medicine. Some advance has already been made, but much more is necessary and so far the faculty has hesitated to take so radical a step. One advance to the standard already set by the leading institutions is, in my judgment, much less pernicious than a series of slight advances, and were the faculty assured by united action that such a move was desired and endorsed by this society, I am sure the faculty would feel encouraged and sustained in such action. The immediate result of such a change is loss of students; the ultimate result will be an increase in members and quality. Loss of students means loss of income, a most serious matter for any institution dependent almost entirely upon fees for its maintenance. For a time then during the transition period, there is grave danger of the institution becoming financially embarrassed. Here, again, this society can be of great practical assistance, not by the direct contribution of money, but by their influence with those who have means and are seeking worthy channels in which to dispose of it. It was this influence that built our hospital and endowed it so hand-

somely. It will do it for the medical school if the society will only use its individual and united efforts in that direction. I would earnestly recommend, therefore, that this society appoint a standing committee, no member of which shall be a member of the faculty, to confer with that body as to ways and means in which and by which the society may be of practical assistance to the medical school.

Finally I wish to speak somewhat of the relation of the members to society and the work of the society as a whole.

The attitude of each and every member should be one of loyal and enthusiastic support, with a cheerful willingness to work. It has been my experience in the past on more than one occasion to have heard a member say, "O, yes, I belong to the State Society, but I don't get much out of it. I pay my fee every year and get a dinner and hear a few papers read, but I can't say I get much out of it." Such a spirit is unworthy of the age in which we live. Not what do I get out of it, but what can I put into it for the benefit and help of my fellow members, should be the motto of every man and woman worthy to meet in this body. A more recent criticism, and one not entirely without reason, is that too many of the papers are presented by the specialists, and so are not of a character to be most helpful to the general body of general practitioners. The best answer to this criticism is, that the critics themselves should do more work.

The specialists more frequently prepare papers because they are undoubtedly more frequently urged by the committees of the various bureaus, they are more frequently invited no doubt, because giving as they do all their time and study to the perfection of a single department, they are the more conversant with the most recent advance along their particular line, because they have more time for literary work and because they are oftentimes more accustomed to express the results of their investigations and experiences on the written page. Nevertheless there is always the danger strive against it as one may, of the specialist studying the case too much

from his particular point of view, and therefore it is, that there is no paper more valuable and more acceptable than that carefully prepared from the rich store of clinical experience, which is the possession of every conscientious general practitioner. The more they write, the less will the specialists be called upon.

To one who has watched the general character of the work of the society for the past fifteen or twenty years, the improvement is marked and gratifying. The papers cover a wider range of subjects, show evidence of more study, and extended research and conclusions are more frequently drawn from the consideration of a collection of recorded clinical cases than from the single case as formerly. But in one respect the society has not made satisfactory advance, that is along the line of the study and development of our materia medica, a department vital to our existence as a distinctive school. I do not know that the society should be blamed, indeed I do not feel that the society should be criticised for this. There are many good and sufficient reasons for it, but I do believe the time is ripe for work on this most important subject. It is very gratifying to know that in some direction this work has been begun along satisfactory lines.

At the last meeting of the O. O. & L. Society, the President, Dr. Bellows, of Boston, presented a definite plan for the revision of the materia medica. The provers should be hired, they should be examined by a general practitioner, and by the various specialists, to note their normal condition. During the proving, under the care of a director of provings, the prover from day to day is to undergo physical examination and any deviation from normal noted. Such in brief are the gross outlines of the plan. The committee on presidential address reported that the suggestion contained therein should be put to the practical test and committees should be appointed in the various cities to prove a single drug. The committee consists of a director, two general practitioners, and one practitioner in each branch of special work.

In Brooklyn, New York, the necessary money has been raised, the committee appointed, and the work begun. Here in our own city the committee has been appointed with Dr. E. P. Colby as director. Dr. Bellows is general director over all committees. This is the right and scientific way in which to prove a drug, where the narrative of the prover is supported by the physical, chemical and pathological examination.

I sincerely trust that this society will see its way to do something to encourage persistent, steadfast work in *materia medica*, and with this end in view would recommend that the society offer annually or biennially a prize for the best paper on *materia medica*, and that the contest be open to the members of the senior class of the Boston University Medical School.

The danger in the present attitude of the old school toward us, which may be summed up as one of tolerant indifference, the apparent tendency of some few of the newer members of our faith to long after the flesh-pots of allopathy, the possibility of the official recognition of our school in the army and navy, are all themes worthy of our consideration at this time, but I fear I have already taxed your patience far beyond the bounds of courtesy.

Tonight upon the threshold of a new century, gaze as far as we may, there is to be seen only encouragement. We have an established medical faith. It has been accepted by many and that many increasing every day. It has been established by one hundred years of indomitable persevering work by noble men and women who had that greatest of all courage, the courage of their convictions. It is for us who know that their convictions were true and right to see to it that their labors have not been in vain. True, are we yet a minority in the medical world, but in all great reforms that ever have been or ever will be, it is necessarily the minority that is right. Whenever I meditate on minorities, I am always reminded of a story of the late Dr. Bartol. The

reverend doctor had invited a young friend to assist him in a service in the old church at the west end. The two reverend gentlemen sat in the pulpit while the congregation assembled. There were not many, and as the time approached for the service to begin, the young man remarked upon the few people present. The elder divine peeked around the desk, surveyed the congregation, and then quietly remarked, "Yes, yes, there *are* but few *such* people."

WHAT IS PERITONITIS?

BY HORACE PACKARD, M.D.

[Read before Boston Hom. Med. Society.]

The subject, which I have selected tonight, is perhaps couched in somewhat peculiar terms. Modern bacteriological research has materially changed former theories regarding inflammation, and has established beyond any question what is peritonitis. All who have given heed to facts, which have been evolved of the relation which microbic life bears to the human body, can be but profoundly impressed with the importance of the subject. Much light has been thrown upon many hitherto obscure pathological problems.

Inflammations of the peritoneum have been, and are now, among the most perplexing affections which menace human life. Without premonitory symptoms, pain arises in the abdomen, quickly followed by local or general tenderness, reflex nausea and vomiting, gradually increasing distension, loose movements, collapse and death may be, within four or five days from the beginning of the attack, and without any inkling whatever on the part of the family or physician of what the cause has been of such a calamitous illness.

Since it has become known that the appendix vermiformis figures so largely in inflammatory abdominal affections, it is natural that in cases of persistent pain and tenderness, sus-

picion should be aroused of its complicity. Excluding these, however, as well as cases of peritonitis, which are a sequela to tubal disease in the female, there are still a not inconsiderable number which are obscure in their origin, fatal in their effects, and exhibit on exploratory incision, or autopsy, no physical explanation of their cause.

What I have to say to you is based largely upon matters which have come to my notice in the course of examination of cases of abdominal infection. The cases quoted are some out of the ordinary run which have come to my knowledge.

Case 1.—Mrs. C., age 62, was seen in consultation with her family physician late in the evening of Dec. 10, 1898. She had for two years or more been troubled with intestinal indigestion. The day prior to my visit she had vomited at noon, which was accompanied by pain in the abdomen of indefinite character. Saturday, the day of my visit, the pain had become very severe, with recurrence of vomiting and loose stools. Her temperature was 101.8°, pulse 112. Palpation disclosed great tenderness in right hypochondrium, occupying the whole space between the costal cartilage and crest of ileum. No tumor demonstrable. My notes, written at the time, read "Obscure case, may be appendicitis, possibly gall stones. Exploratory incision advised."

The patient was immediately taken to the hospital and the abdomen opened. The appendix was sought first and found normal. The gall bladder was next explored and found also normal. The pelvic organs were also without pathological change. The intestines were then inspected, and, after going carefully over their whole length, the upper part of the ileum, at about its junction with the duodenum, was found, for a distance of about fifteen inches, dark livid red, infected, but not nodular, thick and inflexible as compared with normal intestine. There was no plastic deposit on the peritoneum, no pus, no feculent fluid, no perforation. The wound was closed without drainage, and ice bags applied to the abdomen. But little pain was suffered thereafter. The

patient gradually improved and finally recovered from the operation and lived about ten months. No tumor ever developed in the abdomen, and she had no recurrence of the acute symptoms. The appearance of the part of the gut affected was of acute inflammatory infiltration.

Was this a case of localized enteritis, caused by invasion of the intestinal walls with bacteria from the interior of the intestine?

Case 2.—Miss W., age 25, was prostrated Oct. 15, 1899, with obscure abdominal pain. In spite of treatment, it continued increasing in severity with elevation of temperature and pulse.

I saw her in consultation with Dr. Wm. G. Hanson, the evening of October 18. At that time the abdomen was exceedingly tender, without localization; pain was continuous and diffuse; temperature 102.2-5°, pulse 118. I could neither confirm or refute a diagnosis of appendicitis, but in view of the obscurity and menace, advised an exploratory incision. She was hurriedly removed to the hospital, and an incision made over the appendix, which, on exposure, was found unperforated and apparently was not the source of the trouble. On inspection of neighboring loops of intestines, they were found covered with patches of exudate, were dark red and distended. Another incision was made in the median line to facilitate wider exposure. The same yellowish exudate was found over nearly all the intestinal peritoneum and the pelvic organs. Intense inflammatory redness was apparent everywhere. All parts were carefully cleaned by gently rubbing with mops of soft gauze under a stream of sterile water. Lastly the abdomen was irrigated with saline solution and the wounds closed without drainage. Ice bags were packed over the abdomen. The patient gradually improved and recovered.

In this case there was no visible gate-way open for infection of the peritoneal cavity. The appendix was not at fault. The appendages were normal. There was no perforation of

the intestine. What was the cause and source of the peritonitis?

Case 3.—Mrs. C., age 38. Two children. General health good up to present illness. Friday, Feb. 23, 1900, suffered pain in the abdomen during night, accompanied by loose movement of bowels. Had been taking anti-fat pills for a few weeks, which produced some diarrhœa. Was seen by her physician, Dr. Hodgdon, Saturday afternoon. Temperature then 103° , pulse 130; pain diffuse over the whole abdomen, much distension. I saw the case March 1, and found distension still present and diffuse tenderness; temperature 102.25° , pulse 120. No further movements had occurred. The patient had vomited the preceding Monday. Here was another obscure case. I could make out no localization of pain or tenderness, no tumor. Again, in view of the obscurity and menace, exploration was advised. Incision in the median line showed the intestine covered with a plastic exudate, foul fluid in the pelvis, but appendix and appendages normal. Further exploration along the small intestine disclosed a segment, about a foot long, greatly thickened, intensely red, with small areas of gray necrotic patches scattered over it. It was much like Case 1 only a more intense degree of involvement. The same treatment was adopted as in the preceding case, except that gauze drainage was adjusted. The patient succumbed in a few hours.

Was this again a case of penetration of the intestinal wall by the bacteria which inhabit the intestinal canal, and if so, what condition made such a dire disaster possible?

Case 4.—Mrs. M., age 68, of Irish birth and strong constitution. Was prostrated Saturday, December 29, with feeling of sickness all over. Sunday morning vomited and had pain in the bowel, which became sore and tender all over. She felt hot and feverish. Took castor oil, and had four or five free movements. Her physician was summoned Monday. Temperature was then 101.45° , pulse 104. Tenderness seemed localized toward the right side. Tues-

day was more comfortable, temperature 99 2-5°, less tenderness. I saw her Wednesday, and was summoned because the bowels were more tender, painful and sore, and had become distended and vomiting had supervened. In this case appendicitis was suspected, but final diagnosis was held in abeyance, because of obscurity of symptoms. Exploratory incision was advised and accepted. The appendix was found normal, but the whole peritoneum was inflamed, covered with yellowish white deposit, and there was much foul purulent fluid in the pelvis and lumbar fossæ. No focus of inflammation nor defective area could be found. The abdomen was thoroughly flushed, mopped and irrigated and gauze drainage established. The patient lived about eighteen hours. A culture was made of the fluid found in the abdomen and an infection of pneumococci found. This latter, while it gives no hint of value for guidance in future cases, demonstrates that a fatal peritonitis may be established without physical lesion of the abdominal viscera, and from other source than the intestinal contents.

GENERALIZATION.

Cases 1 and 3 demonstrate fairly satisfactorily that peritonitis may be produced by direct penetration, through the intestinal wall, of pathogenic bacteria, which at all times inhabit the intestinal canal.

Cases 2 and 4 demonstrate that peritonitis may exist without evidence of such penetration and irrespective of the intestinal contents, *i. e.*, it probably occasionally becomes infected directly through the blood current. In the last case, there was a recent history of some kind of a pneumonia or bronchial attack of mild character from which the patient was convalescent when the abdominal trouble came on. This was probably the source of the pneumococci.

We come back to the question, what is peritonitis? Modern pathological research has changed the views of all who have given the matter careful consideration. The time

has been when any disease which was characterized by pain and tenderness in the peritoneal cavity was called peritonitis. It was a very common thing to speak of fibroid tumors as causing peritonitis. As bacteriological science has come to be more widely known, the question arises whether it is proper to call any inflammatory development, or anything that suggests inflammation, peritonitis, unless there are bacteria in the abdomen, or some bacteriological process is going on. There are many microbic organisms, which are capable, if they reach the peritoneal cavity, of producing a train of symptoms that we call peritonitis. Experiments have been made of injecting into the animal, bacteria which have been sterilized. They act as poisons, producing diarrhœa, but the animal will get well. But let pathological living bacteria be injected in the same quantity, and in the resistance of the animal there will be more or less fatal sequelæ.

It is interesting to look at the peritoneum as an anatomical structure. I would call your attention to the peritoneal tissue. It is something over one-third of the area of the anatomical covering of the body. It is provided on the upper portion, about the region of the middle tendon of the diaphragm, with little openings varying from 3-16 to 5-16 of an inch in diameter, and these connect with the lymphatics. To one dealing with the abdominal organs, and operating on them, flushing them, according to the modern method of using saline transfusion, it is of interest to note how quickly the peritoneum will absorb. It seems but a few minutes after the injection is given, when it is absorbed and taken over the system, for the pulse, which has been weak, will improve in a very short time.

It is said that the peritoneum is very inactive in resistance of bacterial organisms. There is usually a strong effort early on the part of nature to ward off all infection by throwing out plastic exudate over the intestine, and cutting it off from the other portions of the cavity. This is nature's safeguard, and if she cannot do it, here comes the great menace

to the system. This will indicate to you my views of peritonitis, that it is a derangement of the peritoneum itself and a subsequent invasion of toxines. It is evident from clinical evidence that a great many cases of local peritonitis take care of themselves. The peritoneum is relieved by nature and absorption occurs and repair takes place. We can reach but one conclusion, that the earlier the abdomen is opened and the material washed out and drainage established, the better the patient is prepared to withstand the attack. The use of copious solutions of poisonous substances has been given up and clear water is not used. Instead copious injections of saline solution are given to facilitate the washing away, through the drainage that has been established, and the drawing out of millions of bacteria, and rendering their toxines inert.

This is the history of cases of peritonitis that have come to my notice. They usually die, the mortality, in spite of all modern methods, is not very encouraging. Cases that come to the surgeon are almost always far advanced, after the inflammation is general, the abdomen is distended, and the patient septic through and through. Under these circumstances death is pretty likely to occur.

REPORT OF THE SURGICAL SERVICE OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL FOR JULY, AUGUST AND SEPTEMBER, 1900.

BY WINFIELD SMITH, M. D.

It is a great temptation in reporting a service at the Homœopathic Hospital to make a complete list of all the cases which have come under the supervision of the attending surgeon, and to add such a list to the general report, but as this unduly complicates the description of the more important cases occurring in the service, I shall refrain from such

an indulgence and separate the cases into groups which, though somewhat unusual, are sufficiently descriptive to overcome the bad features of such classification. It is perhaps unnecessary to add that a surgical service, such as we have at our hospital, is characterized by many so-called "general" cases, and that the multiplicity of the phenomena and the growth of the service from one year to another, only adds to the general interest and makes the specific cases more numerous. The number of surgical cases coming under our observation last summer was 235, and of these, 212 were subjected to operation of greater or less severity according to the case. The difference between the 212 and 235 is represented by the cases of actual operation on the one hand, and those of anæsthetization on the other; but 23 cases of simple anæsthesia comprise some which were etherized for the purpose of examination and were found inoperable or inexpedient, together with several which were subjected to removal of a piece of tissue from a cervix for instance, or in one case from the clavicle, for the purpose of microscopic examination and determination of the character of the disease. It may be said, however, that all the 235 mentioned were subjected to ether or chloroform, and hence come in legitimately to such a report as we are endeavoring to make. In 76 cases the abdomen was opened, and therefore they have been placed under the head of "abdominal." 39 cases, comprising all classes of operations done through the vagina, with the exception of vaginal hysterectomy, are put in the class called "vaginal." 10 cases, exclusive of those of carcinoma or sarcoma requiring abdominal operation, are cited under the head of "malignant," and consist of such cases, for example, as carcinoma of the breast and of the penis, and of the superior maxilla, with epithelioma of the lip and tongue, and sarcoma of the clavicle. 12 cases, including hæmorrhoids, fistula in ano, and fissura ani, come under the head of "rectal." While 16 cases, such as stricture of the urethra, hydrocele, tubercular testicle, varicocele,

hypospadias, phimosis, paraphimosis and cyst of the scrotum, come under the head of "genito-urinary." "Fractures" include Potts, fracture of the bones of the foot and of the forearm, intracapsular, fracture of the hip, several fractures of the clavicle, and one each of the patella, femur at its middle, shaft of the humerus, of the external condyle of the humerus, and a depression of the skull calling for trephining. Under "dislocations and diseases of the osseous structures" are included dislocation of the elbow joint, which is somewhat rare, floating cartilage of the knee, chronic osteitis of the tibia, necrosis of a rib and tuberculosis of the knee. 19 cases are grouped under the head of "abscesses," subnamed ischio-rectal, labial, post-auricular, inguinal, etc. Under "foreign bodies," cases of needle in the foot and in the finger are included. While under "miscellaneous," are placed empyema, streptococcus infection of the legs and arm, cyst of the gluteal region and of the forehead, sinuses of the cheek, keloid, lipomata, hæmatoma of the thigh, traumatism of the nose and contraction of the fingers following burn.

A general examination of the list may be interesting.

As appendicitis is now exciting the interest and the ingenuity of surgeons the world over, it may be well to speak of 28 cases which occurred in this term, several of which seemed of a hopeless character. They all recovered. Two cases paid the price for their lives in sustaining a fæcal fistula, which, however, in each case was repaired with success in a subsequent service. Of one of these cases I shall speak more fully later on.

In many cases of abdominal section for other causes than appendicitis, the appendix was removed on account of undoubted signs of previous inflammation, and in fact it may be said at this time that I invariably inspect the vermiform appendix and, when feasible, the gall bladder when the abdomen is opened for any purpose whatsoever. In the cases in which the appendix was removed in addition to

some other operation in the abdomen, I cannot see that it complicated the recovery in any way, and it certainly left the patient with a very considerable menace for the future removed.

The interesting cases in such a list are, of course, numerous, and it is impossible in a paper of this kind to even enumerate them, so I shall content myself with giving attention to the failures only, thinking that in that line most may be learned for the future. Six of the patients of this list died. One case of appendicitis, operated on several days before, came from the previous term in a semi-moribund condition on the first day of the service and the wound was further opened to permit better drainage. This patient scarcely survived the operation.

The six cases dying from operations performed during the service were, one of double pyosalpingitis, an abscess of the left tube having ruptured into the abdominal cavity several days before the patient was brought into the hospital; one of carcinoma of the ovaries, a rare disease, in which the operation was done to add to the comfort of the patient whose abdomen was filled with a serous effusion from the peritoneum; one of recurrent carcinoma of the breast; one of deep cervical abscess, tubercular in character, situated over the middle of the right clavicle and undoubtedly connected with a large abscess cavity in the upper lobe of the right lung; and lastly, one of streptococcus infection in both legs, which I will describe a little later in the report.

Taking the cases in detail: that of double pyosalpingitis was one from which the patient had suffered for a long time from inflammation of the uterine appendages, and if I remember rightly had been previously advised to have an operation for relief of the symptoms. Neglecting this opportunity, pus formed in considerable amount on the left side particularly, and finally ruptured into the abdominal cavity. General peritonitis supervened, and while the patient made a strong fight for life she suddenly sank a few days after the operation and died.

The second case, carcinoma of the ovaries, presented conditions which I have never met before or since in these organs. The abdomen was filled with a dark colored serum to such a degree as to interfere by pressure with respiration, and the ovaries presented a curious deposit of carcinoma which caused enlargement of each organ to, on the right side, a mass three inches in diameter, and on the left, a very hard adherent body at least five inches through its narrowest part. The disease was diagnosed as a probable malignant case. The abdomen was opened more for the purpose of relieving the discomfort from which the patient suffered than from hope of doing any lasting good. When the ovaries were inspected, however, it seemed that there might be a possibility of achieving a better result than at first thought. There was no unusual complication in the removal of these carcinomatous organs, although the adhesions mentioned above were many and strong, but the disease had already evidently sapped the patient's strength as she died the following day.

The case of recurrent carcinoma of the breast was one which I never had the opportunity of seeing, as the patient was in the last stages of cancer and was sent to the hospital by her family as a last resort. Her condition was so septic and foul that one of the assistants took exclusive charge of the case until her death, as it did not seem right to subject other patients to even the possibility of infection from one for whom we could do nothing.

The next case was one of prostatic disease in which it had not been difficult to introduce a catheter and keep the bladder clean and comparatively aseptic. The kidneys were undoubtedly incompetent as he suddenly sank into a comatose condition from no local reason which we could discover, and died of uremia in a few hours.

The case of tubercular abscess of the neck died on the medical side to which he had been removed for general treatment sometime after the operation had been performed.

From the symptoms it was evident that another abscess had formed in the lung which had ruptured into the trachea and caused death from suffocation.

The last case of streptococcus infection of the legs also died on the medical side, but comes in our list on account of the operation which we made in order to evacuate the pus which formed in large quantities. This case was unique. The woman came into the hospital supposedly suffering from rheumatism confined to the knees and to the parts below them. There was swelling in each leg below the knee and this continued to increase for several days, until through the courtesy of Dr. Walter Wesselhoeft, who was on service on the medical side, I was invited to examine the case with a view to operation, as Dr. Wesselhoeft had found evidence of pus on each side. The patient rapidly grew worse, and operation was called for at once. An incision was made in each leg from a point just below the outer part of the knee opposite the lower portion of the head of the fibula down the outer side of the leg and well along the dorsum of the foot. This disclosed an enormous pus cavity due to streptococci, according to microscopic examination, and showed a condition of the muscles and intermuscular tissue such as I have never seen. The muscles were dissected out by pus and sloughing masses of cellular tissue as well as one could do it with a scalpel and forceps, and the foul character and excessive secretion of the discharge continued until some time after the operation when the patient succumbed undoubtedly to general infection. On investigation it was found that the probable entrance of the streptococcus was through the uterus, as the patient gave a history of uterine and adnexal disease which had existed for a considerable time. Why the deposit should be confined to both legs and should affect no other part of the body during the first stages of the disease, is a question which we have not as yet been able to answer. If it had occurred on one side of the body only, it might be supposed that infection was deposited in that one place, but

having it in similar places on both sides at the same time complicates the case to such a degree that it has been impossible up to this time to arrive at a satisfactory solution of the problem.

There are, of course, many cases in a service list such as this which might be of interest, but it is impossible to even outline them in the space and time at our command. There are two, however, which are of such unusual character, that I have thought it well to go into them somewhat fully for reasons which will appear, I think, in the recital of their histories.

The first case was one of double inguinal hernia with chronic appendicitis in a Swedish girl of apparently robust constitution. The herniæ were repaired and the appendix was removed in the typical manner, a Dawbarn suture being applied to the stump of the appendix which was turned toward the bowel in the usual way. The morning following the operation I was informed by telephone that the patient was doing badly, in fact that she was almost in a condition of collapse. Advising at once an intravenous injection of saline solution, I went immediately to the hospital and found the patient suffering from symptoms of internal hemorrhage. Opening the abdominal wound as soon as possible, the peritoneal cavity appeared clean and showed no evidence of hemorrhage, or anything to account for the very serious condition of the patient. Being convinced, however, that hemorrhage from the stump was the cause of the collapse, and noticing that the cæcum was partially filled with a soft mass which might be blood, I immediately removed the sutures and turning out the stump for inspection, found a tiny vessel ejecting, synchronously with the heart beat, a small stream of arterial blood which was evidently the source of all the hemorrhage and the cause of the serious symptoms present, and this was definitely determined by the fact that sewing over the vessel with a small catgut suture, controlled the hemorrhage. Another Dawbarn suture was applied, the

stump turned again toward the bowel and the ordinary Lembert suture placed over the site of the appendix. The abdomen was closed as previously, and barring the natural weakness incident to the loss of considerable blood, the patient thereafter made an uneventful recovery. In talking with my colleagues about this case later, it seemed impossible that after the application of a Dawbarn suture hemorrhage from the stump can result, but this is the second one with which I have come in contact within a year, the first one being at the Leonard Morse Hospital at Natick, the patient being a young robust boy of eighteen years. There was no complication from the hemorrhage which was comparatively slight, only showing in the stools the morning after the appendix was removed. In this first patient the hemorrhage was evidently spontaneously controlled, but it was a hint which was undoubtedly of use in the second case. Since the Natick experience it has been my habit to put the separate stitches of the Dawbarn suture close together and include a great deal of tissue under each stitch. For this reason it cannot be said that the hemorrhage was caused by insufficiently deep sutures, and while I think the patient was inclined to be a "bleeder," there was not sufficient evidence to establish that idea as a fact. In one way, at least, this case has been of practical benefit, as each appendix stump is now subjected to very careful scrutiny, and small bleeding points are ligatured or sutured to prevent such accidents as the ones cited.

The next case which I wish to report is one which has been and is somewhat of a mystery. The patient fifty years of age, long past the climacteric, entered the hospital suffering from prolapsus uteri of such a degree that the womb protruded from the vaginal orifice. Slight pressure only was necessary to keep it in position, and ventral suspension was decided upon as a remedy. The operation was complicated in no way, nor was there anything to cause apprehension for several days after, but on the fifth day the temperature rose,

the pulse became rapid, there was soreness through the wound, but not sufficient evidence of pus to warrant one thinking that the symptoms were due to sepsis. On the sixth day after the operation the condition became alarming. The abdomen was reopened through the old wound to determine, if possible, the cause of the difficulty. When the bowels were exposed, a portion of the small intestines about sixteen centimetres long was found to be congested and thickened to such a degree as to interfere with the movements of the contents of the bowel. About the middle of the outer surface of this inflamed area, a scratch or slight fissure was noticed, and this was folded in and a Lembert suture of catgut applied over it. The site of the uterine suspension was perfectly clean and showed no evidence of any inflammation. The wound was partially closed and drainage was inserted to guard against infection. The patient continued to have a slight temperature and pulse for two or three days, but the symptoms gradually subsided and recovery occurred. No satisfactory explanation has as yet been offered for this case except the possibility of having pricked the intestine during the first operation, but one would think that the symptoms would have appeared before they did, and that the second operation would have been called for long before it was necessary. Intra intestinal complications would hardly have been relieved by the secondary operation, and as convalescence began directly after the abdomen was opened the second time, the covering in of the slight fissure of the intestine was undoubtedly curative in its effects.

A few general remarks in closing may not be out of place. Regarding suppuration it may be said that this was practically a "clean" service. The appearance of pus in a case which was aseptic at the time of operation was practically, although not quite, unknown. It must be remembered that the presence of a fraction of a drop of pus in or about a wound stamps the case as "suppurative," although the con-

valescence of the patient may be in no way retarded and the wound may thereafter heal, as though no complication whatever had appeared. It is worth something to be able to say that in no "clean" case was there any menace to the patient's recovery from infection by pus, and that nothing "septic" was introduced into the wounds from the hands, the instruments, the atmosphere or the dressings which endangered the life or even the well-being of the patients who came under our treatment during this service. On examining the list it will be seen that no "surgical" death occurred and that patients died despite, rather than because of, surgical interference.

Regarding rubber gloves I have only to say that my opinion has in no way been influenced in their favor by any experience which I have had during the past year. They are still to me more of a complication than an assistance, and should be worn only when one is operating on septic cases in order to avoid bringing the hands in contact with material which may make it impossible to get them clean for subsequent operations. To the surgeon personally they are undoubtedly of some use as a protective against infection, although not as universally useful in this way as the rubber glove enthusiast would have us believe. Needle pricks are still a menace, and while gloves may cover a contused or an incised wound and thus avoid personal infection, a surgeon having his hands in such a condition should avoid operating until the menacing spots are healed, unless they are found on the fingers, when a sterilized finger-cot may be used to set aside the necessity of covering the entire hands and fingers with a material which undoubtedly interferes, in some degree at least, with fine manipulations.

There is no better time than this to mention the excellence of the Massachusetts Homœopathic Hospital as a place to do surgical work, and it is only fitting to say that no public institution of which I have knowledge, which is subject to the same conditions, has a lower death rate than this hospi-

tal in which we are all so much interested. That this is due, in some measure, to the methods employed goes without saying, but a large share of the credit must be given to the assistants and nurses of the hospital who are indefatigable in their efforts and painstaking and conscientious in their work from the time the patients enter the hospital until there is nothing more to be done for their comfort* or recovery. I wish thus publicly to thank them for the assistance given me, not only during the term of service, but also on any occasion when their services have been required.

ENERGY IN THE PRACTICE OF MEDICINE.—We know of no profession or occupation which requires more vim and energy than the practice of medicine. We know many brainy, well-qualified men who have failed to possess the necessary “push” to carry the load. It has always seemed to us that even if a man lack natural energy, he might arouse sufficient artificial voltage to carry him through.

The young man who begins in indolence will end in failure in the practice of medicine. The older man who acquires the habit will fall in the same ditch. Be thorough ; be energetic ; be prompt ; nothing else will do.—*Charlotte Medical Journal.*

BUBONIC PLAGUE.—The rat has generally been described as a potential means of distributing the disease, but according to Dr. Cantlie's investigations, it is the insect parasites that infest its coat. When the rat has been killed, these parasites forsake the animal and seek refuge upon any persons in the vicinity. Immunity from attack by these pestiferous parasites can only be assured by careful personal cleanliness, since it has been conclusively proved in the hospitals that the disease cannot thrive where strict hygiene is maintained.—*Modern Medical Science.*

EDITORIAL.

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

This is the month when many anxious students will be made happy in receiving the diploma which will enable them to begin their chosen work in life. Now is the time when the temptation is great to give advice on various matters pertaining to their professional life, but we shall resist the temptation, and in place thereof extend to them the right hand of fellowship, and cheerfully and gladly welcome them to the active ranks of the noblest profession on earth. Whatever may be their success professionally, they may be sure of the good-will and support and co-operation of their fellow-practitioners as long as they display those qualities of mind and heart which make up the conscientious, honest and upright man and woman.

OBITUARY.

DR. JANE K. CULVER.

Dr. Jane Kendrick Culver, one of the most successful of the women physicians of this city, died at her home No. 2 Commonwealth Avenue. Dr. Culver came of distinguished ancestry. Her maternal grandfather was one of the Alexander Hamilton family, and her mother was a Felton, a name intimately associated with educational matters for many years, one branch of the family having been a president of Harvard College, while three others occupied the head position in as many other educational institutions. Dr. Culver's

father was Jacil Kendrick, of Enfield, Mass., near which town the deceased was born. She received her medical education in the Boston Univ. Med. College, where she was graduated in the class of '78, and for the past twenty-three years has been an active practitioner in this city. Her husband was William C. Culver, of Boston, who died ten years ago. He will be recalled by many as superintending the first borings made for the Hoosac Tunnel, as well as for his prominence in local politics. For many years he held a high position in the internal revenue department in this city. His uncle was Hon. David Culver, at one time lieutenant governor of New Hampshire and for whom one of the Dartmouth College buildings is named through a bequest which he made to that institution.

Dr. Culver was a member of many local organizations, most of them closely allied to medicine. She was the oldest living member of the Ladies' Physiological Institute, and was at one time its vice-president; also honorary vice-president of the American Institute of Medicine; vice-president of the Massachusetts Gynecological Society; a member of the American Art Society, the Boston Medical Society, the Boston University Alumni, the Women's Educational and Industrial Union, and many others. She also took a strong personal interest in the Society for the Prevention of Cruelty to Children, as well as the other which takes the dumb animals as the centre of its interests. She was at one time a candidate for the Boston School Board. Dr. Culver's death was due to a complication of heart troubles, and she had been seriously ill since the early part of March. She was a woman of singularly strong personality which made for her many friends, both in and out of her chosen profession; and as a proof of the kindly interest manifested during her illness, it is interesting to note that nearly eleven hundred persons called at her home during the first eight weeks of her illness to offer their personal sympathy. She leaves one daughter, who reside in New York.—*Boston Transcript*.

DR. ANNA FURBER SMITH.

Dr. Anna Furber Smith, who died at Covington, Ky., March 31, 1901, was a daughter of the late John N. Furber, who was for many years a prominent attorney of Covington. She was graduated from the Boston University School of Medicine in 1885, and for a number of years practised her profession in Covington and Cincinnati. She afterward married Dr. William H. Smith, an earnest worker in church and benevolent work. She leaves two infant children.

EDITORIAL NOTES AND COMMENTS.

REPROVING DRUGS.

The following letter from Dr. W. P. Roberts, of Janesville, Wis., shows that the plan for reprovng the materia medica has already aroused attention and a desire for co-operation :

TO THE EDITOR :

Recently, while waiting to have an order filled in Clapp's Pharmacy in Park Square, Boston, I chanced to pick up the May number of THE NEW ENGLAND MEDICAL GAZETTE, and on page 249 read the article "Reproving of the Materia Medica." From reading that article I feel like exclaiming, "What a grand undertaking!" If suggestions will be considered and recognized by the general directors of that movement I will be glad indeed to cast in my mite to aid in the glorious work.

Some twenty years since, while filling the position of house physician in Hahnemann Hospital, Chicago, I conceived a similar idea and was able to interest a few of the graduating class of that year (1879) to set such a scheme on foot by holding a meeting, and in an informal way organized what we called the Scientific Chair of Hahnemann College,

of Chicago, Ill. The design was for reprovng homœopathic remedies by the aid of all modern scientific appliances. The Chair was to get its funds from the graduates and friends of that institution. After we held our meeting we consulted with the faculty of the college who seemed to take a deep interest in such a movement, and the leading members of the faculty made fair promises to attend to it and see that the graduates and profession at large be notified in their next annual announcement of the college, also that they be invited to take a part in the work. Thus we left the matter in the hands of the faculty. The invitation did not appear, and nothing ever came of the undertaking. Our plan, briefly outlined, was through the annual announcement to invite all the alumnus and interested profession to join in helping to support such a scientific chair in that college, we were to pledge ourselves to contribute not less than five dollars each annually for five years toward the support of the professor of that department, and the trustees of the college were to give free tuition to a few worthy provers to induce them to volunteer in the work. We expected if the chair was established that future graduates would perpetuate the work until the materia medica should become as reliable as science could make it. We also hoped that our success would induce other medical colleges to take up the work and that every medical college in the land would establish such a scientific chair, and that soon some agreement would be entered into so that each college would take a certain number of drugs (no two colleges to prove the same drugs the same year) and prove them, so that each year a score or more drugs would be proven. As to method of proving, we planned that our professor have full charge of provers for a week prior to exhibiting the drug, and that careful examination be made of the prover while living on a wholesome diet, and a strict account or record of condition be kept during that time by examination of all excrements by aid of microscopic, thermometer, chemical tests, etc. With this record

preceding the proving, and by keeping a careful daily record of temperature, and chemical, and microscopical examinations of urine fœces, etc., daily, while proving, any imagination of the prover would be obviated.

It has seemed to me strange that such a grand scientific work has been so long delayed, and it now seems almost too good to credit. I sincerely hope that every person whether of this, that, or the other school of healing the sick, will be interested enough to contribute in this new movement. I feel sure that had the homœopaths adopted such a scientific procedure twenty-five years ago, that there would not have been so many charlatan methods come into existence, nor would there now be such a desire on the part of half-breed homœopaths to unite with the alopaths in declaring that there is no difference in the two schools.

Huxley tells us that science is trained and organized common sense. Common sense should teach us that since Hahnemann established the law of similars in curing disease that the clinical thermometer, microscope and chemical examinations have come into the science of dealing with morbid conditions of mankind. So now there is no excuse for any person possessing common sense—whether he be of one or the other pathy—in turning in to help science (common sense) to prove the effects of drugs on healthy human beings. In my humble opinion, if the idea advanced in that article can be promoted we will within ten years advance the science of drugs (medicine) more than it has been since the founder of homœopathy passed out of this life. “So mote it be.”

W. P. ROBERTS, M. D.,

Devereux Mansion, Marblehead, Mass.

May 17, 1901.

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the society was held at the Boston University School of Medicine, Thursday evening, April 4, 1901, at eight o'clock, the President, T. Morris Strong, M. D., in the chair.

The records of the last meeting were read and approved.

The following physicians were proposed for membership. Robert M. Southgate, W. H. Waters and Alice H. Bassett, all of Boston.

The committee appointed to draw up resolutions on the death of Dr. Chas. L. Farwell, made the following report :

WHEREAS, the short life mission of our late colleague has been prematurely ended, and,

WHEREAS, he was a man of good scholarly attainments, genial disposition and open, generous character, therefore be it

RESOLVED, that by his death the medical profession has been deprived of a member who was, and gave promise to be, a most valuable associate for many years.

RESOLVED, that these resolutions be spread upon our records and a copy, properly engrossed, be sent to the widow of the deceased.

N. M. WOOD,
A. F. BOOTHBY,
PERCY G. BROWNE,
Committee.

On motion of Dr. Frank E. Allard it was voted that the society, through the secretary, extend to Dr. Jane K. Culver, sympathy and hope for her recovery.

Dr. Strong made a brief report for the standing committee on legislation, stating that the bill to give the New England

Optical Institute the right to grant degrees had gone into the general court for the third reading, when it was laid on the table. By mutual agreement the bill went back to the committee.

Advocates of the Pfeiffer bill were given leave to withdraw.

The State Board of Registration in Medicine will be given another hearing tomorrow (Friday) with the probability that the committee will sustain the recommendations of the board, *i. e.* it is the hope and supposition that they will do this. This about ends the legislative matters for this session.

The vivisection bill was discussed *pro* and *con*, and the committee has as yet made no report.

SCIENTIFIC SESSION.

Dr. Boothby exhibited a specimen of a double uterus. The case was diagnosed as a tumor of the abdomen. The patient had a good many symptoms of sepsis, and she was thought to be in a rather precarious condition when brought to him. Pregnancy was thought to be present, though the uterus was felt. The abdomen was opened and a double uterus found, in one side of which was a foetus. The other side, as well as the tube, was septic. The foetus was removed first and then the uterus and appendages. Dr. Boothby had never seen a double uterus in his practice before. Shortly after a case was sent him from Hartford, where there was a double vagina, with cervix distinct in each vagina, but the two canals opened into one. Had had one child, but came very near dying.

Dr. W. F. Wesselhoeft exhibited the largest appendix he had ever seen, one he had recently removed at the hospital.

REPORT OF THE SECTION OF SURGERY.

WM. F. WESSELHOEFT, M. D., Chairman.

ALICE L. PATTERSON, M. D., Secretary.

W. B. FRENCH, M. D., Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year, Drs. F. W. Colburn, M. R. Lakeman and Alice C. Patterson. The commit-

tee reported as follows: Chairman, A. H. Powers, M.D.; Secretary, Chas. T. Howard, M. D.; Treasurer, Augustus C. Haub, M. D., who were duly elected.

PROGRAM.

1. "Report of Surgical Service of the Massachusetts Homœopathic Hospital from Jan. 1 to April 1, 1901." N. W. Emerson, M. D. Discussion opened by Winfield Smith, M. D.
2. "What is Peritonitis?" Horace Packard, M. D. Discussion opened by J. Emmons Briggs, M. D.
3. "The Modern Technique of Surgery." George H. Earl, M. D. Discussion opened by Alonzo Boothby, M. D.
4. "A Factor in Wound Disturbance." William F. Wesselhoeft, M. D. Discussion opened by J. B. Bell, M. D.

Dr. N. W. Emerson's "Report of Surgical Service of the Massachusetts Homœopathic Hospital from Jan. 1 to April 1, 1901," was omitted.

Dr. Horace Packard, not being present at this time, Dr. Earl's paper on "The Modern Technique of Surgery" was the first paper read.

He contrasted the means adopted by modern surgery to prevent sepsis, with the lack of precaution fifteen or twenty years ago, dexterity and celerity being the aim of the surgeon. Cleanliness, he said, is the one thing we are all trying for — great care in cleansing the hands, scrubbing them with soap and water, also thoroughly cleansing the field of operation, and the least possible handling of delicate or bruised tissues. When practicable using dry dressings, and then letting everything severely alone, avoiding as far as possible all poisonous antiseptics, justifies us in claiming that the mild power is greater.

Dr. Boothby: It seems to be, perhaps, a worn out subject, and yet one which may be always interesting. One point which may be considered as a part of this surgical technique, an important point has been solved in a very simple and direct way by our good chairman, Dr. Wesselhoeft, and I take great pleasure in saying that his method of disinfecting the catgut is a thorough and absolutely perfect

one. The only objection has been that it was almost impossible to get it aseptic. Now, with his apparatus, I believe it is possible to completely disinfect the catgut. We have sent specimens to the Massachusetts Institute of Technology to be tested, and they have been returned as aseptic.

As to the surgeon wearing gloves, I believe in it just as little as ever I did. I have my assistants wear gloves. I am positive that no patient has had serious trouble from my hands, though I admit they are not absolutely aseptic. I cleanse the hands very thoroughly, the nails especially, scrubbing with a sterilized brush. I believe the assistant can wear gloves, because he does not have the delicate work to do that the surgeon has. I have very difficult work to do, which I could not do with gloves. The point is, whether the hands, sterilized as completely as possible, are dangerous to the patient. I advocate bare hands for the operator, but the assistants should wear gloves, and the surgeon should do so in an infectious case, if he can. There has been a great change, as Dr. Earl has said. Twenty-five or thirty years ago, I used to go to the Massachusetts General Hospital to see Dr. Bigelow operate, who was quite as skilful as any surgeon we have now, and he would put on a coat stiff with blood, and physicians would come into the operating room just as they had been visiting their patients, and if there was anything of peculiar interest in the case, would put their fingers into the wound.

Dr. Briggs: I would like to say just a word in regard to peritonitis. We have the different kinds of inflammation, which are the cause of the disease. We are familiar with the different forms, and they are due to a form of bacteria which caused the infection, that by the streptococci being the most severe. The germ enters the system through the blood serum of the interior wall, and the history of a case of peritonitis is a rapidly progressive and fatal one, and the only way to avoid death is by early and rapid operation. We have a sort of clew to the germ which has caused the mischief. If due to the streptococcus, the progress of the

disease is very rapid; that due to the staphylococcus and pneumo-coccus are a little less so. We also have peritoneal infection due to gonorrhoea attributable to previous disease of the uterus and tubes, and spreading from contact.

I recently had a case which illustrates the connection between some symptoms of the abdominal cavity, peritoneum and lungs. A woman, 35 years of age, never had an attack of peritonitis or appendicitis, was taken with severe pain in the right side nearly over the appendix; temperature 102°, pulse 120. Made careful examination, the slightest pressure on the appendix caused intense pain. It seemed to me there was too high a temperature and too rapid a pulse for a case of short standing, eighteen hours. It is rare in my experience to find such a high pulse in a short time. The patient went to the hospital, and I was summoned to operate. The temperature still high, but the patient was coughing, examined the lungs and found very marked case of pneumonia, lower lobe of right lung involved. An illustration of pneumococci infection. It may have developed in the lung, and also at the same time in the peritoneum. I would like to quote a case very briefly. It was a complicated type of the peritoneal symptoms of peritonitis. A case of very severe infection of the throat, so severe that I made a culture. The Board of Health reported no diphtheria, but an abscess of the throat developed. After a week or ten days some pain developed in the abdomen. It was questioned whether to operate. After four or five days the symptoms referable to the peritoneal cavity subsided and the patient is improving.

At one time I had an experience with a patient of Dr. Wood, of Charlestown. The patient came to the hospital with great pain in the abdomen, operated and found the peritoneum of the intestines inflamed, but it was not peritonitis. The patient developed typhoid fever, and made good recovery.

There is one thing that has particularly interested me, why are we having so many cases of peritonitis and located over the appendix and upon operating find the appendix normal? I have had three or four such cases.

Dr. Boothby: A patient of mine had a child who developed some abdominal symptoms. I could not quite make out that it was appendicitis. Dr. Sutherland saw the case also, but we could not decide that it was appendicitis. The abdomen was very much distended and there was a diffuse peritonitis. The father desired an exploratory incision, and in this case the appendix was inflamed, as were other parts of the abdomen. There were dark spots over the intestine, which looked like infected blood serum between the coats of the bowel. It seemed as though those patches were the cause of the trouble. Patient died from the disease. I question if it could not have been saved by an early incision and cleansing. In some cases of typhoid fever the condition has infected the peritoneal cavity, and it is a good plan to operate under such circumstances.

Another patient I had with Dr. Spalding. The patient had been sick only a short time; violent inflammation; abdomen opened and a long portion of the colon was inflamed, and for a long distance there were pin holes clear through the bowel, so many openings could not be sewed up and patient died. I had another case of violent peritonitis, and we considered it appendicitis. I opened the abdomen, and immediately there came out quite a little quantity (2 oz.) of reddish brown serous discharge. I found upon examination appendix somewhat inflamed, right ovary and tube were very much involved. In this case the inflammation might have come up to the tube, but was not in the tube originally. I do not believe it was a gonorrhoeal infection. The patient seemed to be relieved for three days, when the symptoms returned as violent as ever, and the abdominal cavity was washed out; in three or four days the symptoms returned, again the cavity was washed out with saline solution. Patient gradually improved a little, left the hospital, but died within a year. These cases were peritonitis, *i. e.* there was an infection of the peritoneum.

There are various kinds of peritonitis, a kind that produces adhesion and those which do not. I agree with Dr. Pack-

ard that we have diseases of the peritoneum which are not from the appendix or the tubes, but come from the gall section.

Dr. C. H. Thomas: I can recall one case, that of a patient who was sent to the maternity with all symptoms of eclampsia. She had persistent nausea, unable to take any nourishment; urine scanty, only 2 oz. or 5 oz. It became necessary to produce labor. Saline solution was introduced into the abdominal cavity. In twenty-four hours the quantity of urine had increased to 33 oz., illustrating the power of absorption of the peritoneum.

Dr. Wesselhoeft illustrated his method regarding "A Factor in Wound Disturbance" by three diagrams, showing different modes of suture; the ordinary method of leaving a blind space where serum can collect, causing suppuration, and another method of providing for drainage of the wound.

Dr. Bell: It takes two to make a quarrel and it takes two to make trouble in a wound—the seed and the soil. Some of us can remember the early history of the whole question of wound infection, that all stress was laid on the germ, given the germ disease must follow. Now the soil has become very important. It is not considered that all infected with tuberculosis will die. This matter has not received its due importance in surgical circles.

It seems to me of the greatest importance in closing the wound that an exit should be provided for the serum; otherwise, upon pressing the wound the serum will run out, which is prevented by the suture. Now in particular cases, where there is a great deal of difficulty in securing stoppage of hemorrhage, it is important to put in for 48 hours suitable drainage, and on opening, the dressing will be found saturated. In a case of cancer of the penis, there was difficulty in making the wound perfectly dry, thought it would be dry enough and closed without drainage. After a day or two serum collected and I thought pus was there, but there was no rise of temperature. I hoped that it would be absorbed, but it was not, so a probe was used, and out gushed normal

serum. The wound had gathered infection. It is quite important to note Dr. Wesselhoeft's method of closing the wound after operating on the appendix where drainage is required. You close two-thirds with through and through sutures and drain lower part, the first half will close by first intention, because it has good drainage.

Germ and soil are both factors of infection.

Dr. Briggs: I have been very much interested in this paper and the method of obliterating the sac or cavity which may remain beneath. I want to say that Dr. Packard has used strips of gutta-percha tissue in this last term of service and one term previous, and it is astonishing how much serum will pour out, saturate the dressings and relieve almost the probability of infection.

Dr. Packard: It leaves one inference, that about every wound we make suppurates. I believe that most wounds are left clean, serum leaks out, but will not turn to pus, unless it is infected. I have resorted to drainage of my wounds, not because I had suppuration, but because I observed that by leaving proper drainage there was a quantity of serum absorbed by the dressings. I do not want to have it go out broadcast that the majority of our wounds are infected.

Dr. Wesselhoeft: I do not think there is any wound made that has not possibility of infection.

Dr. Packard: The inference is that a good many of them had suppurated, and you admit infection, so you had to resort to something.

Dr. Earl: I do not know as it bears on this subject, but I would like to mention the relation of this treatment to a woman after labor. I think the plan which has been taught in this school bears out exactly the point of the paper tonight, the providing of drainage for the uterine cavity and vaginal vault. There you have a cavity which not only throws out serum but blood, the uterine cavity. The vagina, which is more or less distended, and the old way of keeping a patient on the back, provided the necessary reservoir. It is better to get the patient into a position to allow drainage after labor.

Dr. Sutherland: The diagram explains something in my experience. Because of suppuration some of the perfect success in operation has been lacking. I remember the case of a young boy operated upon for appendicitis at the hospital. Four or five days after leaving the hospital a deep hole two or three inches in length was found in the abdominal wall. A collection of serum had occurred in the wall between the peritoneum and the muscle. The abdominal cavity was not opened. Apparently the peritoneum had healed previously, but something was wrong with the tissues. The diagrams tonight throw a little light upon the case.

Adjourned at 10.10.

EDWARD E. ALLEN,
Secretary.

CONCENTRATED SUNLIGHT.—With concentrated sunlight I have removed facial blemishes, such as moles, warts and sebaceous tumors, with excellent results. I find though that it is liable to burn too deep if not carefully watched. In a stubborn case of acne pustulata, I tried the experiment of cauterizing a particularly stubborn pustule with sunlight, effectually destroying the pustule, but burning so deeply into the skin as to leave a scar after healing was accomplished.
— *Dr. H. T. Webster in Southern Progressive Med. Journal.*

OLIVE OIL AS A FOOD.—The use of pure olive oil as a food, with the meals, should be used by both the mentally depressed and the abnormally excitable. It helps nutrition and gives a gentle aid to elimination. If it cannot be taken with food preparation, a teaspoonful or two can be taken regularly at the close of each meal.— *Medical Sentinel.*

PERSONAL INFLUENCE.—The life of every man is freighted with good, which he leaves along the way he goes to bless and beautify, or with evil, which he unloads upon his fellows.
— *Exchange.*

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

A special meeting of the society was held at the Boston University School of Medicine, April 18, 1901, at eight o'clock, the President, T. Morris Strong, M. D., in the chair.

The reading of the records of the last meeting was omitted.

SCIENTIFIC SESSION.

Dr. Horace Packard exhibited a fibroid tumor removed from a woman that morning. The patient had known of the tumor for some years. She was first seen by Dr. Packard three or four years ago, the tumor at that time being small and non-interference was advised. Growth was slow and she was advised to see him again, but put off doing so until Tuesday. The last three or four months the tumor had grown rapidly, causing much pain, and two menstrual periods had been passed. The cervix was very soft, suggesting the possibility of pregnancy, as did also the absence of the menstrual periods. In view of these facts operation was performed, and a very large fibroid tumor removed, which, upon dissection, was found to contain a three month foetus. If the operation had not been performed, abortion would have occurred.

Another pathological specimen exhibited by Dr. Packard was an ovarian tumor removed by him six months ago. Nothing different appeared exteriorly, but the cyst wall was exceedingly black. At first it seemed like a strangulated ovarian cyst, but on looking very closely he found it was not strangulated. Examination of the peritoneum showed that it was black too. Careful investigation showed the discoloration to be due to blood pigments, which probably resulted from sub-peritoneal hemorrhages.

Dr. Jos. Chase, Jr., gave an account of a peculiar case which came to his notice last February. He received a call to come immediately to the electric light works, one of the workmen had broken his ribs. He found the man lying on

the floor, groaning and unable to move; pulse very slow, 56, with cold perspiration. Pressure caused pain. Under the scapula there protruded about four inches of what seemed to be a piece of bone from a rib. After an anæsthetic had been given Dr. Chase cut through the side of the thorax but did not find any periostium, instead found a piece of wood. He immediately cut down a little further and pulled out a pointed piece of wood $9\frac{1}{2}$ inches in length, from a revolving shafting pulley, which had struck the workman's jumper and passed through his clothing into his side.

REPORT OF THE SECTION OF ANATOMY AND PHYSIOLOGY.

WESLEY T. LEE, M. D., Chairman.

D. W. WELLS, M. D., Secretary.

MARION COON, M. D., Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. Howard, Spalding and Lewis. The committee reported as follows: Chairman, David W. Wells, M. D.; Secretary, Edward E. Allen, M. D.; Treasurer, Helen S. Childs, M. D., who were duly elected.

1. "Hypnosis a Physiological Condition." Demonstration on one or more subjects. F. E. Schubmehl, M. D. Discussion opened by F. C. Richardson, M. D.

2. "Why We Grow Old." John P. Sutherland, M. D. Discussion opened by A. H. Powers, M. D.

3. "Studies in Respiration and Cardiac Activity." Demonstration of the use of the Stethograph, Chest Pantograph Cardiograph. Physiological Department of Boston University School of Medicine. Discussion opened by F. E. Allard, M. D., and H. C. Clapp, M. D.

Dr. Schubmehl said that the cataleptic state is due usually to suggestion, and the subject remains in the attitude in which he is placed without any effort on his part. He also stated that Mr. Curtis, the subject to be hypnotized, was not feeble-minded, but in good health and interested in athletics. He was, apparently, perfectly under control, unable to move without permission, and his insensibility to the prick of a

needle, proved how completely he was under the influence of the anæsthetic.

Dr. Richardson was not present to open the discussion.

Dr. Suffa: I hoped to see some demonstration that would convince me that the hypnotic state is a physiological condition. I myself do not believe that to be a fact. I cannot conceive how a person in a hypnotic state, where the brain power is inhibited, also all intelligences of the brain senses are in abeyance, can be called a physiological condition. Also how it is of therapeutic value. We know it is possible to make them do anything they are told to do. It seems to me a very dangerous thing. It is claimed by some a patient must be susceptible, or hysterical, and it seems to me, if not, they are a class of patients who are ill-balanced. If this treatment is carried out, and it is much easier to make a sort of cumulative and lasting effort, would it not produce an unbalanced mind? If not a medical, it has a legal aspect. Unless it can be shown that it is of therapeutic value, which it has not, it ought to be under control.

Dr. Klein: In Germany, in 1886, it was shown how easily persons with deranged minds can be influenced. A young lady, a patient from an insane asylum, when hypnotized, could be placed in any position. It was shown that the greatest harm could come to such patients, if hypnotism was produced more than once it would leave them in a more dangerous condition to the community and the asylum. Magnetic power produces no influence upon patients under hypnotism. I consider it very dangerous to fool with hypnotism. I have used it in operations upon the eye, but I would not do it again. I found it left patients in a worse condition than if they had not been hypnotized. I prefer ether or chloroform. I think the medical profession ought to oppose such means, as great harm can be done. It has a great demoralizing effect, not only on the patient but on the whole community. The medical profession should not encourage it.

Dr. Earl: I agree somewhat with Dr. Suffa and Dr. Klein. It may not be out of place to relate an instance which

occurred not many years ago. A woman was in the second stage of labor, hemorrhage from placenta praevia had nearly cost her life, and she was in a pretty desperate condition. Dr. Schubmehl was present and two or three students. It seemed wise to deliver her with forceps, as we were without an anæsthetic and there was no time to get one. She was much frightened and apprehensive. Dr. Schubmehl tried suggestion, she laid still, and was pretty soon delivered. I feel, if we had delayed to procure an anæsthetic, or to give it, the woman's life would have been endangered.

Dr. Sutherland: The facts are very interesting and more convincing than theories. I had some experience in the hospital five or six years ago. A case of aphonia. The patient could not speak, only whisper, could not utter a note. Examined for laryngitis, but the larynx was in perfect condition. Electricity and medicine were tried without cure. Then it was decided to try suggestive therapeutics, which might produce some effect. She was told that tomorrow is Christmas, and we want you to wake up and say to your nurse, "Merry Christmas." In the morning she awoke, and said, "Mrs. Wright, I wish you a merry Christmas." She returned home and after a year had had no return of the aphonia. She was in an abnormal state, and was restored to a normal one.

Dr. Wells: The good or ill effects of hypnotism depend upon the nature of the suggestion made. There are plenty of records of the benefit of suggestion at the reformatory Dr. Quackenbush, of New York, states that many boys have been reformed by suggestion.

The French authority referred to (Charcot) represents one school in the treatment of this subject, and his experiments have been made almost entirely upon hysterical subjects. Bernheim, however, has experimented on non-hysterical subjects, and he has developed entirely different phenomena. It is well to say to the subject, "You will not be subject to another suggestion against your will." Cures have undoubtedly been performed by Christian scientists, layers on of hands, and during pilgrimages to shrines, and we ought to

examine what the element of truth is in these different kinds of cures. What do these cures consist in? Is it in the hypnotic power? We ought to inform ourselves of the elements of truth in these various fads.

Dr. Powers: My knowledge of hypnotism is not extensive. I had a case where there was a needle lost in the hand and operation made for finding it, and the hand came under my care for treatment. It was sensitive, and the patient of a very nervous temperament. At that time I was interested in hypnotism, and I suggested that if she would let me try hypnotism, the pain would be lessened. I did so, and while the hand would be drawn away a little, I could dress the wound with comparatively little pain. A dentist, doing a good business, who would not be called hysterical or feeble-minded, was a sufferer from headaches, which were relieved by hypnotism. I have seen patients entirely insensible after three or four long breaths of ether, and operation could be performed with less than a drachm of the anæsthetic.

Dr. Haskell: I have known Mr. Curtis well all this winter, and I consider him far from being hysterical. I have found him a young man of original thought and he has made original suggestions.

In regard to the ill effects. I would like to ask Dr. Schubmehl if it has not got something to do with the last suggestion that the operator gives the patient. If he tells him he is going to feel better and will be all right, when he awakes, it will do away with all ill effects.

Dr. Schubmehl: I told him he would be all right. I think all ill effects are due to neglect in making the suggestion at the last that the patient will be all right. All bad effects are due to the operator.

Dr. Suffa: Do not French authorities say it is dangerous?

Dr. Schubmehl: Arsenic is poisonous, yet we all use it.

Dr. Packard: I have very little evidence that I can present to you upon this subject. I do use suggestion a great deal without thinking of using hypnotism, especially in convalescence. I do not think I have used hypnotism as an

anæsthetic, it is too uncertain. In the convalescence of patients, I often experience very gratifying results from suggestion. With patients that are apprehensive and hysterical, or anticipating an uncomfortable night, the suggestion that they will have a good night, or will go to sleep at nine o'clock, often produces most beneficial results. Sometimes after a simple powder given by the nurse, the patient will go to sleep and have a quiet night.

Dr. Sutherland's scholarly paper, "Why We Grow Old," was heard with much interest.

He emphasized the importance of an external stimulating power and nutrition from within for the life and preservation of protoplasms.

Mr. Wyesse, of the physiological laboratory, with the assistance of members of his class, demonstrated the use of the stethograph, chest pantograph and cardiograph.

Adjourned at 10 10 o'clock.

EDWARD E. ALLEN, *Secretary.*

RHODE ISLAND HOMŒOPATHIC SOCIETY.

The regular monthly meeting of the Rhode Island Homœopathic Society was held at Hotel Newman, Providence, R. I., on Friday, May 10.

The President, Dr. John H. Bennett, of Pawtucket, presided, and there was a large attendance of members.

The society placed itself on record as in favor of a universal State law, if possible, for the regulation of the practice of medicine. The new law, compelling an examination for every new practitioner, was also spoken of, and the constitutionality of the law has been proven in this State. One new name for membership was presented.

THE BUREAU OF OBSTETRICS.

Dr. H. M. Sanger, reported, 1. "Treatment of Septic Wounds of the Uterus." W. Louis Chapman, M. D. This

was a very interesting and instructive paper and special stress was laid upon the value of antistreptococcic serum in the treatment of apparently hopeless cases. Dr. A. H. Wood opened the discussion of the paper, and also reported a rare case of deciduoma malignum.

2. "A Case of Malpractice." C. J. Hashouck, M. D. This paper was the report of a case of apparent blackmail, which the doctor has successfully fought and obtained judgment in the Supreme Court.

Owing to the lateness of the hour the paper by Dr. Jeannie O. Arnold was postponed to the next meeting, and the society adjourned to the dining-room where a lunch was served.

List of Officers.—President, John H. Bennett, M. D., of Pawtucket, R. I. (Boston University, 1891); Vice-president, H. M. Sanger, M. D., Providence, R. I.; Secretary, Martin Budlong, M. D., Providence, R. I.; Treasurer, H. Clinton Crocker, M. D., Providence, R. I. (Boston University, 1893).

Board of Censors.—H. A. Whitmarsh, M. D., Providence, R. I.; George F. Allison, M. D., East Providence, R. I. (Boston University, 1891); Mary D. Moss, M. D., Providence, R. I. (Boston University).

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The Executive Committee desire to state as a final announcement, that the program submitted by the chairmen of the various committees indicates an exceptionally valuable series of papers and discussions for the forthcoming meeting.

The citizens of Richfield Springs have subscribed \$2,000 to entertain the Institute. The social feature of this year's session will in consequence be of unusual attractiveness.

The entertainments, which have all been arranged so as not to conflict with the work of the Institute, will make the week a particularly pleasant one, especially for the ladies.

There will not be a dull moment for any one at Richfield Springs, for between riding, driving, wheeling, boating, fishing and golfing every one may find recreation in the intervals of work.

We are also assured that at all hotels every effort is to be made to make each member of the Institute a friend of Richfield. They look upon a convention of physicians as an opportunity to advertise the merits of their health resort rather than, as we are usually looked upon, the legitimate prey of the landlord.

The railroads have made the customary fare and one-third rate for the round trip, and in addition have made special arrangements so that every one desiring to attend the Pan-American Exposition at Buffalo, may do so without forfeiting the special reduced rate. Through cars to Richfield will be put on, and special connections made so that Richfield will prove easy to reach from all points.

In all parts of the country unusual efforts are being made to secure a long list of new members for this session, and from reports already received there should be a greater accession to our membership than ever before. As the cause of homœopathy depends upon the strength of our national organization, we appeal to every member of the Institute to make this most important work for the welfare of the school a personal obligation. Let every loyal homœopath secure one new member to the Institute this year.

Lastly we call upon every homœopathic physician, be he a member of the Institute or not, to be present at this meeting; our visitors will be as warmly welcomed as our members, and we promise to one and all a most profitable and enjoyable meeting.

A. B. NORTON, M. D., *President.*

E. H. PORTER, M. A., M. D., *Secretary.*

REVIEWS AND NOTICES OF BOOKS.

MENTAL DISEASES and THEIR MODERN TREATMENT. By Selden Haines Talcott, A. M., M. D., Ph.D., Medical Superintendent of the Middletown State Homœopathic Hospital in Middletown, N. Y., etc. New York: Boericke & Runyon Co. 1901. pp. 352. Price, cloth, \$2.50.

For twenty-five years Dr. Talcott has been brought in close contact with the insane, and enjoyed exceptional advantages for observation and study. In a work from his pen, therefore, we should expect to find embodied the results of his great experience, in a form calculated to appreciably assist in elucidating many problems connected with the causation, pathological changes, and symptomatology of insanity, and the treatment and care of the insane. It is with a certain sense of disappointment, therefore, that while conscious of many excellencies in this work, we find it more interesting and readable than original and scientific.

It is true, the author disavows any thought of offering his book as an "exhaustive treatise" upon insanity, but we will venture to ask, why this omission to make it such in the interests, not only of his own reputation as an alienist, but also of the prestige of the homœopathic school? We feel that from such a man we might rightfully expect a treatise which should compare favorably with the writings of those of similarly extended experience in the old school. Instead of this we have what more nearly approaches a series of conversational papers on mental hygiene, the views of the ancients interspersed with poetical quotations, and accepted definitions, symptoms and pathological findings of different forms of mental disorders.

The section, however, on hospital construction and methods is helpful and instructive, and should certainly have been amplified. While the pages given up to *materia medica* present nothing not already familiar to the average student, they will prove a great convenience, as they group all the old stand-bys generally used in the treatment of nervous disorders.

A TEXT BOOK OF GYNECOLOGY. Edited by Charles A. L. Reed, A. M., M. D., President of the American Medical Association (1900-1901), etc. Illus. New York: D. Appleton & Co. 1901. pp. 900. Price, cloth, \$5; sheep, \$6.

Such a book as the above furnishes a certain embarrassment of riches both from the number of its authors, and the multiplicity of the subjects included. While we doubt its supplanting any of the standard and simpler text-books on gynecology, we are sure it will prove a serviceable work of reference.

Many noted writers have contributed to its pages, each writing upon the topic most familiar to him. Specialists, other than gynecologists alone, have assisted in the preparation of this volume. The pathologist, dermatologist and neurologist have each contributed valuable material.

The work of contributors, instead of being bound together in the form of distinct monographs, has been in some instances used only as the basis of a chapter, all the subject matter being rendered consecutive, systematic and homogeneous by the editor. Under the table of contents the different divisions of each chapter are mentioned in connection with the writers responsible for the text. This arrangement, collaborative as well as individual, seems most satisfactory in its results.

Some of the chapters attracting special attention are those on diagnosis, sepsis and anti-sepsis, the pelvic floor and its injuries, infections of the external genital organs, neoplasms of the uterus, infections and inflammations of the fallopian tubes, the female urinary apparatus and the rectum.

A special word should be said for the numerous illustrations which are not only excellent, but also of uniform merit. The mechanical work is a credit to the publishers.

A MANUAL OF PRACTICAL HYGIENE FOR STUDENTS, PHYSICIANS AND MEDICAL OFFICERS. By Charles Harrington, M. D., Assistant Professor of Hygiene in the Medical School of Harvard University. Illus. Philadelphia: Lea Brothers & Co. 1901. pp. 729. Price, cloth, \$4.50.

In the seventeen chapters which comprise this book a wide range of subjects is considered, viz.: foods, beverages, condiments, food preservation, contamination of foods by metals; air; the soil;

water ; habitations, schools, ventilation, heating, plumbing ; disposal of sewage, of garbage ; disinfectants and disinfection ; quarantine ; military, naval and marine hygiene ; tropical hygiene ; hygiene of occupation ; vital statistics ; personal hygiene ; vaccination ; disposal of the dead.

Dr. Harrington has given us a most interesting and comprehensive work, deserving better treatment at the hands of the binder than it has met with, the margins being so narrow that the back margin is encroached upon unduly, and the appearance of the page is quite spoiled.

The text is very well arranged. The section on foods is supplied with tables showing comparative composition and nutritive value. Poisoning by animal foods is explained and illustrated by selected cases. Adulterations, and their detection by suitable tests, occupy several pages. In the section on air, the part air plays as a carrier of infection is most instructive and important ; the same may be said of the text relating to the carrying properties of the soil and water. In connection with water the history of typhoid epidemics and Asiatic cholera is reviewed. The chemical and bacteriological examination of water is given at some length.

The other chapters in this book are equally good, those on quarantine and military hygiene being exceedingly interesting. Quarantine regulations, home and foreign, are stated in detail together with methods of inspection, disinfection, quarantine laws, etc. The section on military hygiene is brought up-to-date, recent wars having furnished new and valuable data.

We commend this work on hygiene, not only to the profession, but also to all thoughtful citizens.

THE CURABILITY OF TUMORS BY MEDICINES. By J. Compton Lurnett, M. D. Second edition, revised. Philadelphia : Boericke & Tafel. 1901. pp. 345. Price, cloth, \$1.25 *net*.

Those who find other of Dr. Burnett's books suggestive reading will doubtless wish to add the present one to their collection. He is certainly a prolific, if diffuse, writer. We wish he used better English, and knew how to condense what he has to say, but his style, doubtless, does not offend buyers of his works.

The present volume is designed to aid practitioners in overcoming that constitutional diathesis which predisposes certain persons

to develop benign or malignant tumors, and also to assist physicians in selecting such remedies as will inhibit the enlargement of growths, once they have appeared, or altogether dissipate and cure them.

Dr. Burnett explains in detail his understanding of pure homœopathy applied to this class of cases, and cites numerous illustrations in support of his views from his own practice. The book is neatly gotten up with large, clear type, and a cheerful bright red binding.

THE AMERICAN YEAR-BOOK OF MEDICINE AND SURGERY FOR 1901.

A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Arranged with critical editorial comments by eminent American specialists. In two volumes—Vol. I, including *General Medicine*, Octavo, 681 pages, illustrated; Vol. II, *General Surgery*, Octavo, 610 pages, illustrated. Philadelphia and London: W. B. Saunders & Co. 1901. Per vol.: Cloth, \$3 net; half morocco, \$3.75 net.

A year ago this work for the first time was issued in two volumes, and the same plan has been followed in the Year-Book for 1901. One volume is really not enough, or else becomes too bulky, while two volumes can be and have been made both attractive and convenient in size. It is an advantage, also, to have the sections on medicine and surgery distinct from each other; they can be bought and used separately or together, each being complete in itself.

Books of this class often fail to receive the recognition to which they are fairly entitled. They represent the condensed views of a large and representative number of leading writers, teachers and practitioners. They furnish an explanatory index, as it were, to countless journals of the day, new and authoritative text-books, special papers, and other important contribution to medical science that would otherwise be unavailable because so scattered. They offer in compact form a means of following from year to year the progress made in all the important departments of medicine and surgery, and in time constitute a library of considerable historical value.

In the work under consideration the contents of the volume on Medicine are arranged under the following headings: General Medicine; Pediatrics; Pathology and Bacteriology; Nervous and

Mental Diseases; Diseases of the Skin and Syphilis; *Materia Medica*, Experimental Therapeutics and Pharmacology; Physiology; Legal Medicine; Public Hygiene and Preventive Medicine; Physiologic Chemistry. Contents of the volume on Surgery are grouped under General Surgery; Obstetrics; Gynecology; Orthopedic Surgery; Ophthalmology; Otology; Diseases of the Nose and Larynx; Anatomy.

Among the leading contributors may be mentioned Da Costa, Keen, Hirst, Duhring, Starr and Stengel. Both volumes are adequately indexed, well bound, and printed on the high calendared paper which we hope will eventually be altogether discarded.

THE PATHOLOGY AND TREATMENT OF SEXUAL IMPOTENCE. By Victor G. Vicki, M. D. From second German edition. W. B. Saunders. 1890. Price, \$2.

As the author states, not much that is new has occurred in this line during the comparatively short time elapsing between the two editions. The subjective matter is arranged in ten chapters, comprising Introductive Anatomy, Physiology of Sexual Act; Etiology, Diagnosis, Prognosis, and Treatment of Impotence.

The work is well written, thorough, and of value to any one interested in this special subject.

We are inclined to feel, however, that one such book serves the purpose intended for a considerable time.

REPRINTS AND MONOGRAPHS RECEIVED.

Treatment of Prostatic Hypertrophy. By Parker Syms, M. D. Reprinted from the *Journal of the American Medical Association*, Jan. 12, 1901.

Some Remarks on the Present Status of the Physician in the United States. By Emil Amberg, M. D. Reprinted from the *Virginia Medical Semi-Monthly*, Feb. 8, 1901.

A Scientific Basis for Medicine.—Life and its Association with Matter-Matter Not Vital but Absolutely Chemical. Two papers by E. C. Hebbard, M. D. Reprinted from the *Medical Times*, February and March, 1901.

The Failure of the Consensus Judgment with Reference to Tuberculosis. By Charles Denison, A. M., M. D. Reprinted from the *Medical News*, Dec. 29, 1900.

Some Notes on the Treatment of Rheumatism. By Alfred Stengel, M. D. Reprinted from the *Medical News*, Dec. 22, 1900.

Aneurism of the Arch of the Aorta, with Rupture into the Superior Vena Cava. By Alfred Stengel, M. D. Reprinted from the *American Journal of the Medical Sciences*, November, 1900.

A Review of the History of Cardiac Pathology. By Alfred Stengel, M. D. Reprinted from the *University Medical Magazine*, October and November, 1900.

Progressive Pernicious Anemia. By Alfred Stengel, M. D. Reprinted from the *Medical News*, Oct. 20, 1900.

Vaccination in the Light of the Royal British Commission. Edited by Montague R. Levenson, M. D. Reprinted from the *Homoeopathic Physician*, 1900.

Fatty Degeneration of the Heart. By Thomas E. Satterthwaite, M. D. Reprinted from the *Medical News*, Feb. 2, 1901.

Eye Strain Notwithstanding Acute Vision. By David Wells, M. D. Reprinted from the *NEW ENGLAND MEDICAL GAZETTE*, February, 1901.

PERSONAL AND NEWS ITEMS.

DR. JAMES KRAUSS, of Malden, expects to sail for Europe on June 5, to return and resume his practice in November.

WANTED.—An assistant physician at Westboro Insane Hospital. Address, DR. G. S. ADAMS, Westboro, Mass.

FOR SALE.—A thriving practice. Present owner going abroad. Rare opportunity. Address "W. G. B.," care Otis Clapp & Son, 10 Park Square, Boston.

A GRADUATE of B. U. S. of M., class of '99, located within a few miles of Boston, would be glad to assist one or more physicians by taking their practice a few hours every day or by relieving them during vacations. Address "J. E. M.," care Otis Clapp & Son, 10 Park Square, Boston.

THE Third Annual Meeting of the American Proctologic Society will be held at Hotel Aberdeen, St. Paul, Minn., June 4, and 5, 1901.

Order of Business.—Executive Meeting. Reports of Committees. Reading of Papers and discussion of same. Demonstrations by Clinics and presentation of specimens.

Dr. Martin will present: (1) A Case of Naevus in the Second Rectal Chamber. (2) Presentation of a Specimen of Congenital Hyperplasia and Coarctation of the Rectal Valve. Report of Committee on Progress of Proctologic Literature during the past year.

President, Dr. James P. Tuttle, New York; Vice-president, Dr. Thomas Charles Martin, Cleveland; Secretary-Treasurer, Dr. William M. Beach, Pittsburg. Executive Council, Dr. Samuel T. Earle, Jr., Baltimore; Dr. A. Bennett Cooke, Nashville; Dr. J. Rawson Pennington, Chicago.

First Day 1.30 P. M.—Meeting of the Council. 2.00 P. M., Executive Meeting; Reading of Minutes; Treasurer's Report; Report of Council; Reports of Committees on other than Scientific Subjects offered; Unfinished Business; New Business. 3.00 P. M., President's Address, Dr. James P. Tuttle, New York. 3.30 P. M., Reading of Papers. Primary Tuberculosis of the Rectum and Anus with Report of Cases, Dr. Leon Straus, St. Louis. Disease of the Sigmoid, Dr. George B. Evans, Dayton, O. Report of Two Cases of Valvotomy, Dr. Samuel T. Earle, Baltimore. Treatment of Prolapse of the Rectum, Dr. J. Rawson Pennington, Chicago. Foreign Bodies in the Rectum, with Report of a Case, Dr. Lewis H. Adler, Jr., Philadelphia.

Second Day 1.30 P. M.—Reading of Papers. A Study of Simple Ulceration of the Rectum from a Clinical Standpoint, Dr. A. Bennett Cooke, Nashville. A New Method for the Painless Removal of Hemorrhoids, Dr. Thomas Charles Martin, Cleveland. Anal Pockets, Dr. Louis J. Krouse, Cincinnati. The Treatment of Recto-Colitis, Dr. William M. Beach, Pittsburg. Paper, Dr. George J. Cook, Indianapolis. 4.30 P. M., Executive Meeting, Reading of Minutes, Election of Members and Officers, Miscellaneous Business, Adjournment.

THE NEW ENGLAND MEDICAL GAZETTE

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Vol. XXXVI.

COMMUNICATIONS.

THE MODERN IDEA OF THE USE OF DRUGS AS MEDICINES.

BY C. WESSELHOEFT, M. D.

[Read before Mass. Hom. Med. Society.]

This is the question upon which I have been requested to write something. The time at my disposal will not permit more than a brief allusion to some of the main points of the problem which I have treated of more fully in a paper read before the Medical Society County of New York, Feb. 9, 1888) see N. A. Jour. of Homœ., March and April, 1888). To this I must refer to some extent. There I endeavored to point out that what is called the history of medicine is only very remotely and indirectly connected with medicine, being mostly an exposition of philosophical dogmas concerning life itself, while we search in vain for any direct knowledge or principle governing the action of medicine proper. The search for such a principle or such knowledge leads to many interesting reflections, for everywhere there can be traced a belief in the action of drugs to cure disease. "Simple observation of the bent of the popular mind to-day will show us the root of the origin of the universal *faith* in drugs and

will assist us in understanding the nature of tradition. Look about you where you please and you will be overwhelmed almost with this atmosphere of faith in medicine to accomplish the miraculous. Every wall, every rock, is inscribed with it. The landscape is disfigured and made uncanny. It pervades society quite as much. It is proclaimed by cunning labels of nostrums and by flaring announcements in the highways and in whole sheets of the newspapers. This faith is shared by the humblest squatter in the far West, as well as by the highest dignitaries of the land." The present craze for medicine is now even more widespread than in the so-called dark ages, and "patent medicines" to-day show us just how *materia medica* was collected and grew ages ago. Read only the shrewdly worded labels on the bottles and packages, and compare them with the pages of our old friend Pedanius Dioscorides, and the manner of the tradition will become apparent. In Chap. II. of the book on "poisonous animals and rabies of dogs," he instructs us to burn crawfish with twigs of clematis, and after having powdered the ashes, powder some gentian root, mix with the ashes of crawfish in wine, make a gruel of it and administer to the person bitten. It is better, says our ancient friend, that some should suffer the medicine in vain than to be led into danger for want of prompt action. In another chapter selected at random (Cob. XXXII, Vol. II) Dioscorides says: "In order to cure the swelling of the breast, wash some dictam herb (*Origanum dictamnus*) in the cold, and bathe the breast with the water. If you doubt the efficacy of this medicine and decide to test its power, anoint with it the horns of a young goat, and they will cease to grow."

Such was *materia medica* away back in the middle ages. Pathological and physiological theories constituted the science of medicine. At the time of Claudius Galenus the relation between soul and body was that which interested physicians, who thought then, as they do now, that deep insight into anatomy and physiology would lead the way to the cure of

disease, while no effort was made to study the effects of drugs and other therapeutic agencies. "What we are searching for is proof of positive curative power of drugs, — proof based upon direct induction, not on conclusions drawn from tradition." One question arises: Had the ancient traditions and beliefs which they begot suddenly ceased to exist in the beginning of this century? No, they were present everywhere, and physicians shared them. The faith and belief that medicines may and do cure, was an accepted axiom; all held fast to it, and none more so than Hahnemann himself. Would Hahnemann have conceived of the principle (S. S. C.) which he formulated if he had not been possessed of the time-honored hereditary belief in medicine? His reformatory idea was born of this belief. What did he demonstrate if he did not seek the specific power inherent in medicines? Starting from his China experiment, and supplementing it by analogous data collected from literature, he thereon founded his system; in his process of reasoning he never doubted the faith that medicines cure, but only found a formula which brought the ancient belief of the curative power of drugs into rational relation with pathological conditions.

Before trying to define "the modern idea of the use of drugs," let us consider for a moment what has been embraced under the term of medicine hitherto. "For centuries everything a physician had to learn has been included in that term; but it is time that we should distinguish more carefully, especially now that the art of using drugs, and the art of studying their most extended effects is receiving very little attention in the great medical schools of the world. We read with interest the advancement of pathology, the brilliant classification and diagnostic distinction of disease, but when we endeavor to find what 'medicine' has to do with them, we are greatly disappointed. . . ."

Therapeutics embrace many things besides hydro-therapy, antitoxines, electricity and even dietetics.

In the middle ages, law, theology, and what was called "medi-

cine" were all or *could* have been contained in one of those large pigskin covered volumes. Now a large building could not hold our medical literature. This comprises anatomy. What that is you all know. There is nothing of medicine in it. Physiology, teaching of the functions of organs, says nothing about medicines or medicine. Chemistry deals with a great many substances used in medicine, but chemistry does not teach the art of using its productions as medicines any more than botany teaches the medicinal use of the plants it describes. Neither is surgery medicine. It is now the most popular way of dealing with diseased organs, but not by the use of medicines, unless we can call the scalpel, the needle and the ligature "medicine." Where surgeons use medicines they do not claim to be practicing surgery; when they are employing the knife, or the ligature, or the needle, they are not giving medicine. Not but that they have the whole of the *materia medica* to draw upon; when they make use of it then only are they practicing medicine.

Pathology, that vast field occupying so many busy minds, and leading us into the mysterious labyrinths of disease, is not medicine any more than anatomy, physiology or chemistry. Indeed, it is often further from medicine than chemistry or botany; and those who, under the leadership of Virchow, the greatest pathologist of the past century, hope that advancing pathology will lead us to the knowledge of curing disease by medicine, hope in vain. It is only the knowledge of disease, combined with the most comprehensive knowledge of what is curative in drugs and other agencies (see p. 3 of the Organon) that will lead to the cure of disease.

Many other practices and methods of treating disease, such as hydro-therapeutics, massage, immunization, electricity, while they are very indispensable branches of therapeutics, do not deal with medicine or medicines proper, and in future should not be considered under that name.

It belongs to the future to develop the knowledge of drug power under a most comprehensive general law of cure, and

this alone, from a somewhat exalted standpoint at present, deserves the name of medicine. This by no means precludes the other therapeutic branches which I have named. No physician of the present or future will dare to claim that medicine alone, or any other single branch of therapeutics, will suffice to cover the ground of his usefulness; and the time will surely come when physicians will make a distinction between therapeutic methods, and will have their diplomas define their position and knowledge accordingly, giving medicine its proper place among the methods of treating disease.

Before obtaining an idea of the modern use of medicines—now that we have determined what is meant by this term—it will be well to recall what that idea was one hundred years ago. What the use of medicine was at that time none has ever described better than Hahnemann in that inimitable “Review of Physic” contained in the *Organon*, from which I condense: System had succeeded system. There were theories of disease to which theories concerning the action of drugs were applied. At one time the cry was, “Take care and remove the cause.” But they could not find it because it has been and is yet undiscernible. An indigestible meal or a foreign body are seen easily enough, but the actual and remote cause and essence of disease, no matter how carefully and minutely searched for by microscopical examination of histological elements, was then and is now still undiscovered.

There is still much to be looked for back of the microbe. A hundred years ago a theoretically discovered cause of disease was sought to be removed by emetics, purging, venesection, for the removal of inflammation. This was obeying “causal indications,” and was called rational. The idea was rational enough, but the method was based on fallacious theories in accordance with which they used what were called repellants, as the exsiccation of ichorous ulcers was attempted by means of astringents, cauterization, etc. “To harmonize with the theory of causal cures, physicians at that time presupposed the existence of morbid matter, which they sought

to remove by acting upon the kidneys, the skin or the salivary glands." Salivation and diuretics as well as sudorifics were invented; classes of medicine were arranged for this purpose without regard to the other deleterious effects those sudorifics, salivates and diuretics produced. "On this account," says H., "scarcely anything is found in all works on materia medica, from Dioscorides to those of the present time, regarding individual remedies and the special proper action of each."

Cullen, pretty much as Pedanius Dioscorides, was about the only authority on materia medica as a specialty, anti-dating Pliny and Galen; so was William Cullen, the author of the principal text-book at the end of the eighteenth and the beginning of the nineteenth century. He was as far in advance of Dioscorides as Hahnemann was in advance of his contemporaries with regard to accurate knowledge of drug-effects and the methods of obtaining them.

In order to get a glimpse, at least, of the idea of the use of medicines a hundred years ago we find that, according to Cullen, their effects were due to sensibility, and irritability, of the nervous system exerting its influence on the contractile, chiefly the muscular fibres, of the body; this again varied with the different temperaments; it was stronger in youth and weaker in advancing age. The temperaments being dependent on five conditions, — on those of the simple solids; the fluids; on the relation of solids to fluids; on the distribution of fluids; and fifth, on the condition of nervous force.

So far speculation was conservative and moved upon safe ground, but it leaves that ground when we come to the consideration of the uses of drugs. There we find they are divided into twenty-three classes, such as astringents, tonics, embracing all bitters; emollients (water and poultices); sedatives; anti-spasmodics; antacids; anti-alkaline remedies; salivants; emetics; laxatives; diuretics; emmenagogues, etc.

In order to see how these theories work when applied in

certain cases of disease, we find them floating in the air; thus Cullen is convinced that Peruvian bark cures intermittents alone by its tonic quality dependent upon its bitter and astringent effects upon the stomach, to which it imparts new *tone* by strengthening its fibres and, thence, imparting *tone* to the rest of the system. There is no use, says Cullen, in attributing a specific effect to bark, when its effect is easily explained by its tonicity.

How this was disposed of by Hahnemann we all know by his historical footnote on p. 109, Vol. II of his translation of Cullen's *Materia Medica*.

It is interesting to note how laxatives and purgatives were regarded in those days, and that their effects and mode of action were explained and made use of then precisely as they are to-day. Their action was local and remote. Unloading the intestines and acting as depletients, also as derivatives, by lessening the blood pressure in certain parts where it was supposed to be excessive. Some were considered more active or stronger than others, but anything like a peculiar or specific effect, or their effect upon other organs besides the intestines, was not taken account of.

It is always interesting to seek for the explanation of tonics. It is asserted that astringency and tonicity are not identical, (Hahnemann's *Trans.*, Vol. II, p. 64) and that there are tonic medicines which have no astringent effect, but whose effect is attributable to their bitterness alone; but they unfortunately often possess other qualities, narcotic, irritant, laxative, or otherwise, which prevent their use as tonics unless we select the "pure bitters" free from other objectionable effects. They cure by "strengthening the tone of the muscular fibres of the stomach." What a convenient idea this was, applying with perfect elasticity to the cure of intermittents as well as dyspeptics. This idea has been handed down to the present day, when not only in the popular mind but that of medical men also, the stomach is often named as the source of almost any complaint, and the popular cry is

for "tonics," with this difference that one hundred years ago they meant some "bitters," now they mean whiskey.

Straws show which way the wind blows. This sketch assuredly transgresses the time allowed me, therefore it is possible now only to sketch the most important points very briefly. What remains to be said is what the idea of medicine was fifty years ago, and what it is to-day.

In 1846, John Forbes, M. D., F. R. C., published an article entitled, "Homœopathy, Allopathy and Young Physic," which, (though a reply criticising William Henderson, M. D., of the University of Edinburg, who wrote "An Inquiry into the Practice of Homœopathy") is, next to Hahnemann's "Review of Physic," the best essay on that subject ever written. While it touches upon some alleged weak points in homœopathic practice, it also most candidly exposes those of allopathy, and furnishes some of the best material for the comprehension of the idea of the use of drugs at that time. I can only extract a few short passages to show the prevalent idea. This was "heroic bleeding and mercurialization," compared with which the results obtained by Dr. Fleischmann and Henderson may indeed astonish our heroic bleeders and mercurializers, or may even turn them, being so full of faith in drugs, to the pole opposite to heroism—homœopathy itself. To the truth of Homœopathy, Dr. Forbes opposes much specious reasoning, claiming for its cures the aid of the powers of nature only (940). In addition to this, Dr. Forbes tells us (949) that a large proportion of men of science "in the latter part of their career abandoned much of the energetic and perturbing" medication of their early practice and trusted greatly to the remedial powers of nature. "But while we are thus exalting the powers of nature at the expense of homœopathy, are we not, at the same time, laying bare the nakedness of our own cherished allopathy? . . . that the treatment of every disease on the ordinary plan must, at the very best, be useless, while it inflicts on our patients some serious evils (that homœopathy is

free from), such as swallowing of disagreeable and expensive drugs and the frequently painful and almost always unpleasant effects produced by them during their operation?" This dilemma, by the way, Dr. Forbes manfully admits but does not seem to escape from it when he says that "in a large proportion of the cases treated by allopathic applications the disease is cured by nature and not by them. . . . In a somewhat smaller proportion, the disease is cured in spite of them, . . . consequently in a considerable proportion of diseases it would fare as well or better . . . if all remedies . . . especially drugs were abandoned."

The idea of the use of medicines fifty years ago is further illustrated by a few passages which are here condensed: "To be satisfied on this point (the proportion of cures) we need only refer to the history of one or two of our principal diseases, as, for instance, fever, pneumonia, syphilis." "In these, the author tells us, that antimony and blood letting are being discredited (by Louis and others in *Recherches sur les Effets de la saignée*, Paris, 1835); likewise mercury in syphilis. . . . Physicians of long experience adopting a mild and tentative or expectant mode of practice. . . . We doubt, therefore, if we should greatly, if at all, exceed the bounds of truth if we said that the progress of Therapeutics, during the centuries that have elapsed since the days of Hippocrates, has been less than that achieved in the elementary science of medicine during the last fifty years. The department of medicine must, indeed, be regarded as yet in its infancy. . . . that much of the practice of medicine; in as far as it exists in the administration of drugs, is a system of traditional routine and conventionalism, haphazard and guesswork."

This is the idea concerning medicine of one eminent physician and was soon voiced by another, dedicated to Dr. John Forbes* in 1853.

In order to get the idea of another exponent of medicine

*Brief expositions of Rational Medicine in Modern Inquiries. By Jacob Bigelow, M. D. Little, Brown & Co., 1867.

more than forty years ago, a few short passages must be cited here.

“The artificial method of treatment is founded on the assumption that disease can be removed by artificial means. . . . It was only necessary to subdue the inflammation, to expel the morbid matter, to regulate the secretions, to improve nutrition and to restore strength, and the business was at once accomplished. . . . The destructive tendencies of disease, and the supposed proneness to deterioration of nature herself, was opposed by copious and exhausting depletion, followed by a shadowy array of alteratives, deobstruents and tonics. Confinement by disease which might have terminated in a few days was protracted to weeks and months. . . . When carried to its ‘heroic’ extent, artificial medicine undermined the strength, elicited new morbid manifestations, and left more disease than it took away. The question raised was not how much the patient had profited under his active treatment, but how much more of the same he could bear.”

“A considerable amount,” continues Dr. Bigelow, “of violent practice is still maintained (1858) by routine physicians. Edged tools are brought into use as if they could never be anything more than harmless playthings. It is thought allowable to harass the patient with daily and opposite prescriptions; to try, to abandon; to re-enforce and to reverse; to blow hot and cold on successive days, but never to let the patient alone nor to intrust his case to the quiet guidance of nature. Consulting physicians frequently and painfully witness the gratuitous suffering, the continued nausea, the prostration of strength, the prevention of appetite, the stupefaction of the senses, the wearisome days and nights which would never have occurred had there been no such thing as officious medication. . . .”

Enough of this idea of medicine a hundred years ago, and forty years ago. The above words were strong and convincing, and it seems as if Hahnemann himself had written them,

so closely do they compare with passages from his famous "Review of Physic." Indeed, there is a strong probability that that Review was carefully read by both Drs. Forbes and Bigelow, who involuntarily fell into the spirit of it and straightway quoted the sense if not the precise words. Such is the contagiousness of vivid writing.

Notwithstanding this sketchy and almost garbled attempt at a description of medicine in the past hundred years, it has already overstepped the bounds of time allotted to it, and still the idea of medicine of the present day remains to be touched upon, also its comparison with the past. Omitting for the present hydro and electro-therapeutics as well as immunization by toxines, we will glance at medicines and the modern idea of medicines. We will at once draw for inspiration upon one of the latest text-books of practical therapeutics.* Here we read: "The definition of the word 'therapeutics' in Billings' dictionary is: 'that branch of medical science which treats of the application of remedies to the cure or alleviation of disease,' and, practically, the term is almost universally used to signify the employment of drugs for such purposes. . . ." Again, "In the language of one of the most progressive medical men of to-day in the United States, the man who does not believe in the proper use of drugs for the cure of disease must lack the very keystone of the arch upon which all medical knowledge rests."

There we have it again — belief in the action of drugs, the ancient belief which was handed down to Dioscorides, Pliny, Galen, Paracelsus, Hahnemann. That part of it remains to-day as it was hundreds of years ago. But the point for the knower of things to decide is, how was it ever discovered that medicines cured? Was fever questioned much? But that attribute of drugs seems to have been taken for granted. Hahnemann never doubted that cinchona cured fevers; he only maintained that it did so by virtue of its power to pro-

*A Text-Book of Practical Therapeutics. By Robert Amory Hare, M. D. Lea Bros., 1894.

duce similar fevers, and he gave the world-old axiom, rule or law according to which medicines could be used. This is also a modern idea of the use of drugs. It has stood the test for a century. But there are other ideas of the use of drugs and ideas regarding their mode of action. "Drugs," says our text-book, "act in two ways, which are sometimes called near and remote, or direct and indirect. The near or direct action of a drug is that influence which is felt by the exercise of its effects directly upon the tissues with which it comes in contact; the indirect, or remote, influence is that result which comes as a sequence of its primary effect. As an illustration of this we may take the local use of cantharides. The local, near, or direct effect of this is a blister; the remote or indirect effect is the absorption of exudations, or the influencing of inflammatory processes. If pilocarpine is used, its direct effect is the sweating which ensues, the indirect effect is the relief of dropsy (sic) through the removal of exudation by the increased action of the skin, salivary glands and kidneys." So say the books.

Here we have Hahnemann's axiom of *similia similibus curantur*, and also that of the dominant school. This, as expressed in Dr. Hare's book, is very disproportionate to the 2,400 odd medicines enumerated. Many of these evidently cannot act according to the simple rule of direct and indirect action; and Dr. Hare does no injustice to the knowledge of that school by seemingly making his explanation of the action of drug apply to the whole list. Opium certainly does not act in that way, neither does mercury, neither does digitalis, whose great and specific actions are well known to depend upon their primary and secondary *tonic* effects, which is a very different matter than direct or indirect or simply irritant effects, where usually the primary effect is the opposite of the secondary effect.

We are able to derive a very correct idea of the present use of drug or medicines when we take down any modern

text-book on materia medica.* Here we learn incidentally that, although the principle of antagonism (allopathy) is denied, it forms, as will be shown directly, the basis of modern "regular" practice, and we also learn that this practice rests on a rude classification of drugs arranged so as to make the roughest toxic effects of a drug fit into a certain class, entirely regardless of its other qualities and effects. A cathartic is supposed to have no other effects; a tonic simply strengthens regardless of other toxic effects; an alterative simply alters, etc. In nature there are no such classes.

In our idea of modern medicine we adhere to the maxim, *similia similibus*, which, if not universal, certainly applies to a great many drugs. The "regular school," on the other hand, repudiates any law or principle, especially the term *allopathy*, etymologically well constructed to mean that the Galenian principle of contraries still prevails, as can be plainly demonstrated. Thus they classify their medicine into about twenty-seven classes, most of which begin with "anti," and all the rest denote acceptance of antagonism,† or a contrary condition to that for which they are given. As such we have "antacids," "anthelmintics," "antiseptics," "antiperiodics," "antipyretics," "counter-irritants," etc., and still they claim that they have no such thing as an allopathic principle.

They have numerous other classes, such as "alteratives" and "tonics," and these names drag themselves along through every text-book without a sign or an attempt to explain why certain drugs are classified as tonics and others as alteratives; why, for instance, colchicum and iodoform are alteratives, and cinchona, copper, nitric acid, etc., are tonics. Although these names do not begin with "anti," these drugs are plainly directed, according to the rule of contraries, against the condition for which they are prescribed, and it must be borne in mind that those conditions are mostly conceived in the mind of the prescriber who has to invent a con-

*Barthalow.

†Lect. VI., p. 84, etc.

dition to which his theoretical antagonist can be directed.

We differ with them in this in that we aim to avoid all suppositious states and theoretical actions of drugs; we endeavor to elicit hard facts well and positively known signs (symptoms) as indications to which we oppose equally well known effects of drugs. It is also true that this opposition of drug-effect to disease-effect involves a certain principle of antagonism, although we *select* according to similars; the curative action must be antagonistic in some way. This is *our* idea of medicine.

There is one more modern idea of the use of medicine to be considered just for a moment, although it requires more time and space.

The usual text-books like the U. S. Dispensary, often allude to the drug effects as physiological,* only rudely to be distinguished from their toxic effects, and these again from their therapeutic uses. All this rests upon the same illogical theory as their classification according to theoretical action.

We hold it easily demonstrable that there are no medicines — as there are none in the U. S. Dispensary — the healing effects of which are not attributable to their pathogenic, that is, to their sick-making power. (Lect. II, p. 24-6.) This difference of opinion is due to the question as to what is physiological and what is pathological or toxic. . . . If belladonna paralyzes the inhibitory nerves of the heart, that is always toxic and pathological; if Curare produces paralytic inertia, it is toxic and pathological. If digitalis produces slowness of the heart, or if alcohol increases its action and excites the brain; if opium produces somnolence and insensibility to pain, these are *never* in any sense *physiological* actions. This would mean normal, healthy, functional action, while all those drug effects cause abnormal activity, differing essentially from healthy functional activity.

To draw a true balance between physiological and toxic effect, is simply impossible; to call the more universal effects

*U. S. Dispensary, p. 1272. Bartholow Mat. Med., p. 160, 179, 299.

after moderate doses physiological and the more dangerous effects toxic is merely an arbitrary distinction without a principle.

But enough of this. Here we are at the beginning of a new century with the ideas of the uses of drugs but very partially developed, our doctors divided into sects on matters of opinion and belief, not on knowledge.

SERUM-THERAPY, AND THE ANIMAL EXTRACTS.

BY JOHN P. SUTHERLAND, M. D., BOSTON, MASS.

[Read before Mass. Hom. Med. Society.]

If the title of my paper were to accurately index its contents, it would read, "What I do not know about Serum-Therapy." For of the knowledge born of actual experience I have little or nothing to offer you. Yet I accepted our chairman's flattering invitation to present a paper on "Serum-Therapy and the Animal Extracts," soothing my conscience with the reflection that I should acquire much valuable information in the effort to prepare the paper, and the Society would have a like privilege in listening to the discussion.

The term "Serum-Therapy" signifies the use of a blood serum in the treatment of diseased conditions, although it has been extended to include the use of a serum for the purpose of rendering man or an animal immune to a certain disease, or cause of disease. The theory itself is one of the marked products of the last quarter of the last century. It is the direct outcome of the modern laboratory, the result of scientific experimentation, the lineal descendant of the "Germ Doctrine." Its scientific basis is expressed in the axiom, "Infectious diseases are caused by germs." Few now deny the claim that micro-organisms are the exciting factors in the production of many diseases, and it is useless, at this time, to discuss the relative potency of micro-organisms and their toxic products as exciting causes.

Recognition of the pathogenic power of microbes has led

to the improved technique of modern surgery, whereby results at once so brilliant and so beneficent have been made possible. It has been said that at least two things are essential to the production of a crop, viz.: seed and soil. In the case of the infectious diseases pathogenic bacteria are the seed, the susceptible animal organism the soil.

With this idea as a basis efforts were made to explain natural recovery from infectious diseases and the immunity thereby acquired. A person who recovers from an infectious disease is exempt from that disease for a certain time, which may be short, perhaps a year, as in diphtheria, or life-long as in the case of measles, scarlet fever, etc. Various theories have been propounded to account for this immunity. Pasteur supposed that during the multiplication of these pathogenic micro-organisms in the animal body, they exhausted some substance necessary for their maintenance and then ceased to grow and the person or animal recovered, being consequently immune. Chauveau, however, contended that in their growth micro-organisms threw out some substance which accumulated to such an extent in the animal as to further prevent their development, and the animal recovered and was immune. Metschnikoff supposed it was due to the action of the white blood corpuscles, — in this connection called phagocytes. But these and sundry other chemical and physiological theories have been found to be erroneous. The accepted theory now is that there is produced in the recovered animal, by such recovery, "anti" bodies or substances which are opposed to the poisonous, or toxic, products thrown out by the growth of germs in the body, and these substances are termed anti-toxins.

I shall not occupy your time by discussing the value of the chemical and physiological theories propounded in explanation of recovery and immunity, but will summarize the results of such discussions in the following statements:

A child who recovers from diphtheria has the antitoxin of diphtheria in its blood as a result of such recovery; and as long as the antitoxin remains, the child will not take the

disease again but will be immune. An animal that recovers from the injection of the product of growth of a culture of diphtheria also has the antitoxin of diphtheria in its blood. A person or an animal recovered from tetanus has the antitoxin in the blood, and the presence of this antitoxin protects against another attack. A person can have as many antitoxins in his blood at the same time as the number of infectious diseases from which he has recovered. A person can be immune from small pox by recovery and yellow fever by recovery, and have at the same time antitoxins of both diseases in his blood in preventive or immunizing amounts.

It was but a short step to assume that the blood of a person or animal thus immunized against a certain disease, if injected into the blood of a person or animal suffering from that disease would neutralize the virus and prevent its action. Bacteriological investigations were not slow in putting this idea to the test and many experiments were made resulting in what seems to be proof that the blood-serum of animals artificially immunized against certain diseases, contains a something which is "germicidal" as to the micro-organisms producing such diseases, or which antidotes the poisonous product of these special micro-organisms.

It is a well-established fact that all kinds of germs do not act in the same way, in producing disease. Some are strictly parasitic, having a habitat in certain tissues or organs of the body, and living at the expense of their host; interfering with the performance of the function of the part infested, thus producing disease. Other kinds are pathogenic not by direct action, but by the production of a poisonous something — (toxin,) — as the result of their life's activity. This poisonous something — (toxin,) — need not be produced in the living organism; — it can be artificially made by cultivating the germ in a suitable culture-medium. The toxin thus artificially produced is as virulent as the toxin produced in the living organism: and its injection into a living organism is followed by the train of symptoms attributed to the germ itself. Very few, however, of the pathogenic germs produce

soluble toxins. Among those that do, the diphtheria and tetanus bacilli are peculiarly prominent from the fact that the blood-serum of animals artificially immunized against diphtheria and tetanus contains a *true anti-toxin*: and these anti-toxins have been used very widely as therapeutic agents.

The diphtheria anti-toxin is the best known, from having been the most universally used of the entire group of serums. The specific bacillus of diphtheria was recognized by Klebs in '83; cultivated and described by Löffler in '84; in '91 Behring commenced his experiments upon diphtheria immunity, and almost immediately thereafter anti-diphtheritic serum formed one of the most prominent subjects of discussion in lay as well as medical literature. Such has been the influence of newspaper and literary-magazine articles on the minds of the laity, that now in the majority of cases a physician is looked upon as culpable by the friends and relatives of the patient if he fail to use "anti-toxin" as soon as the diagnosis "diphtheria" is made, and families readily submit to prophylactic injections of the anti-toxin, if any member be stricken with the disease. It did not require a decade to arouse adverse criticism of the treatment, but the probability is that such injury as has been traced to the use of the anti-toxin, has been due to the preservative used, the pure and unmedicated anti-diphtheretic serum in common with other anti-toxic serums being innocuous. "The anti-toxin treatment of diphtheria" was the subject of a paper presented to the Society yesterday evening, by Dr. Goodno, and thus requires no further consideration at this time.

"Anti-tetanic serum" is a true anti-toxic serum, prepared in a similar way to the anti-diphtheritic serum. Tetanus, however, is a comparatively rare disease, and experience in its treatment is not sufficiently wide to enable one to authoritatively judge as to the efficacy of this serum. Theoretically it must be of value, and the claim is made (Therapeutic Notes for Feb., 1901,) that anti-toxin therapy has reduced the mortality in this disease from 90 per cent. to 40 per cent.

"Anti-streptococcic serum" demands a moment's consider-

ation. Animals are immunized by the injection of living virulent streptococci, instead of by the use of gradually increasing doses of attenuated virus, or toxin. It is called an antimycotic, or anti-mycetic instead of anti-toxic serum, because it arrests and prevents the growth of the germ rather than antidotes its toxin. It is recommended as useful in scarlatina, erysipelas, chronic otitis media, puerperal septicæmia, pelvic inflammations, post-operative sepsis, septic cellulitis and mixed infections; and several cases of cerebro-spinal meningitis, are recorded as having been cured by it. Unfortunately, there are several varieties of streptococci, and the serum of one variety is not protective against another variety. The serum is therefore called "an experimental remedy, the exact value of which remains to be determined." As to scarlet fever and erysipelas the writer is justified by his experience in feeling that he has reliable remedies to make use of, but he acknowledges the painful and lamentable fact that he has seen several cases of various forms of meningitis and septic infection within a few years which have proved fatal. And within three months he has seen two fatal cases of meningitis, (one following a pneumonia and the other following grippe) and a fatal case of streptococcic infection, with multiple abscess, in which he regrets not having used anti-streptococcic serum.

"Bubonic plague serum" is said to be "mildly protective, but not curative." "On this side of the water" it does not attract the attention it did six months or a year ago, and may be classed with antityphoid, anticancer, antirabic, antitubercle, antipneumococcus, yellow fever and cholera serums, all of which are under experimental investigation with more or less promise of ultimately developing a degree of usefulness as preventive or curative measures.

"Antivenomous serum" or "snake antitoxin" is to be classed with the antitoxins of diphtheria and tetanus in point of preparation and efficacy, if reports from India are reliable. In New England snake-bite is not of as frequent occurrence as it is in some parts of our broad country, but this may be due to the traditional potable and highly palatable prophylac-

tic which fishermen and sportsmen usually take with them in liberal quantities on their expeditions and without which no kit is complete.

It seems but yesterday that the whole world was excited over the announcement that tuberculin or Koch's lymph would cure tuberculosis. Many high hopes were ruthlessly dashed to the ground by the failures which followed the trials to which the lymph was subjected. From a state of hopeful anticipation public and professional opinion swung to the limit of pessimism and scepticism, and bacteriological investigators came near meeting a Waterloo, so that the later discoveries along the line of serum therapy worked hard to obtain a hearing. A point to bear in mind is that tuberculin is a toxin, not an antitoxic serum, and its use at the present time is chiefly for diagnostic, not therapeutic, purposes.

From the historical point of view "vaccination" is a practice of too great importance to be overlooked in this connection, but the production of vaccina by the use of the lymph of cow-pox vesicles is nothing more or less than prophylactic inoculation, the descendent of the time-honored oriental custom of small-pox inoculations. And while the practice unquestionably had great influence in determining the trend of medical thought and laboratory investigations of the last century it cannot claim attention as an instance of serum therapy.

You are all familiar with the method of treating inoperable malignant tumors by the hypodermatic use of "Coley's Mixture,"— but you may not all be familiar with the story of the discovery and perfection of the method. Here we are dealing, not with an innocuous anti-toxic serum, but, as in the case of tuberculin, with a poisonous substance produced by germs— a "toxin."

"A number of observers having noted improvements and occasional cures in malignant tumors from an intercurrent attack of erysipelas, Coley and others attempted to follow this indication by inoculating erysipelas on to the region of the tumor. The method gave very promising results, but proved

impracticable on account of the frequently fatal issue of the erysipelas. In 1894 Coley proposed to modify the method by using the toxins, the germs themselves having been removed."

Later he made use of unfiltered cultures containing the dead germs, the germs having been destroyed by heating the cultures to a temperature sufficient to render them sterile (58° to 60° C). It was Coley who first tried a combination of erysipelas streptococcus and bacillus prodigiosus, it having been discovered that the bacillus prodigiosus, a *non-pathogenic organism*, possessed the power of increasing the virulence of the erysipelas germ. After prolonged investigation and experience Coley's own conclusions are as follows :

"1. The mixed toxins of erysipelas and B. prodigiosus exercise an antagonistic and specific influence upon malignant tumors, which influence, in a certain proportion of cases, may be curative.

2. This influence is slight in most cases of carcinoma (including epithelioma); most marked in sarcoma, but varies with the different types, the spindle-celled form showing by far the greatest influence.

3. The action of the toxins is not merely local in character but systemic.

4. The toxins should be used only in clearly inoperable cases, or after primary operation to prevent recurrence.

5. The results will vary greatly with the strength of the preparation, the most virulent cultures giving the best result."—*Am. Journal of the Medical Sciences*, Sept. '96, reprinted by Parke, Davis & Co.

My experience with "Coley's mixture" has been limited to one case of multiple sarcoma of the "spindle-celled" variety.

The use of "Animal Extracts" for one purpose or another is as old as the human race. The aboriginal American ate the hearts of brave men, when he could get them, to make himself brave (to cure cowardice). Domestic medicine prizes highly such remedies (simples) as snakes' skins, skunk's oil, goose oil, etc. Two-hundred and fifty years ago blood prepared in a certain manner was considered a remedy "of excellent virtue, which, being taken inwardly and applied out-

wardly, easeth pains, and cureth most diseases." "Elixir of Mummie" (man's flesh hardened) was thought to be "a wonderful prevention against all infections." The "Essence of man's brains," made from the "brains of a young man, that hath died a violent death, together with its membranes, arteries, veins, nerves, and all the pith of the back-bone," was looked upon as "a most infallable medicine against the Falling-sickness." A famous "Spirit of human skulls" was used as "a kind of *General Papacea*." "Oyl of Snakes and Adders" did "wonderful cures in recovering hearing in those that be quite deaf." "Bears' Balsam," made from bears' feet was looked upon as "an incomparable balsam to apply for Stiffness, the Gout and Palsie." The "Quintessence of Snakes, Adders and Vipers," made from "the biggest and fattest Snakes, Adders and Vipers" to be obtained in June or July, was said to be "of extraordinary strength and virtue for the purifying of the blood, the flesh, and the skin; and consequently cleanseth of all diseases therein. It cures also the Falling-sickness, . . . and strengthens the Brain, Hearing and Sight, and preserveth from gray-hairs; reneweth the old to Youth, preserveth Women young, cureth the Gout and Consumption; and it is good against Stings, Bites, and Pesti-
lential infections." Do not smile too incredulously at these things. Have we not before our memories, as it were but yesterday, the wild, enthusiastic rush that was made for Brown-Séquard's famous "Elixir?" And have we not *to-day*, in this our country of advanced civilization, an "American Animal Theraph Association?" In the Journal of this Association we read much about a wonderful "Lymph Compound" which contains the following ingredients, taken from seven-months-old goats: "lymph, taken from the thoracic duct and lymph glands: extracts from lymphatic glands, and of the gray matter of the cerebrum, medulla, cord and testicles. Ingredients from bulls: . . . Semen, taken chiefly from globus major and minor. The menstruum is composed of blood serum, diluted with carbon water, and the entire compound is preserved from coagulation by the addition of a very

small amount of chloride of gold and sodium, from which the irritating properties have been taken." This is the powerful modern "tonic to cell-function, and reconstructor of cell-structure." The list of diseases for which this newest lymph compound is confidently recommended, is far too long to quote. It is suggested, merely, by the index of any work on pathological conditions. Who says that the ancient alchemist died without heirs?

Truly the medical experiences of our generation, bears witness to the truth of the axiom that there is nothing new under the sun!

The term "animal extracts," as used to-day, refers chiefly to the thymus, thyroid and supra-renal glands, and the preparations made from them. . . Extract of thymus gland is said to cure exophthalmic goitre. At all events it has been used in the treatment of both simple and exophthalmic goitre with some success. Suprarenal extract is said to be "the most powerful astringent and hæmostatic known." Congestion of every organ to which it can be applied, "is relieved by the external use of the extract. . . . It benefits all forms of inflammation, in all parts of the body. . . . And it is the strongest known stimulant to the heart." These facts we learn from the *Medical Age*, April, 1900. The gland has been used in the treatment of Addison's Disease, diabetes mellitus, exophthalmic goitre, various forms of heart disease—mitral and aortic,—and the following are some of the conditions for the relief of which suprarenal extract has been successfully employed as a local application: Urethral stricture, intertrigo, hay fever, epistaxis, laryngitis, conjunctivitis, rhinitis, acute catarrhal otitis, middle-ear congestions and granulations, and acute inflammation of the drum.

Not the least important application of suprarenal extract has been for the blanching of the tissues prior to surgical operations, such for example as the removal of polypi or spurs, anterior turbinectomy, division of adhesions, buccal curettage, tonsillotomy, etc. It makes a bloodless field; and, although some complaint has been made of secondary post-operative

hemorrhage, this can readily be avoided or controlled by repeating the suprarenal spray.

The most popular and extensively used animal extract is obtained from the thyroid gland, of which there are several preparations. It has a high reputation, in the cure of myxœdema. According to Osler, in his article on the subject, "The results, as a rule, are most astounding: unparalleled by anything in the whole range of curative measures. Within six weeks, a poor, feeble-minded, toad-like caricature of humanity, may be restored to mental and bodily health." In cretinism, it is claimed, the effect of thyroids is little less than marvelous. In the treatment of insanity, Clouston says, "No case should be allowed to become incurable, without trying a course of thyroids." Obesity is said to be cured or improved in a majority of cases, by the administration of thyroids. The gland, or its extract, appears to be efficacious in chronic rheumatism, arterial sclerosis, scleroderma, prurigo, psoriasis, ichthyosis, and lupus: in hæmophilia, in pelvic hyperæmia, fibroid tumor, disturbed lactation, and sundry gynecological conditions. Its use has also been recommended in tetany, paralysis agitans, acromegaly, acute suppurative tonsillitis, and retarded consolidation of fractures.

"According to Serafine the treatment of simple goitre by Thyroid gland is best adapted for the form known as struma parenchymatosa. Definite cure is rarely observed, and only in young subjects. The results are satisfactory in sixty-three per cent. of cases, the goitre lessening in size. In thirty per cent. of the cases the treatment is absolutely valueless. When goitre has undergone secondary degenerations, such as colloid or cyst formation, the treatment is useless."

My own experience in cases of thyroid feeding has been in cases of long-standing bronchocele in exophthalmic goitre and in obesity; but I probably have made an unfortunate selection of cases, for I have to report my results as wholly negative.

Cerebrine I know only by name, but as it seems to me to be nothing more nor less than a reincarnation of the "Essence

of Man's Brains" of three centuries ago, it may well be allowed to remain a relic of the therapeutic past.

Protonuclein is a preparation for which great claims are made. I have used it in myelo-splenic leukæmia, in pernicious anæmia, malignant growths, and in cases of marked nervous exhaustion; but I am unable to be at all certain that it exerted any influence whatever, good or ill, on the progress of the cases.

Carnogen and *Extract of Red Marrow* are preparations which cannot be excluded in a list of Animal Extracts. To my mind they are to be classified simply as concentrated foods. My experience with them has been of comparatively moderate extent, but in some cases I have reason to think they were distinctly useful. I have used them in three or four cases of pernicious anæmia, one of which seems to have been cured. Credit may be due to the red marrow in this case, although other curative measures were also employed. In a recent case of climacteric metrorrhagia, and in a few cases of chlorosis, and marked debility with anæmia, I am inclined to credit carnogen and red marrow with being of demonstrable service. In the category with the remedies just discussed we must include the beef extracts and special food preparations. Nor can we, without ingratitude, omit mention of two articles which surely are "animal extracts" in the strictest sense of the term, and whose wide usefulness stands undisputed. I refer to milk and eggs.

In concluding this brief and exceedingly inadequate review of a large and highly important subject I would say that the theory underlying the use of antitoxic serums appeals strongly to the thinking mind as at least a plausible theory; one which promises much in alleviating suffering and in curing disease; one which should not lightly be set aside without intelligent and exhaustive examination of its claims. My own experience in this connection has not been extensive enough, however, to tempt me to cast aside in favor of this or any other system of cure the methods that I have made chief use of thus far in my medical life.

If, as it has been claimed and partly demonstrated, the anti-toxic serums are non-medicinal and innocuous, there would seem no reason why they should not be extensively experimented with along clinical lines. The toxins, like tuberculin, and Coley's mixture, being poisonous substances, should be used with the extremest caution, and only after possessing the fullest attainable knowledge of their powers.

Thyroid and supra-renal preparations possess pathogenetic properties of some power. One may feel justified in using them along "physiological" lines. Why should the symptoms of "thyroidism," tachycardia, oppression, exophthalmos, glycosuric, albuminuria, irritability, emaciation, vertigo, not be made use of on the principle of similars? Has this ever been attempted? This seems to me to be an interesting and suggestive query.

CHEST DISEASES IN 1800 AND IN 1900.

BY HERBERT C. CLAPP, M. D., BOSTON.

[Delivered before Mass. Hom. Med. Society, April 10, 1900.]

The chairman of this bureau has asked me to write upon this subject, thinking it an appropriate one for the first year of the new century. Since any essay approximating a complete exposition of it would fill a book, I will merely ask you to take a few glances here and there, to look on this picture and then on that, and for the most part to draw your own conclusions.

In 1800 a medical student coming up for examination on the subject of heart disease must have had a very easy time, after a "snap course." In fact, the works on practice, printed about that time, which I have consulted, contained little or nothing on the subject.

They did dwell on dropsy, which, as everybody knows, may or may not be connected with some form of heart disease, but no distinctions were made. A few words were said on the pulse and circulation, but very little else that was practical.

Hippocrates and Celsus thought heart disease impossible, as the heart was the centre of life, and disease of the heart was incompatible with life itself. What we now consider symptoms of heart disease were by the ancients interpreted as symptoms of disease of the lungs, nerves, etc.

The first great advance was made by Vesalius, when in 1543 he gave a clear description of the anatomy of the human heart.

The next important step was taken by Harvey, who in 1628 described the circulation of the blood, although, queerly enough, this great discovery had no effect upon the clinical study of heart disease for very many years.

The real birth of the science of heart disease was possible only after the discovery of auscultation and percussion, which was made in the century which has just ended.

Although Auenbrugger had in 1761 published his little book on percussion, this new invention at the time attracted no attention whatever; and it was not until 1811 that Corvisart exhumed the book, translated it into French, and demonstrated the importance of the subject, although the full value of percussion was only appreciated by Piorri in 1840.

The greatest discovery of all, however, so far as heart diseases are concerned, was that by the illustrious Laennec in 1816, of auscultation, of which he was the originator, and which he brought to a wonderful state of perfection.

Then, and then only, can it be said that the real science of cardiac disease was born. And so, when asked what progress we have made in this branch during the last century, we have to answer that there is no contrast at all. From nothing it has grown to everything, especially in pathology, ætiology and diagnosis. Although in the treatment of its advanced stages our progress has shown little to boast of, yet our increased knowledge now enables us to make the treatment in the earlier stages and the preventive treatment of great importance.

As to the development of knowledge regarding the lungs, bronchi and pluræ, the introduction of auscultation and per-

cussion in the early part of the nineteenth century was also of great (although less) value.

Much was known about diseases of these structures before, even from the earliest times. But, on the other hand, much was a confused jumble of ideas waiting to be cleared up by a nicer differentiation based on more exact methods of diagnosis. Pn eumonia and pleurisy were often mistaken for each other, phthisis and bronchitis, phthisis and empyema, phthisis and asthma, to say nothing of the intermixture of outside diseases, as asthma and heart disease, for example. Koch's tubercle bacillus, announced in 1882, has afforded considerable help in differentiation, and the Roentgen rays a little. Of more value than either has been the clinical thermometer. A better diagnosis has naturally paved the way for a better treatment.

By far the most effective agent in the nineteenth century in improving the treatment of disease was hom eopathy, which in 1800 was not known in America, but was beginning to make itself felt in Germany. Its value, as shown to the world, has been both negative and positive; negative, as showing that patients could get well without the crude poly-pharmacy, the bleedings, blisters and gigantic doses of drugs given in 1800; and positive in showing that medicine given in this way had real and true curative powers. Its negative value, which alone was acknowledged to any extent by physicians who were not its advocates, enabled the expectant school to do far better work than the more zealous but regular routine practitioners. Pneumonia is the disease beyond all others in which, undoubtedly, hom eopathy has proved its greatest worth, and the contrast between the two schools at the beginning of the nineteenth century was far greater than at its end, on account of the change of base in the allopathic school, induced to great extent by the revelation of the powers of nature in curing disease afforded by hom eopathy.

Now let us take a few glances at the common treatment of some of the diseases of the chest, as practised one hundred years ago, comparing them mentally with the present treatment, with which we are all familiar.

In a monograph on consumption published in London in 1811 by Dr. Richard Reece, and dedicated to His Royal Highness George Prince of Wales, who gave his name and protection to a Phthisical Dispensary founded by Dr. Reece in 1805, with William Wilberforce as President, and many patrons among the nobility, the author advises, among other remedies, blood-letting, sweating and mercury either by mouth or by inunction. Purging he recommends, because "nothing so much aggravates the diseases as costiveness. In the first stage of the malady a blister or a seton is a remedy indispensably necessary. . . . When the scrofulous diathesis runs high and a sufficient discharge is not promoted from the blister, a seton affords a more enlarged means of answering the same intention. To most patients under the disease this appears a severe remedy. It is, however, one of the first consequence, if resorted to before the structure of the lungs has received much violation. In this early period it keeps down that fulness of vessels which favors the progress of suppuration. It does powerfully correct the scrofulous diathesis. . . . When the system is quieted by the foregoing remedies, an emetic of ipecacuanha I have found very beneficial. . . . The diet should be such as tends to allay irritation and to abate the ignition of the system. Spirituous and vinous liquors should be strictly prohibited, as well as animal food in solid form."

Dr. William Buchan, in the twelfth edition of his work on medicine, published in London in 1791, in speaking of the treatment of consumption (which disease, he says, is seldom cured), strongly recommends asses' milk, which he thinks would produce extraordinary effects if taken early enough, and in sufficiently large quantities. "But," he adds, naively, "if it be delayed till an ulcer is formed, which is generally the case, how can it be expected to succeed?"

He next goes on to say: "Some extraordinary cures in consumptive cases have been performed by women's milk. Could this be obtained in sufficient quantity, we would recommend it in preference to any other. It is better if the patient

can suck it from the breast, than to drink it afterwards. I knew a man who was reduced to such a degree of weakness in a consumption, as not to be able to turn himself in bed. His wife was at that time giving suck, and the child happened to die, he sucked her breasts, not with a view to reap any advantage from the milk, but to make her easy. Finding himself, however, greatly benefited by it, he continued to suck her till he became perfectly well, and is at present a strong and healthy man." At this day our comment on this story might be,— *Haec fabula docet* that a kind act may sometimes prove a boomerang. The chapter ends thus: "Before we quit this subject, we would earnestly recommend it to all, as they wish to avoid consumptions, to take as much exercise without doors as they can, to avoid unwholesome air and to study sobriety. Consumptions owe their present increase not a little to the fashion of sitting up late, eating hot suppers and spending every evening over a bowl of hot punch or other strong liquors. These liquors, when too freely used, not only hurt the digestion and spoil the appetite, but heat and inflame the blood and set the whole constitution on fire."

The disease empyema has been known for many years. Indeed, even Hippocrates seems to have had about as much knowledge of it as anybody down to the time of the discovery of auscultation and percussion, less than a hundred years ago. The operation as performed to-day, if done at the right time, saves a very large percentage of its victims; whereas, on account of the difficulty of recognizing the disease in 1800, and the crudity and bungling of the operation for letting out the pus when discovered, empyema was a very fatal disease one hundred years ago. So much so that Dr. R. Brookes, in his *Practice of Physic* says that: "Sharp has no good opinion of the operation, for he says he has opened several persons, who have died of consumption of the lungs from an abscess which had consumed a great part of the lungs, and he does not remember to have found any pus lodged in the thorax.

"Besides," continues he, "it is evident that many who die consumptive, die of the discharge they spit up from the

lungs, and, therefore, we ought not to undertake any operation which promises so little success. There may, I own, be abscesses formed between the lungs and the mediastinum which may fall into the cavity of the thorax ; but then if the pus is small in quantity, it may be absorbed by the lungs themselves, and, if there is much, the operation will be of little service. Besides, these cases are very rare, and the symptoms of pus being fallen upon the diaphragm are very equivocal, and, therefore, I think the operation should be omitted, though the empyema is supposed to actually exist."

I have in my library, in the Latin language, Van Swieten's Commentaries on the Aphorisms of the great Boerhaave, the learned Professor of Physics in the University of Leyden, published in Paris in five large and handsome octavo volumes, the last of which appeared in 1773, the publication of the whole extending over five years. This was one of the great classics and authoritative for the physicians of the year 1800.

In his essay "Of the Empyema" he says in one place : "But since it is necessary for the said matter in the breast to be discharged by the paracentesis or incision, if it procures not other passages for itself, therefore it is required of the physician to know in which side of the thorax the matter lies ; the fluctuation or rattling of which in the breast is sometimes perceived by the patient in turning around in the bed, and even sometimes the collision of the matter is audible to those who attend the patient.

"For determining this point, therefore, Hippocrates orders the patient to be set fast in a chair ; that while one holds his arms, the physician may shake him and, at the same time, hearken, with his ear near to the side, in order to perceive the collision or rattling of the matter collected in either cavity of the breast. But then he also intimates, at the same time, that the great thickness or excessive quantity of matter may sometimes hinder any rattling of the matter from being heard, when the breast is yet full of matter. . . . When a great rattling or noise of the matter is perceivable upon shaking the shoulders of those who have an empyema or broken

suppuration in their breast, the quantity of said matter is less than in those in whom it makes but little noise or fluctuation, if, at the same time, they have also a more flushed color of their countenance. But in such as have no rattling of the matter, but only a violent difficulty of the breathing, with a livid color of their nails, these are quite filled with matter and in a deplorable condition."

What a contrast to the modern methods of diagnosis, and how they did allow the golden opportunity for a successful operation to slip by!

A few years ago a man in Canada, having a worthless eye, was advised to have it enucleated; but the operating oculist, when the patient was anæsthetised, carelessly removed the wrong eye. Our author, perhaps having a similar catastrophe in view, goes on to say how it may be avoided in empyema: "But since it is of such importance to the physician to know for certain in which side of the thorax the matter is contained, Hippocrates has, therefore, made it his business to collect together all the signs, and has attempted the practice of diverse artifices by which a firm or sure diagnosis might be obtained. Accordingly, he observes that the side of the thorax which contains any considerable quantity of matter, so as often to yield no rattling noise from the fulness, does thence appear more enlarged or swelled than the other opposite side, which is a circumstance confirmed after him by the observations of modern surgeons."

The most curious diagnostic procedure is this: "But because the affected side grows hotter than the other, therefore he advises the whole thorax to be wrapped up in thin linen that has been dipped in liquid bole or red earth, dissolved and rendered very fine and thin by trituration, and then directs the incision or cauterization to be made in the place that appears the soonest dry; or else he likewise advises the whole naked chest to be anointed with the like red liquid, that the place may appear where it is soonest dried up. But then he prudently cautions that in this case several hands must be employed to anoint the breast all over at once or in an instant,

otherwise a mistake might arise from the part which was first wetted appearing sooner dry than the rest."

Later he says that where it is not quite evident just where the seat of the vomica is, some physicians are accustomed to cauterize several outward parts of the thorax, thinking that some one will hit the case, or to apply emollient poultices with or without first cutting the skin, hoping to entice the matter out at one of these spots after a while.

Much more of interest might be quoted from these old books, but perhaps this will suffice.

HOMŒOPATHS SUCCESSFUL.—Every applicant for a license to practice homœopathy in the District of Columbia, during the past year, was accepted.—*Medical Arena.*

NEPHRECTOMY FOR FLOATING KIDNEY.—In some instances of floating kidney nephrectomy is indicated. This is only where tubercular infection, marked degeneration from renal calculus, or the presence of malignant disease is discovered. Under no other circumstances, save with the possible exception of cases in which the ureter has become obstructed and hydronephrosis has developed, is it warrantable to remove the kidney.—*St. Louis Medical and Surgical Review.*

SUN BATHS FOR TUBERCULOUS JOINTS.—Some French authors recommend local sun baths for tuberculous joints. De Millioz, of Lyons, has the patient recline on a couch in a sunny spot of a garden in suitable weather and under a skylight or in a window where several hours' exposure to the sun's rays can be obtained. The diseased joint is freely exposed and afterwards covered with wool and firmly bandaged. He claims rather remarkable results in the early stages, and decided improvement in the suppurating cases.—*Exchange.*

EDITORIAL.

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

DR. MAX PETTENKOPER.

To those among us who find themselves unable to accept without question all the claims of dogmatic bacteriologists, the life and labors of Prof. Pettenkoper, whose death occurred last month in Munich, cannot be other than a subject of deepest interest, and should not be allowed to pass without a word of appreciation.

Although not a practicing physician few among his contemporaries in the profession have influenced more profoundly both the theory and practice of medicine. The first he influenced in a marked degree by his methods of investigation; the second, by the results of these methods, for it is not too much to claim that they have laid the firm foundation for what we now know is modern sanitary science. How great and far-reaching his work in this field has been is shown by the fact that to-day this science is not only that of the prevention of disease by the removal of available causes, but also—and this is especially to be borne in mind—the science of enhancing that vital energy within the individual organism by means of which it is enabled both to resist the inroads of disease and to insure the most perfect activity in its struggle for exactness. As yet, it is true, the practical appreciation of the results of his labors is far from perfect and universal, but at the end of his long and laborious life Pettenkoper could look back on the accomplishment of all that it was possible for a single individual to achieve in this direction.

Born in 1818, he took his medical degree at the age of twenty-five in Munich, where he then devoted himself under Leberer, and, later, under Liebig, to the special study of physiological chemistry. After having occupied the position of assayer to the mint for a short time—a position he accepted in part to secure the means of subsistence and in part to perfect himself in the methods of exact chemical experimentation—he was cabled by his university to assist the chair of dietetic chemistry, a subject which led him directly to the systematic study of hygiene. In 1853 he was promoted to a full professorship in this branch, which he at once strove to raise and expand to that of hygienic science. In this he finally succeeded in 1865; but it was not until 1875 that the first Hygienic Institute was founded under his initiation and direction. He remained at its head until 1894, when he retired, full of years and honors, from active work.

Throughout all his long and laborious career as investigator and teacher he had set himself the task of studying in all directions and by the strictest methods all those physical and chemical factors of the conditions of life which constitute the environment of the human organism in its collection, as well as its individual aspects. Above all others, his attention was directed to the influence of dwellings and food on the growth, development and working capacity of the human body. In regard to the first it may be said that he and his followers have succeeded in establishing data of the utmost practical consequence. The questions of the vitiation of air by respiration and by the various occupations carried on in enclosed spaces, of ventilation, heating, lighting, etc., have been studied and in no small measure answered by his methods of direct experimental inquiry. In the same way the allied questions of converting the humidity of walls, cellars, floors and air-spaces, porous ventilation, the penetration of gases of the soil into houses, the character and origin of these gases, and many other matters of like interest and importance, were brought to definite conclusions in regard their bearing on

health, and the possibility of remedying their injurious effects. The knowledge of all these subjects, which now place it easily within the reach of the practical builder to meet the requirements of scientific sanitary construction, was but vaguely held or wholly neglected until fully elaborated by him and his pupils.

When we now look complacently on the Hygienic Institute everywhere flourishing and speak glibly of the modern demands of hospital, tenement, office and other buildings designed for the use of a great number of inmates, we are too apt to forget the endless labor, care and thought bestowed on these subjects by Max von Pettenkoper and those in all countries whom he inspired to follow in the paths he first pointed out.

WALTER WESSELHOEFT.

ACUTE PERICARDITIS.—Primary rheumatic affections of the pericardium were formerly thought to be idiopathic; Foureur and Banti, however, have found streptococci and pneumococci in such cases. There is, however, no specific bacterium that can be regarded as the sole cause of pericarditis.—*Exchange.*

TREATMENT OF CHRONIC PROSTATITIS.—Chronic prostatitis and chronic seminal vesiculitis, unless of very long standing, will be much benefited by hot rectal irrigations. In addition they call for massage by means of the finger introduced into the rectum. The irrigations may be practiced every day at first and later every three or four days according to indications. The digital massage, however, should not be repeated oftener than once in five to seven days and should be discontinued altogether for a time if it aggravate rather than relieve the condition. Such an aggravation would mean that the inflammatory process in the organs was too acute as yet to admit of massage.—*Medical Times.*

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the Boston Homœopathic Medical Society was held at the Boston University School of Medicine Thursday evening May 2, 1901, at eight o'clock, the President, T. Morris Strong, M. D., in the chair.

The records of meetings held in April were read and accepted.

Charles W. Bush, M. D., 103 Court St., Newtonville, Mass., was proposed for membership.

Robert W. Southgate, M. D., W. H. Watters, M. D., and Alice H. Bassett, M. D., all of Boston, were elected to membership.

VOTED: To postpone the June meeting one week, because of Commencement.

REPORT OF THE

SECTION OF PATHOLOGY AND THERAPEUTICS.

M. W. TURNER, M. D. Chairman.

S. C. FULLER, M. D., Secretary.

ANNA B. DAVIS, M. D., Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. C. H. Thomas, F. W. Colburn and Ellen H. Gay. The committee reported as follows: Chairman, S. C. Fuller, M. D.; Secretary, Thos. R. Griffith, M. D.; Treasurer, W. B. French, M. D., who were duly elected.

PROGRAMME.

1. "Jamaica as a Health Resort." Anna B. Davis, M. D. Discussion opened by Dr. Frank Albert Davis.
2. "Report of a Case of Small-Pox." Henry H. Amsden, M. D. Discussion opened by Dr. Conrad Wesselhoeft.

3. "Report of Medical Cases Treated at the Massachusetts Homœopathic Hospital from January 1 to April 1, 1901." Services of J. P. Sutherland, M. D., Edward E. Allen, M. D. Discussion opened by F. B. Percy, M. D.

4. "Some Experiences with the Plague." William H. Watters, M. D. Discussion opened by Dr. John P. Sutherland.

1. Dr. Anna B. Davis gave an attractive description of the Island of Jamaica, and considers it an ideal resort for certain classes of invalids. Exercise should be taken early in the morning and after three o'clock in the afternoon. There is an abundance of fish, vegetables and fruits. The water is efficacious in gout, rheumatism and kidney diseases; also dyspepsia and liver troubles. Visitors should avoid the dew in the morning and sun at noon. One-sixth of the native population die of old age; tuberculosis comes third, and diarrhoeal diseases are not common. Nervous patients derive the most benefit. The cure of insomnia is almost marvellous. Cases of malaria and tuberculosis should remain at home.

Dr. Frank A. Davis: There is very little that I can say in discussing this paper that will add interest to it. I can simply say that, from my knowledge in visiting Jamaica, I endorse every word in the paper. It can be well called the garden of the tropics, the land of perpetual summer and eternal beauty. It is 1,600 miles from Boston, and the passage takes about five days. Many people are very sick on the way; and that is not peculiar, because, as has already been said, most of the passengers are those who seek Jamaica for their health. One of the Bahama Islands is passed on the way, and for half a day the steamer runs along the coast of Cuba. On landing, one sees groups of natives, who seem to have nothing to do but to laugh and be happy. The temperature is rarely above 90°, usually from 78° to 81°. The roads, which are kept in repair by the natives, are unsurpassed by any in the world. The hospitals consist of one story, with open doors and windows, and patients can be seen stretched on their cots, mostly old people and paupers. I went to Jamaica myself for my

health. I broke down during my college course, and tried various expedients in Boston, growing worse. I was gone three or four weeks, and came back well. Twelve invalids were on the same boat. Jamaica is an excellent place for tired business men. Last year I sent a young lady there who had been very sick with insomnia and loss of appetite. She slept most of the time in Jamaica, and came back absolutely well. Another case went to Jamaica under my direction, a man occupying a very prominent position, who was overworked and had been rejected by several insurance companies because of sugar in the urine; he was also troubled with insomnia. The first night out he slept and every night thereafter. In four weeks was entirely recovered. Upon his return one of the insurance companies, who had previously rejected him, gave him a policy for \$10,000.

In visiting Jamaica the things to be avoided are: alcohol, wet clothing and the mid-day sun.

If any physician is tired out and wants to rest, there is no better place than Jamaica. If he has any patients with nervous troubles he should send them to Jamaica.

Dr. J. T. Sherman: I quite agree with all that has been said about that beautiful place, Jamaica. I had, on one occasion of my visit, a long talk with an English naval captain, who had been all over the world, and he knew of no more beautiful place than this.

One point I would call attention to. I would advise invalids visiting the Island not to go during the rainy season. Late in November or last of January is the best time. Dr. Davis spoke of abstaining from alcohol while there. I saw more cases of delirium tremens than ever before. All use of alcohol should be avoided. Some people seem to think they must take alcohol upon arrival, but it is a great mistake. Cases of alcoholism would lie in a comatose condition a day or more before the excited stage came on. One of the physicians there said it was very dangerous to take the vile stuff. I think the voyage has a great deal to do with the benefit derived. From July to October you are liable to strike a

hurricane, but from the first of November to the first of July there is absolutely no danger, and the only thing encountered will be an occasional shower. I should certainly recommend it for neurasthenics. The climate far surpasses that of Florida, which is so humid it is oppressive, and the air from the Everglades is malarial. On the north side of the Island you get the north-east trade winds in summer, and in December the sun. At Kingston, the last time I was there, the thermometer was 100°, and suffering more from heat than before, I returned to Port Antonio, where the nights are usually cool, and no particular change in the temperature at any time. The Island itself is beautiful; flowers and maiden-hair ferns grow in profusion; one mountain is covered with the fern. I think fruits should be avoided. If a patient will be careful and keep out of the sun during the middle of the day and the dew in the morning, taking off clothing as soon as damp, no harm will result.

2. Dr. H. H. Amsden's paper reporting a case of small-pox cured with tartar emetic, was listened to with marked attention; and the discussion which followed was full of profit, especially to the younger members present.

Dr. Conrad Wesselhoeft: In discussing this paper it is not my object to criticize it, but, if possible, to add some experiences of my own. I have not read up much upon it for some time. I ought, perhaps, to have done so, but will give you some of my own limited experience. A physician may go through several epidemical attacks of small-pox and see several cases without getting much real experience of the disease. This has been my case. I can remember four distinct epidemics. My first experience was in the '50s, when I saw two or three cases, which I remember very distinctly. One case was in a family in Dorchester, a young lady. The eruption was slight, and certainly had not arrived at the point of pustulation when I left the case one day, and the next day the patient died. It was quite a shock, as there was every sign of early recovery. That is all I can say about that case. Very soon after that I saw another case, a child about four

years old, in an Irish tenement, who had the disease very marked. It had passed from the vesicular stage to that of pustulation ; but in none did I discover umbilication. I know that point was impressed upon my mind. The child recovered in a short time. The vesicles dried and the child was well. I do not remember how long the convalescence lasted, but it recovered very soon. During the Civil War, some time in the '60s, I saw several cases ; I do not know how many—not a great many. One was extremely severe. It was termed confluent small-pox where the vesicles came out first very close together, and the pustules were as close together as cells in honeycomb. Another case was that of a woman about fifty years old, who was fleshy, which made the case all the worse. I went two or three times a day to dress the case. Once the pustules broke, and the pus went all over everything,—over the bed, over my hands, and I expected in fourteen days to have the disease, but did not. The patient went out of my hands, and died about a week later.

In '72-'73, when we had quite a flurry of small-pox cases, I had several cases (ten or twelve) which were all mild and distinctly diarrhoeal. Now about the distinction between the cases of varioloid. There may be cases of varioloid which are really small-pox, but much milder than cases of chicken pox. The child with the marked vesicles, without pustulation, was a violent case of chicken pox.

Another case : that of a young lady. She had some fever. I advised her to stay at home, as she had a pimple on her forehead, though I was not sure it was small-pox. She went to a dancing party, and my first observation was the pimple ; it had developed into an umbilicated vesicle. I took her aside and advised her to go home. The distinction is that in varioloid very few of the vesicles reach the stage of umbilication, while in the genuine, or more violent, the umbilicated vesicles are always in the majority. This is the distinction between the two diseases as far as I am able to make it. The distinction between the different forms of this disease and scarlet fever is very easy, but not so with measles. When

they first break out, it is very difficult to say what they are going to be, when there is headache and fever. Infants have the measles lightly, but with older people the eruption appears slowly, and the disease is apt to be severe. If an isolated case, it is better to reserve judgment until it is known what shape the primary pimples are going to take.

Now with regard to the treatment of these cases I have very little to say. The greatest caution should be used to keep patients quarantined. Bathe with soap and water, adding, perhaps, a little soda, and the utensils should be very carefully destroyed. In olden times this did not receive much attention. Sterilized gauze and cotton should be burned after using. Perhaps the use of a little vaseline, or any other greasy substance on the parts, will prevent the spread of disease. Premonitory symptoms are sometimes the most violent of all, and you think the patient is going to have some violent disease, whether typhoid fever or small-pox it is often difficult to say. One case I had where the symptoms were most distressingly violent. The patient was unconscious and delirious; at last little pimples appeared in very small number, not more than half a dozen, over all the body. They went through the course very lightly, dried up and dropped off, without leaving any scars. You would have supposed the patient was going to have some fatal disease. Unfortunately, it is impossible always to say as to remedies. I shall mention only one or two. Aconite and veratrum viride are certainly very excellent in premonitory stages of the disease. In the secondary fever stage, especially at the time of pustulation, it seemed to me, if I can call it experience, rhus was the best indicated. The appearance of small-pox is allied to that of erysipelas. I cannot now remember whether I had any striking results. I have seen no death, except what I have mentioned. When the pustular stage is distinctly developed, I have used tartar emetic in the third trituration, with the result that the pustules would dry up before their time and would not run the course that they would in other cases.

Dr. Sutherland: I would like to ask when patient's husband was vaccinated?

Dr. Amsden: He was vaccinated about the third day of the disease.

Dr. Clapp: That was the work we tried to do in the epidemic of '72. It was done successfully. It was a race between the germs of the disease and the germs of the virus, which should get there first. At that time nothing else was talked about, the papers were full of it, and it was the talk of the town. I saw a good many cases, I think there were at least fifty, not only my own cases, but those I saw with older physicians. I was enthusiastic and anxious to see as many as possible for the experience. My ardor ought to have been tempered by the recollection that the disease is, as a rule, an extremely nasty one; that is the only expression that occurs to my mind, especially as there were many severe cases at that time. Nevertheless, I had no personal fear, because I had supreme faith in vaccination. One thing was demonstrated: that vaccination protects, but not unless it saturates the system.

Dr. Amsden: With what did you vaccinate?

Dr. Clapp: From arm to arm,—from a healthy child.

Dr. Chase: Did you not use ivory points?

Dr. Clapp: Ivory points came in before. I never saw a case of transmission of disease from one child to another, and yet upon that Dr. Martin depended for the sale of his virus.

Dr. Sherman: In the winter of '73 I had charge of the small-pox hospital. There were four thousand vaccinations made under my directions, when I took patients out of houses if I could vaccinate the occupants within seventy-two hours. If not, it would not protect them.

As to the question of what form of virus was used. I used Dr. Martin's virus. I also got some virus from abroad. It came in small tubes. I got very good results, though not always as rapidly as the other in taking. It would be five or six days before it would show.

The question of the early diagnosis of small-pox is a serious one, and one we ought to meet. A case of small-pox, if not under vaccination, will run a much more rapid course than

any other eruptive disease. The only way to distinguish is to take a group of eruptions on the face, or chest, or back. Individual groups will have every stage of the eruption. If you have a doubtful case, I can give you good advice from my own experience. When I had charge of the small-pox hospital I received the kindest treatment from the old school physicians. When they had a doubtful case they sent for me, and left it to me to decide, because, they said, if they made a mistake every one would be down on them, but the town was back of me. I advise you to call the Health Officer and let him do the deciding.

Dr. Piper: I would like to know what the experience with glycerine lymph has been. It has not been as satisfactory to me as that made here in Chelsea. I had a much larger percentage of failures with the glycerine lymph than I formerly had with the lymph from Chelsea.

Dr. Chase: The only difference, I think, is the Chelsea lymph would have a larger percentage of takes. I have used the glycerine lymph, but I have had no serious trouble following its use. In the other form I have had quite a number of cases of lymphangitis following, so I think it the safest thing to use.

Dr. Amsden: I had occasion to vaccinate with Mulford's lymph in the tube, but with excellent results. When using the point the virus is carried a little further into the system. I use a needle only to scarify with.

Regarding remedy: I was guided by the bronchial symptoms of tartar emetic. As I stated in my paper, I do not think it is wise to draw conclusions from a single case. The husband of my patient was attended by a physician two weeks before the wife came down. The physician also came down with varioloid. The husband, with a broken rib, was more susceptible to small-pox. In this case the period of incubation had elapsed. It was of some interest to me in my explanation of the case.

3. Dr. Allen's paper covering report of cases treated at the hospital from Jan. 1st to Apr. 1st, 1901, brought out sev-

eral interesting points in the treatment of pneumonia and typhoid fever.

Dr. Thomas: I do not think I can say anything in addition to what Dr. Allen has said. It was very gratifying that the cases of typhoid fever responded to treatment so well. The case of the school teacher was the worst cases I ever saw. She raised clear blood, which was controlled by oxygen. In regard to the boy ill with acute nephritis I have seen him several times since his discharge, and he is entirely well. Dr. Allen has covered the cases very well, and the charts and pathological specimens will speak for themselves.

Dr. Piper: I would like to ask if saline solution is given in the hospital in pneumonia?

Dr. Allen: Not since I have been connected with the hospital.

Dr. Sutherland: I have never used it in pneumonia, but have given it subcutaneously for hemorrhage in typhoid fever with most gratifying results.

I want to say in regard to the service reported, that it was rendered chiefly by Drs. Thomas and Allen, which was omitted from the paper, but it seems a fair thing to mention it at this time.

4. Dr. W. H. Watters read the next paper on "Some Experiences with the Plague," and it was a very interesting account of his work abroad during the summer of 1900, in the laboratories at Glasgow.

Dr. Sutherland: I do not know just why I accepted an invitation to discuss the paper. I knew nothing about the plague forty-eight hours ago, except what I saw in the paper last summer, but I think my chief object was to look up the subject, so I should not remain ignorant. It is possible for the disease to progress in a very short time; and it is the deadliest of all diseases. Upon looking into the matter I found only a very meagre account, and almost nothing regarding the etiology. I obtained possession of a little pamphlet on the disease, and I was surprised to find the difficulty that attends the diagnosis. I was surprised that enlarged

glands are not all necessary. Sometimes it simulates typhoid fever or takes a diarrhoeal form. There are various types of the disease. A case of typhoid fever, where there is a peculiar septic condition and the patient has come from a distant country, requires unusual care. If there are so many types, there can not be only one or two remedies. I think I am, perhaps, as much at sea here as before. If a case, from the symptoms, looks like typhoid fever, treat it as typhoid; if cholera, as cholera. With our improved sanitary conditions the disease ought not to be as fatal as in the past.

Dr. S. C. Fuller exhibited the following pathological specimens :

1. Specimens showing secondary carcinoma of mesenteric lymph glands.
2. A dilated heart, showing endocarditis and degeneration of the myocardium.
3. A large splenic tumor.
4. Chronic trichinosis of the intercostal and pectoral muscles, the structures being studded with hundreds of encysted parasites.

Adjourned at 10:25.

EDWARD E. ALLEN,
Secretary.

WORCESTER COUNTY MEDICAL SOCIETY.

The regular quarterly meeting of the Worcester County Homœopathic Medical Society was held at Worcester, Wednesday, May 8, 1901. The meeting was called to order at 10 A. M., with President Luscombe in the chair.

The records of the preceding meeting were read and approved. Drs. J. L. Bacon, of Westboro, and Alice E. Rowe, of Springfield, were elected to membership. The name of Dr. Burleigh Parkhurst, of Clinton, was referred to the board of censors.

Dr. John F. Worcester, of Dorchester, was appointed dele-

gate to meeting of the American Institute of Homœopathy, with Dr. J. P. Rand, of Monson, substitute.

Drs. Luscombe, Rockwell and Nichols were appointed a committee to take charge of the library of the society, and to superintend its removal to a new location when necessary.

The following motion, made by E. B. Miller, M. D., was carried by a unanimous vote :

MOVED, that at each meeting of the society, a brief resumé of the literature of the proceeding year on the subject, or subjects under discussion at that meeting, be presented by one or more members of the bureau reporting. Such members to be appointed by the chairman of the different bureaus as early in the year as practical.

The society was invited to hold its mid-summer meeting at Fitchburg, by the president of the society, Dr. Luscombe, which invitation was accepted and a vote of thanks extended to Dr. Luscombe.

Following the business session, the bureau of Neurology, Dermatology and Diseases of the Nervous System, reported the following papers. Dr. F. P. Glazier, chairman, was unavoidably detained, and Dr. Ellen L. Keith, of Framingham, was appointed to take charge of the meeting.

1. "Thyroid feeding in Insanity." Dr. George S. Adams.
2. "What can we do for the Consumptive." Dr. A. M. Cushing.

Dr. Adams' paper embodied his experience with the use of thyroid extract, in cases of myxedema with marked mental symptoms, at the Westboro Hospital. He had found it of great value in this condition, and cited several cases where he had used it with marked success.

Dr. Cushing's paper dealt with the modern methods of the treatment of tuberculosis, and he spoke particularly of the use of different oils and balsams by absorption and inhalation.

These papers were topics for general discussion.

Dinner was served at the Newton at 1 P. M.

F. R. WARREN, M. D., *Secretary.*

PERSONAL AND NEWS ITEMS.

Dr. John McE. Wetmore has removed from 41 East 29th Street to 43 West 54th Street, New York City. Telephone, 4853-38th Street.

Dr. Frederick W. Payne, of Steinert Hall Building, Boston, will spend the summer in Europe, returning the last of August.

We have just received word of the death of Dr. Byron D. Spencer, of Bangor, formerly of Rockland, Me.

Dr. G. N. TOWLE, class of '90, B. U. S. of M., formerly located at Bucksport, Maine, has taken the practice of the late Dr. S. Stuart Webb, of Houlton, Maine.

REVIEW.

"King's American Dispensary." New edition. Entirely rewritten and enlarged, by Harvey W. Felter, M.D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O., and John Uri Lloyd, Ph.M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O. Two volume edition, royal octavo, containing together 2,284 pages, including complete indices. Cloth, \$4.50 per volume, post paid, Sheep, \$5.00 per volume, post paid. The Ohio Valley Company, Publishers, Cincinnati, O.

The issue of volume II completes this excellent work, the first volume of which was issued in 1898. It combines many valuable features and is probably the most complete work of its kind in existence. Much of the subject matter has been entirely rewritten besides which, a vast amount of new material has been added. An acceptable feature to homœopathic practitioners is to be found in the mention of many homœopathic remedies and their recommendation in the form of triturations. The work contains a large number of very good illustrations, and the subject matter is treated in considerable detail. It is full of information and should constitute an acceptable work of reference to every physician of whatever school.

THE NEW ENGLAND MEDICAL GAZETTE

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AUGUST, 1901.

VOL. XXXVI.

COMMUNICATIONS.

THE SURGICAL TREATMENT OF TUBERCULAR JOINT DISEASE.

BY GEORGE W. ROBERTS, M. D., NEW YORK.

[Read before the Mass. Surgical and Gynecological Society, June, 1901.]

Had the author something new and striking to offer, purely upon treatment, it might be excusable to delve at once into the subject with no word upon preliminaries; but as it is, with no great advances to report, no new remedy or operation to describe, we are obliged to deal with facts, and it would be a grave omission were we to fail in calling attention to the great importance of early diagnosis in its bearing upon the successful surgical treatment of tubercular joint disease. It would, of course, be futile to attempt in a short paper the discussion of particular lesions, except incidentally, and, therefore, it is the general subject which will command our attention.

Strictly speaking, "joint tuberculosis" does not in the beginning have to do with the joint except in rare instances. In nearly all cases it begins as a tubercular osteitis in the epiphysis, and in an appreciable number of cases it ends without ever involving the joint structures themselves.

Tubercular synovitis, tubercular chondritis and tubercular osteitis beginning at the very end of the epiphysis are at least rare. The vast majority of tubercular joint lesions begin an appreciable distance from the joint itself, produce recognizable symptoms before they reach the joint, and are quite amenable to operative treatment before that time. When the process has involved the joint we do not believe it possible to avoid in more than a very small percentage of cases serious limitation of motion, and only too frequently there is complete destruction of the joint. It, therefore, needs no extended argument to convince one that early diagnosis is essentially a part of surgical treatment.

It is a fact, however, that by far the larger percentage of cases find their way to the physician and surgeon only after that precious prodromal stage has passed, and, therefore, we are to divide tubercular joints into two grand classes, *i. e.*,—(1) Those in which the disease is still—speaking strictly—extra articular, and (2) those in which the synovial membrane was affected from the beginning, or has become involved later in the progress of the disease.

This classification differs somewhat from that usually followed by the text-books ; it is by no means complete, and is suggested merely in order to facilitate the discussion of surgical treatment. The distinction is not as important with some joints as with others, but in general it is clear, and often it is all-important. This applies particularly to the knee and shoulder, for here the distance from the starting point of the epiphyseal focus to the joint surface is often so great that extensive operative procedures can be executed without the least danger of seriously affecting the joint mechanism. The same statement applies to occasional cases of tuberculosis at the elbow—beginning in the lower end of the humerus. In this class of cases it is usual to find marked epiphyseal enlargement with muscular atrophy, spasm and flexion deformity, with absence of joint effusion and swelling of the synovial membrane.

In our judgment early extra-articular incision, followed or rather accompanied by the free use of the trephine, drill and Volkmann's spoon for removal of the osteitic focus by an extra articular route, is not only justifiable, but is an eminently conservative operation. It is to be chosen in preference to any form of medical or even mechanical treatment under the circumstances described.

The older the patient the more forcibly does this apply, and in the adult one cannot doubt that a very large proportion of cases can be diagnosed early enough, and saved months of suffering and serious deformity by this means. In childhood, when most of the tubercular bone lesions occur, the progress of the so-called bone abscess toward the joint is far more rapid, since there is more cancellous structure present and correspondingly less of the resisting mineral matter. But even in children, especially in knee-joint tuberculosis, it is not at all infrequent to see nature herself pursue this course, *i. e.*—the tubercular focus enlarging in all directions finds an opening through the compact bony tissue at an extra-articular point, the periosteum gives way and finally the abscess presents at the surface, leaving the joint not at all, or only slightly, damaged.

Whether mechanical treatment can have a very direct influence upon these cases is to our mind a fairly debatable point, and we confess that the explanation of such influence is quite beyond us.

However, protective apparatus can never be injurious to these patients, and, while our experience has never shown its advantage, we must admit that the inference would be a hard one to draw.

The second class of cases, those in which the lesion involves the joint itself, either having begun in the synovial membrane, or having extended from the epiphysis to the joint cavity, presents an entirely different clinical picture, in addition to muscular spasm and atrophy, the cardinal symptoms of joint or epiphyseal tuberculosis—we find in case of the

superficial joints the diffuse, fusiform enlargement, which in addition to the other symptoms almost always portends chronicity and ultimate serious impairment of function. No class of surgical cases is as trying to the surgeon's time and patience,—you may spell the word both ways. If he is to be adequately paid for his services the patient's pocket-book must also suffer, but—Ah! How frequently are these cases among the dispensary class, and how rarely among the opulent. And this circumstance has a direct bearing upon the prognosis, for however altruistic the surgeon there soon comes a limit to his possible accomplishment, unless generous means are at his disposal. In the vast majority of such cases it is absolutely useless to start with any method of treatment without impressing upon the patient, parents or guardian the extremely chronic condition of this disease, the fact that in order to accomplish even a tolerably good result, months and years, rather than weeks, of care will be necessary.

In the Laura Franklin Free Hospital for Children, where we always have a large sprinkling of these cases, we find that a generous proportion of them have been "cured" at one time or another, according to the parents' story, and we must confess that parents, particularly of the poorer classes, can hardly be blamed for failing to see necessity of such prolonged treatment as is often necessary in order to save a joint which has become tubercular.

The surgical treatment of these cases is both mechanical and operative. Considering the mechanical side first we are at once confronted by a score of opinions and theories which are more or less antagonistic in their details, but, at the same time, the general principles underlying all are annually becoming better defined, and perhaps we may be pardoned for confining ourselves to the main features, rather than entering into details which would necessitate intolerable prolixity.

We firmly believe that mobility of the limb, together with the constant increased intra-articular pressure engendered by muscular spasm, are the greatest auxilliary factors in de-

struction of the joint and in aggravation of the tubercular process. Both fixation and extension are therefore indicated if we would minimize the damage and place the limb in the best possible condition for recovery. The theory that fixation of a tuberculous joint tends to its ankylosis is quite exploded in our opinion.

The question before the orthopædist is not "whether to fix and extend," but "how to fix and extend." Unfortunately, perfect fixation and perfect extension are each quite impossible, and we must therefore be content, even in the most favorably located joints, with as good approximation of these two conditions as circumstances will permit. In some joints, notably the ankle and those of the upper extremity, extension is quite out of the question, but here Nature has been kind to us, in that in each instance we are dealing with a joint in which the disease is never as serious as in the knee or hip, and the result of simple fixation and non-use is quite satisfactory.

In tuberculosis of the hip we are in the habit of using the Phelps method, which consists, briefly, in first placing the child in bed, and having fixed the body and well leg in plaster of Paris, extending the leg with the weight and pulley, in the line of the existant deformity.

As soon as complete relaxation of the muscular spasm has been attained (three to eight weeks), we apply the long Phelps' splint, which provides both traction and fixation. When the knee is affected, the Thomas knee brace is preceded by fixation with plaster of Paris, and, in the more aggravated cases by traction.

One of the most important and, unfortunately, frequently neglected points in the use of traction is that, as its object is the diminution of intra-articular pressure, it must be executed *in the line of deformity*.

Frequently physicians, carrying in mind the fact that their object is to straighten the limb, pull it toward the straight line. In the more pronounced angular deformities

this result is an increase instead of diminution of intra-articular pressure, for the reason that the long bone to which the traction is applied, having inserted into it the rigidly spastic muscle acting as a fixed point, acts as a lever of the first-class in which the weight moves in a direction opposite to that in which the power is acting.

Another grave error is the omission to fasten the child's body and the well limb when applying extension in hip disease. If we fail to fix the pelvis there is no use in fixing the diseased limb, for motion of the pelvis has the same effect upon the joint that the femur has.

In tuberculosis of the ankle, tarsus, shoulder, elbow, wrist and corpus, immobilization must suffice, since efficient extension is quite impracticable.

In all serious cases of tubercular joint disease there is opportunity for difference of opinion as to when mechanical treatment must be supplemented by some of the more radical operative measures. It is exceedingly difficult to express an opinion which will apply to all classes of cases. A small so-called cold abscess, when in relation with the deeper joints like the hip and shoulder, is in our judgment best handled by simple aspiration. The injection of various solutions and emulsions of iodoform have given us poor satisfaction, indeed. The procedure is painful and not without danger, and does not in our experience present any advantage whatever over simple aspiration. If the fluid re-collects once or twice it is usually bound to come to the surface, and we take this or a *large* collection of fluid as an indication for operation. By operation we, of course, do not refer to mere incision. If these fluid collections—the result of caseation—are to be interfered with at all beyond simple aseptic aspiration, the operation must be as complete and radical as possible. In operating these cases it must be borne in mind that the fluid and the cavity are, so far as the ordinary pyogenic germs are concerned, aseptic but capable of infection.

The abscess cavity invariably connects directly or indirect-

ly with the joint cavity or with the epiphyseal focus, and if we would avoid a mixed infection, which is always serious and frequently fatal, the operation must be conducted upon the same lines of asepsis as we would employ in opening a healthy joint, or the abdominal cavity itself. The short incision is a delusion; if we cut at all it is far better to incise the cavity from one extremity to the other. It is our custom to make—barring anatomical barriers—an incision which equals or exceeds the longest limits of the cavity, to retract widely, and, having evacuated the fluid, to expose every nook and corner, using the Volkmann's spoon to remove the tubercular membrane, with the most painstaking precision. From some portion of this cavity will be found the tortuous sinus leading to the joint and the original bone focus. This sinus may be small, but the spoon will easily make it large enough to admit the finger with which the joint is explored; diseased bone is then freely scraped away, or the joint resected if necessary.

A large rubber drain pipe, as large as the finger and with stiff walls, is then introduced, entering the joint by the most direct route from the surface. The rest of the wound is closed, and we, as a rule, get aseptic healing of all except the drainage tract.

Arthrorectomy and excisions must be looked upon as major operations, and the greatest discretion is necessary in their election; the advisability, methods and results of a single class of excisions is an ample subject for a long article. We can, therefore, only consider one or two important points. In children any amount of temporizing which does not endanger the limb or life is justifiable rather than the performance of a resection, which removes epiphyseal lines before the bone has nearly or quite completed its growth. Resection of the knee under twelve years of age is followed by disastrous shortening of the limb. Each bone has its peculiarities in this respect, and he who disregards them brings upon the patient serious results and upon himself the patient's just

condemnation. In conclusion it may be said that this subject might better be handled in a volume than in a paper of respectable length,—that it tries the surgeon more sorely than does the delectable vermiform appendix and the serpiginous pus tube put together,—that our mistakes in these cases are far more hideous than the ill-adjusted fractures which haunt us in our dreams, and send us to the Fidelity and Casualty for a mal-practice policy,—and our triumphs are often more beautiful when described than when seen with the naked eye.

MODERN AIDS TO ACCURATE DIAGNOSIS.

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

(Read at the annual meeting of the Mass. Hom. Med. Society, April 10, 1901.)

Ladies and Gentlemen:

The subject assigned to me is too large for anybody to comprehend within the limits of a single paper, since all that has proved valuable in the past we still retain to form with discoveries of later date the *modern aids to accurate diagnosis*. I will therefore make no attempt to cover the whole ground but state as concisely as possible some of the methods by which medicine has been taken out of the mysticism and developed into an actual science.

Disease was formerly supposed to be the result of some offence to Deity, and even yet the superstition is implied in our formal expressions of condolence. We still hold the Deity responsible for our personal bereavements when we say, "Whereas it has seemed best to an all wise Providence to take our dear brother or sister, etc."

But the golden thread of truth runs through all ages and superstitions alike. Our deities change with the measure of our comprehension, and while the religion of the savage and scientist has but little in common, in this they both agree: Disease is still an offence to the Deity—the Deity of natural law by which our material bodies are governed.

There are a few diseases mentioned in the New Testament in connection with the miracles of healing, viz.: leprosy, metorrhagia, epilepsy, congenital amaurosis, paralysis, fever and dropsy, though some of these we consider as symptoms only. From this small beginning of nineteen hundred years ago diseases have been studied, classified, and divided until they are far more numerous than the hair upon some of our heads, in short, are practically without number. I do not mean by this that diseased conditions have materially increased, of course they have to some extent, but not greatly. The difference comes rather with our improved habits and means of observations which constitute the words of my subject. Diseases themselves are not new.

But what are some of the "Modern Aids to Accurate Diagnosis?" *First*—The improved forms of surgical technique by which the "exploratory incision" is made a warrantable procedure. Seeing puts an end to guess-work. Prof. Helmuth used to tell his classes, "It is a very easy thing to diagnose a tumor when you have it on the table". That was before the days of license in abdominal explorations. To-day the conservative surgeon will very rarely venture a positive opinion in an obscure case. With the sweetest tones of assurance the patient is invited to come to the hospital for an "exploratory incision" and so trivial has the procedure become to the mind of the operator that it is advised with less hesitation than a young physician would feel in asking a patient to disrobe for a physical examination.

The exploratory incision however is a great "eye opener," in short is an *autopsy* in the original and best sense of the word. It lets light into many an obscure corner and often prevents and takes the place of a post-mortem examination to establish a diagnosis.

How many cases of ovarian disease have been mistaken for appendicitis—how many distended gall-bladders for malignant growths—how many normal pregnancies for uterine fibroms—only those who have had experience can appreciate or understand.

Almost every surgical device contributes in some way or other to accuracy in diagnosis but the ones upon which we especially rely relate particularly to the organs of sight. Take so simple an apparatus as the conical speculum, the convex mirror and a condensed light and you have the open door to the diagnosis of almost every disease of the nose, ear, throat, vagina and rectum.

The Ophthalmoscope constructed upon a little different plan makes it possible to inspect the anterior chamber of the eye and to see highly magnified, the terminal branches of the optic nerves and blood-vessels as they appear upon the choroid and retina. Nowhere else are the nerves and blood-vessels exposed to such direct observation, and strange, but true, diseases of remote organs, especially the kidneys, can often be detected in this way.

More wonderful still is the cystoscope with its incandescent electric light for examination of the distended bladder, and a like apparatus for exploring the stomach through an œsophageal tube. Prof. Doughty, of New York, told us at our meeting last October, you remember, his method for injecting the kidney itself through the ureter in order to determine its position, distensibility and size.

But there is a world beyond our feeble vision in which lies hidden the key that unwraps the mysterious origin of disease. Here are the secrets of life and death, here the wonders of biology and pathology and the microscope is the "open sesame" to them all.

The essential principle of the microscope is not new. In 1671 a Jesuit priest named Kircher, with a crude magnifying glass discovered "minute living worms" in putrifying cheese and meat. Only four years later a Dutch linen merchant, Anthony Van Leewwenhoek, beheld in the saliva, intestinal contents, rain water, and decomposing fluids "minute living particles" which he called *animalculæ*.

In 1762 Plencig, of Vienna, after much careful observation, asserted his belief that the phenomena of disease and the decomposition of animal fluids were wholly caused by these mi-

nute living germs. And yet for over two centuries the theory of spontaneous generation held sway and had it not been for the indefatigable labors of Cohn, or Koch, and the peerless Pasteur, might still remain.

The evolution of the microscope has been the evolution of pathology and the evolution of pathology means accuracy in diagnosis.

Think of what the microscope has already done for the advancement of science! Beginning with scabies which was once supposed to be a constitutional taint it brought the acarus into view and proved the parasitic origin of the disease. Then came hydatids in recurring abscess of the liver and trachini in diseased pork, and then that line of abnormal tissue formations we designate as innocent and malignant growths.

It is no secret that the master minds in the profession await the report of the microscope before venturing a diagnosis.

By the aid of chemistry, centrifugal sedimentation and the microscope, urinary analysis has been brought to a high state of perfection. There is no disease of the kidneys in which the urine does not afford reliable information and in some it is our only source. Here we find renal and bladder epithelium, crystals of many and various salts, corpuscles of blood and pus, masses of fibrin or albumenoid material thrown off as casts, numerous forms of minute vegetable growths known as bacteria, and possibly the male element of reproduction. Compare the one crude test of boiling a suspected urine with the many delicate and distinct analyses that we now employ and you can gain some idea of the tremendous advances made in a single department of diagnosis.

But the microscope cannot work alone. Diseases are for the most part associated with, if not produced by, minute living vegetable growths called germs. Just how these germs produce the phenomena known as disease is not fully understood, but the fact of their etiological relation is no longer doubted. The modern pathological laboratory is the oracle

of scientific investigation. Here are prepared those culture beds upon which are propagated and grown almost every form of bacteria which produce disease. The hanging gardens of ancient Babylon were surely not more wonderful.

You are all familiar with the methods commonly employed for the detection of diphtheria by our municipal authorities. The germ of this disease was discovered by Klebs in 1883 and a little later was studied by Loeffler who proved it to be the cause of diphtheria. Under favorable conditions this germ multiplies very rapidly, much more so than the ordinary forms of bacteria, so that we are able to recognize it by the rapidity of its growth as well as by its microscopical appearance.

It is only a few years since that the brightest clinicians were wrangling over the differential diagnosis of diphtheria and membranous croup. The one was supposed to be a constitutional disease highly contagious with a local manifestation in the throat. The other was regarded simply as a local disease. But the microscope found in both the same pathogenic bacteria and settled the whole question at once.

But diphtheria is not the only disease of obscure origin which the microscope has made plain. Already the test has assumed formidable proportions but the end is not yet. In 1885 Pollender discovered the germ of that disease common among cattle but sometimes present in the human subject, anthrax. In 1879, Hansen, that of leprosy, in 1889, Eberth, that of typhoid fever, in 1882, Koch, that of tuberculosis following with that of Asiatic cholera two years later. In 1884, Nicolaier, that of tetanus, in 1886, Frankel proved the diplococcus of pneumonia to be the cause of that most fatal disease. In 1894, Kitasato and Yersin discovered the germ of the bubonic plague, that "black death" which swept over Europe in the fourteenth century destroying twenty-five millions of people, and in 1894 Canon and Pfeiffer claimed to have discovered that smallest and most active of known microbes, viz., the grippe germ with whose result we are all of us more or less familiar.

But the causes of our most typical of all infectious diseases, small pox, measles and scarlet fever have thus far eluded detection. All are without question of bacterial origin. The very fact of a period of incubation is proof that the original infection was not sufficient at the start to produce immediate results. It requires time for it to multiply and grow before the characteristics of the disease appear. Newton had no clearer demonstration of the law of gravity in the falling apple than have we of a specific living germ in every disease that exhibits a period of incubation. We may not find this germ, our glasses may be too weak, yet it is there.

All pathogenic germs, however, are not of vegetable origin. One at least, *Plasmodium malariae*, is an animal parasite which was discovered in the blood of afflicted patients, by Laveran in 1880. It had been long observed that malaria was most prevalent in low marshy districts and that infection was most likely to follow exposure to the night air in the summer or early autumn. It had also been observed that the disease was not directly communicated from one individual to another. People living in malarious districts had well held the mosquito as an object of detestation, with him they had fought and bled and died. Then came a pause in the denunciations of the poor insect; scientists had found the germ of malaria in his insatiable maw and the cry arose, "the mosquito is God's good angel sent to eat up and destroy the malevolent bacteria that devastate the race. But the pause was only a brief one. Soon the apprehensions came that the mosquito who could take up germs might scatter them as well, and his winged majesty became an object of suspicion.

In 1896 Dr. Bignami published in the *Lancet* a very strong argument in support of the theory that the infection of malaria was usually due to the bites of mosquitoes, but it was left to the closing year of the nineteenth century to demonstrate the fact. Italian observers had repeatedly shown that mosquitoes from a malarious district when allowed to bite perfectly healthy persons, who lived outside, would communicate to them the disease.

History has shown no grander display of enthusiasm than that of Dr. Sambron and his companions who exposed their lives to the contagion of malignant malarial fever in the marshes of Campagna, Italy, only last summer: Dr. Sambron believed that a certain variety of mosquito called the *anopheles* was the agent by which the malarial germs were communicated and the experiment was tried to prove it. With one sole companion he camped out for three months in a most intensely malarial district taking no medicine or any precautions whatever against contagion, except to protect himself from the bites of mosquitoes, and neither he nor his companion took the disease.

A very strong counter-test was also made a few months ago when mosquitoes that had bitten malarial patients in Italy were sent to London, where there is no acute malaria, and there allowed to bite the son of Dr. Manson, who, according to Dr. Osler, really suggested the mosquito theory of malaria. Dr. Manson's son was strong and perfectly healthy, but in a few days following the bites of the mosquitoes he developed a typical attack of malaria.

Compare this nicety of observation with what was considered good practice in the diagnosis of malaria only a few short years ago, viz., the administration of heroic doses of quinine. If the patient lived it was malaria, if he died it was not, though the dose taken might have been enough to kill him.

We smile at the credulity of our English ancestors whose test for witchcraft in the seventeenth century was by wrapping the suspected individual in a sheet with his thumbs and great toes tied together and then dragging him through a mill pond. If he sank promptly, he was considered innocent, if he did not he was condemned to death.

Some day the therapeutic method of diagnosing malaria by quinine and syphilis by mercuric and iodide of potash will appear as crude to the scientific physician as the barbarous tests for witchcraft do to us. The Philadelphia Medical Journal of March 30, 1901, in speaking of suppurative conditions simu-

lating malaria, says, "The delay caused by the administration of quinine in order to exclude malaria is as a rule inexcusable for we have at our command that more reliable source, the microscopical examination. . . . A single droplet of blood will not only determine the presence of the disease but will also indicate our therapeutic measures and the necessity of proper isolation to prevent its spread by means of mosquitoes."

And right here let me call your attention to a very interesting report presented at the Pan-American Medical Congress in Havana only last February, by Dr. Reed and his associates of the U. S. A. on the propagation and spread of yellow fever.

I cannot go into the details of his experiments, but the gist of his conclusions were: that in no instance was yellow fever communicated by fomites or contaminated clothing, as we have hitherto supposed, but that in all cases the agent of infection was a variety of mosquito known as the *Culex fasciatus*, and this being true, the most effectual methods of preventing the spread of the disease must be the destruction of mosquitoes and the protection of both sick and healthy against their bites.

I will also add that the specific germ of this disease, though claimed to have been discovered by Sanarelli in 1897, is not known.

The question of malaria opens up the whole subject of blood examination and the possibilities that go with it. Of late much attention has been paid to this branch of pathology as a means of diagnosis.

With suitable apparatus we may count the different varieties of blood cells and ascertain their relative numbers. Normally there is about one white corpuscle to three hundred red. A moderate increase of white corpuscles, say one white to one hundred red is called hyperleucocytosis. A still greater increase of the white corpuscles is leucaemia. If there is a marked diminution of the haemoglobin or coloring matter of the blood without a corresponding decrease of the red corpuscles the condition is called chlorosis. If we have the clinical

features of leucaemia, such as enlargements of the spleen and lymphatic glands without the characteristic changes in the proportion of blood cells, we have a pseudo leucaemia or Hodgkin's disease. When the red corpuscles are very much diminished in number and deformed in outline, the amount of haemoglobin relatively increased and the number of cells normal or diminished, we have all the conditions known as pernicious anæmia whose prognosis is very grave.

Here are at least five diseases once classified under the general term, consumption of the blood, which the microscope has made possible to differentiate. And we must not forget the achievement which this society has already recognized, of that promising young pathologist, Dr. Solomon C. Fuller, who first observed and published to the scientific world, crystals of morphine in the blood of an opium eater.

There is one aid to accurate diagnosis too old to be called modern and too valuable to be set aside, and that is the stethoscope which was introduced by Laennec in 1816. I will not attempt to describe its various forms and modifications. The principle of all is the same and the best instruments of to-day possess little advantage over the one originally devised. By means of the stethoscope we are enabled to recognize and interpret the various sounds associated with the heart as well as the grosser forms of pulmonary disease. It is a very easy thing to diagnose a pleuritic effusion, a large cavity or extended area of consolidation by percussion and auscultation. But I doubt if the man lives who can tell infallibly whether a given consolidation is *tuberculous* or not by the physical signs. He may think he can, and in the great majority of cases his judgment may be correct, but unless he has actually seen the germ of tuberculosis present he cannot be sure.

And right here I crave your indulgence if I digress for a single moment to enter a protest against the sending of a suspicious patient to a hospital for consumptives whose sputum is not *known* to contain bacilli. It is wholly possible that the patient may not be tuberculous at all, and, if he is not, you are exposing him to an unnecessary risk.

Be the hospital ever so cleanly there is still a certain danger of contagion and the weakened and debilitated constitution is just the one to suffer by it.

Personally I believe the microscope to be the consummate diagnostic test in pulmonary tuberculosis.

Three years ago I obtained the records of 273 patients whose sputa I had examined. Of this number 177 showed bacilli and 96 did not. Of the former 81 per cent. had already died of tuberculosis, of the latter only 3 per cent., and some of these may possibly have become infected subsequent to the examination. At any rate the presence of bacilli in the sputa of a suspicious patient diminished his chances for recovery forty-eight times.

If the death rate was any evidence of a correct diagnosis the microscope surely made a creditable showing.

I cannot forego the temptation to digress a little farther and tell you the glad news that consumption in this state at least is on the decline. According to the official returns of the Massachusetts Board of Health, in 1890, 130 out of every 1000 deaths were due to consumption, while in 1899 there were only 99.5. An actual decrease of 3 1-2 per cent. as compared with the entire death rate and a comparative decrease of nearly 24 per cent. if consumption is considered alone.

Remember this when the climate of Massachusetts is complained of. Instead of the old stereotyped statement that one *seventh* of our people die of consumption, we can now say, that in 1899, not one-tenth of our mortality was due to this disease.

But I must not digress farther; I wish I had the ability to crowd the wisdom of a thousand pages into a brief statement of fifteen minutes. I would like to speak of cerebral localization and of the advances made in diagnosis of diseases of the stomach, but there is not time.

I cannot close however without at least a reference to that modern and most wonderful electric invention known as the X Ray. From a surgical standpoint it forms with anæsthesia and antisepsis a trinity of tremendous possibilities.

The importance of this discovery when all the world was bristling with bayonets can hardly be overestimated. The *X Ray* and the *Red Cross Nurse* are the two lone stars in the dark horizon of a wounded soldier.

I will not describe the apparatus or its use; you are all familiar with both. It is no longer impossible to see through the solid flesh, and when we think of Garfield, and the lives that might have been saved in years gone by by just such an instrument, the words addressed to the Master by the sisters of Lazarus appeal to us with peculiar significance; "If thou hadst been here our brother had not died".

And lastly, let me emphasize my belief that the achievements of the century just passed are but the earnest of better things to come.

There are men in this society who have watched the evolution of medical diagnosis from small beginnings until it is almost a science. It will be a science sometime, and sometime we shall be able to recognize and understand the various phenomena known as disease as easily as we can now comprehend the cause and periodicity of a solar eclipse.

SYMPATHY BETWEEN THE EYES AND TEETH.—To cases of neuralgia of the eyeball and surroundings produced by dental irritation McQuillen added an important report, a case of severe attack of neuralgia of right side of face, extending to the temporal and frontal region and involving the right eye. Her physician being under the impression that the teeth were at fault, brought her to him. The pulp of the right canine was found exposed; four of the other teeth were also badly decayed, and it was thought advisable to extract all of them and make a new plate in place of the defective set which the patient was wearing at the time. There was not the slightest recurrence of the neuralgic pains. McQuillen adds that if every physician recognized the importance of a prompt examination of the teeth under similar circumstances, a great deal of unnecessary pain could be spared their patients.—*Journal of Ophthalmology.*

TUBERCULOSIS AND THE GREAT SOUTHWEST.

BY DR. MERRILL, COLORADO, TEXAS.

In submitting the following article, the writer begs to state that he is fully aware of the fact that there is already in existence a sufficiently cumbrous list of places to which those afflicted with pulmonary tuberculosis may resort. This article is not intended to call attention to a location necessarily more favorable than any other to the phthisical patient, but is designed to describe as briefly as may be, a region which, while remote from New England, may perhaps be available to the use of some practitioner. The locality referred to is situated in the west central and western portions of the State of Texas, in general along the line of the Texas and Pacific railroad. Pure and bracing air, suitable elevation, generally favorable climate, and easy conditions of existence are some of the advantages which prove beneficial to a certain class of tubercular patients. The expression "certain class" is used advisedly, because the patients who derive most benefit from a stay in this part of Texas are those who have little or no temperature, slight consolidation, and who, in brief, present incipient cases. A noticeable peculiarity of the region consists in the fact that many tubercular patients gain strength and activity, become free from expectoration, and are enabled to live apparently in perfect health, so long as they remain here. A return to the North is frequently attended with recurrence of temperature, cough, sweating, emaciation, and other unfavorable signs; and several cases where permanent stay at the North was attempted terminated in death. Cases showing comparative advance in the disease seem to be arrested, but cough is not always permanently stopped. In one case coming to the writer's notice, the patient had had numerous hemorrhages, very copious expectoration, and other signs of well-established phthisis. Life in the open air caused the cough and expectoration to disappear, but they recur when the patient is overfatigued or otherwise physically depressed. Advanced cases are not at all benefited by a life here, but generally progress rapidly to a close. We have now spoken of the

effects of this region upon different stages of phthisis. For those contemplating a trial of the curative Texan plains it is well to understand the mode of living most conducive to improvement and recovery. A life of activity in the open air should be the object to be attained. Cattle-raising is the chief industry here, and it is generally easy to make some sort of arrangement to become located on a ranch. Many ranchmen willingly receive those too ill to labor. A patient able to do a limited amount of work can nearly always find opportunity to do ranch work for his board.

Regarding now the region itself. As before indicated, it lies in the west-central and western portions of Texas, and that part of it of which we have personal knowledge comprises an area lying about the town of Colorado. The soil, climate and other natural features of the territory lying within thirty miles of Colorado in any direction are practically the same. Even two hundred miles west of the town the same favorable natural conditions obtain, and El Paso, three hundred and eighty-five miles west of it, is a flourishing and, somewhat noted resort for tubercular patients. It is not, however, so advantageous as places east of it. The area we are describing lies nearly in latitude 32° , and longitude 101° . Its elevation varies from 2,000 to 3,000 feet. Farther west, the elevation ranges higher; at El Paso it is 3,700 feet, and at one or two points about one hundred miles east of El Paso it reaches 4,500 feet.

The soil is sandy or rocky, may be clay or rich earth, varying even in narrow limits of territory. It is generally dry. The country is undulating prairie, diversified by creeks, by cliff-like formations, and by steep and rocky slopes. The creeks consist at times of a dry and excavated bed only, and again after excessive rains may be roaring torrents of water.

The drainage at any given location is nearly always excellent. The drinking water is generally obtained from wells varying from forty to three hundred feet in depth, the water being pumped by wind-mills. The water is often very hard

but varies considerably. The atmosphere is clear and dry. More rain falls in the early spring than at other seasons of the year, and varies greatly from year to year. The past season (1901) has been exceptionally dry.

The precipitation of dew is very slight. At times a heavy mist in the morning wets the grass and foliage thoroughly. During the winter, cold rains, sleet and hail are apt to be frequent; of course protection against these should invariably be the rule.

The temperature is most enjoyable from October to January, being pleasantly cool and bracing during this period. From January to March the weather is often very cold, although varied by mild days. At this period "northers" are most frequent, and the norther generally brings with it temperature below freezing.

Here it is well to emphasize the importance of being prepared for the northers, for they come up quickly and are attended with a sudden drop in the temperature, which remains at a comparatively low point for three or four days. The mercury does not often reach the zero point, but one feels the cold more keenly on account of the frequently mild days. A sweater is very valuable and can easily be packed on the saddle or carried; an inadequacy of proper clothing is apt to be attended with discomfort and risk. From March to October the temperature is higher. The early days of spring are frequently very warm, and the summers are apt to be hot, although the heat does not seem to be unfavorable to the patient. The temperature is variable from year to year. At times during the summer it reaches 105° in the shade. Two factors aid materially in rendering the summers tolerable and even pleasant. There are, respectively, cool nights and daily breezes. As soon as night approaches the air begins to cool, so that with almost no exception one can enjoy a comfortable night's rest even after the hottest day. Still, sultry days are infrequent, for the air is usually stirring, and removes much of the discomfort incident to a hot summer day.

The winds are higher and most frequent in the spring and

summer. They sometimes bring with them heavy charges of sand and dust, and at times constitute veritable sand-storms. Cyclones are occasional all through this region. As has been previously stated, life in the towns should in general be avoided. The towns are small, of the bustling western type, and possess hotels not well adapted to the needs of a person seeking healthful activity. Life on a ranch is interesting, varied, and above all, healthful. Horseback riding is a prominent feature. In addition there are wood-chopping, fence-building, work among the cattle, farming, and all of it full of interest to one who is at all partial to life out-of-doors.. The life is a rough and ready one. Lady patients of refined and delicate taste who contemplate a stay here should be impressed with this fact and the effect of these new surroundings upon the patient should be carefully estimated before advising a journey which may perhaps be inconvenient. The ranch houses are generally rough, and are invariably unplastered. Each individual supplies his own bedding, which may of course be varied according to taste. This had better be procured here, or bought after ascertaining particulars from the locality planned as one's stopping place.

The stranger will find the people very warm-hearted and he will generally receive courteous and kindly attention. Everyone is interested in his state, county, town, and ranch, and is glad to point out interesting features of each. Rides over the prairie, through the mesquite trees and brush, rounding-up, handling, farming,—a free and easy open-air existence, life in a new and favorable environment with small encouragement to continued thought of one's ills and symptoms; all of these forces combined should be as effectual as any in securing to an unfortunate phthisical patient a life of cheerfulness, usefulness, and of perfect, or comparatively, satisfactory health.

In closing I wish to express due acknowledgement of assistance kindly rendered me by Mr. B. S. Van Tuyl, to whom I am indebted for most of the data contained above.

COLORADO, TEXAS,

May 15, 1901.

NOTES ON PATHOLOGY.

The Protozoon of Cancer.

BY G. C. FULLER, PATH. WESTBORO STATE HOSPITAL.

Gaylord, (*Amer. Jour. Med. Sciences*, May, 1901) reports the result of his work on the etiology of cancer. Gaylord claims that certain bodies—presumably Sporozoa, which he found in the juices and fresh scrapings of cancer, and in the peripehral blood of cases in which cohexia was advanced, bear a direct causative relation to cancer and malignant tumors. These bodies he also identifies with certain cell inclusions in the cancerous process which may be readily demonstrated by special methods of fixations and staining. Dr. Gaylord also states that he has succeeded in obtaining pure cultures of the organism on *Cellis fucus crispus bouillon*.

It is interesting to note that the injection into animals of small portions of cancer material, and scrapings and juices from cancers have resulted in lesions identical with certain cancerous processes. In one experiment, which is given in detail, a guinea pig was inoculated with material from an adeno-carcinoma in man, and killed fifty days later showed beginning foci of adeno-carcinoma in lungs. To be sure this result and others reported indicate the highly infectious nature of the material injected. It is, however, difficult to ascribe these results to Gaylord's protozoon, for as has been pointed out (editorial in *Boston Med. Sur. Jour.*, May 16, 1901) there has been no satisfactory demonstration in his published article of the "pure cultures" of this organism. Certainly at least not in the generally accepted sense of the term "pure culture". It is to be regretted that this description is reserved for a later publication.

In this connection is of interest the case reported by De-Messer.* In a typical epidermoid carcinoma removed from the arm of an old man lycopodium spores were found. These spores

*Vichow's Archiv. 1901, vol. clxiii, page 111, cited in *Progress of Path. Am. Jour. Med. Science*, June, 1901.

were found in the connective tissue stroma, in the clefts between the cells, or enclosed in giant cells. The man, it was learned later, had been using lycopodium as a dusting powder before operation. The review of the literature by De-Messer showed that the absorption power of granulation tissue under certain circumstances was marked, being able to absorb soluble substances (alkaloids) or insoluble substances (cinibar) or living organisms (bacteria).

The inference to be drawn from this case is natural. The blasto-mycetes found in cancerous tissue may have a similar origin. Further, the introduction of blasto-mycetes into animals by other observers have produced only granulomata; still further, the mesoblastic nature of sarcomatous cells may possess phagocytic qualities and because of this, ingest wandering blastomycetes which have but a limited power of motion.

The Preliminary Note on the Relation of the Form the Tubercle Bacillus to the Clinical Aspects of Pulmory Tuberculosis.

Sewall, (*Med. Times, Mar. 16, 1901*) in his studies on the form of the tubercle bacillus proceeded in his investigations from two points. (1.) Pure cultures of tubercle bacilli were studied as to form and staining qualities; and (2) the arbitrary grouping of tuberculous patients into (a) those recovering, (b) those holding their own, and (c) those which were manifestly failing.

Virulent bacilli from pure cultures resisted the action of the decolorizing fluid longer than cultures less virulent. The plausible assumption is made that the virulent culture, exposed to the diffuse light of the laboratory little by little, loses its toxic power and its tenacious hold on the aniline dye. Dr. Sewall states that the morphology of the bacilli in virulent cultures are uniformly like those in the sputum of rapidly failing clinical cases examined by him, while no virulent cultures presented the features of the so called "good" clinical cases.

He classifies the tubercle bacilli found in sputum as follows: (1) a very short, relatively—broad rod; (2) a long form represented by a chain of rods; (3) a long form, homogeneous in structure; (4) a long form of beaded appearance.

In the sputa of cases examined at the Adirondacks' sanitarium he found in the failing cases with active destruction of lung tissue the shortest rod-like form of the bacillus. In cases doing well the slender form prevailing while the short and pointed forms were few or absent. In old chronic cases where the loss of tissue had been great, but in which the disease was fairly well arrested, or in which the malady had made such extensive havoc that the maintenance of life itself was a demonstration of the low virulence of the infecting organism, the bacilli were long and beaded.

The Sputum of the same case varies from month to month, depending upon the state of patient regarding the disease.

Sewall thinks the form of the bacillus in the sputum has a prognostic value.

With regard to the relation of the shape of the tubercle bacillus, Craig* states that in his experience the beaded form of the bacillus is found most often and numerously in the sputa of acute rapidly advancing cases of tuberculosis. This statement is certainly of interest in this connection. Craig also goes into a fuller description of the morphology of the tubercle bacillus and their probable relation to the clinical aspects of the case. The reader is referred to Dr. Craig's report for further details.

*Report Surg. General Army, 1900, page 63.

FERRUM PHOSPHORICUM IN EARACHE.—This is the remedy par excellence in this painful affection. If the attack has been induced by wet weather, the pain comes on in paroxysm and after the discharge appears there still remains pain, it will prove curative in a large number of cases.—*Exchange.*

EDITORIAL.

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

CEPHALIC HYPERTROPHY.

It is always interesting to watch the progress and development of the recent graduates, as they begin practice, to note their untiring energy, their boundless hope, their self-reliance, their ready application of modern methods, in which they have been well equipped, and their encouraging optimism. All this, of course, provided they are individuals who have in themselves the elements of progress and development.

It is remarkable as it is most gratifying to note how rapidly they build up a practice and how successfully they manage it. Having rapidly and successfully established themselves in business, there comes a more or less critical time in their existence, a time when they are in danger of a most serious complaint, known as cephalic hypertrophy, and happy and fortunate is he who escapes.

A not uncommon manifestation of this condition is the idea that the homœopathic profession is not large enough for a proper display of their ability, and they gaze with loving eyes toward the allopathic branch of the profession, where there are so much larger hospitals, greater and more vigorous societies, and, above all, greater social prestige. All this is much enhanced if they happen to fall in with some of the better, more liberal minded good fellows among "our friends, the enemy," who assure them it need make no difference with their methods of practice, they can prescribe just as before, homœopathic medicines in the homœopathic way, if they choose, only they must not ally themselves with anything called by that name, etc., and they will gain immeasurably in their freedom of action and in their social and professional position.

All this is very enticing and very alluring, and the perspective is vast and beautiful. There is only one trouble with it ; it is not true. "What profiteth it a man if he gain the whole world and lose his own soul." He will forever be looked upon as an outcast by his former associates, and as a renegade by his new. He will command the respect of none, the detestation of many, and the much sought for social preferment will never come. Does he wish to perfect himself in surgery ? the competition for opportunity so to do is far greater in the old school than the new. Does he desire to become an adept in the cure of disease by the application of medicines and by a knowledge of what can be done by the administration of drugs to that end ? The advancement in the old school along this line has been practically *nil* in the last century. If you doubt it, watch the scientific (?), rational (?) treatment of a case of pneumonia, as we had an opportunity of doing within six months. Not one single dose of medicine given with the intent or with the pretence of an intent to affect the diseased lung tissue in the slightest degree. To one wishing to perfect himself in a knowledge of drug action, no school offers the chance that the homœopathic does, and never was the opportunity greater than now.

No, my young friends, don't let them fool you with plausible talk. If you no longer honestly believe in homœopathy, go, and God-speed ! but if you do, stand up and be counted as our fore-bears did, and pray that you may be respected for it as they have been.

There is but one remedy for this rapid, excessive cranial development, and that is *patience*. Therefore, we say to the afflicted, let your "think-tank" settle a bit,—“say nothing, but saw wood” for the next five years, but be sure that the wood is good and that you saw it well. Remember that if our neighbor's pasture looks greener than our own, should we possess ourselves of it, it would no longer be our neighbor's.

EDITORIAL NOTES AND COMMENTS.

HAMPDEN HOMŒOPATHIC HOSPITAL.

The executive officer of the Hampden Homœopathic Hospital reported at the trustees' quarterly meeting yesterday afternoon that the hospital is in a prosperous condition and that for three months ending July 1, 75 patients were treated with only two deaths; these patients entering the hospital moribund. It was also reported that from the opening of the hospital 105 surgical operations have been performed without a death. Drs. O. W. Roberts and F. M. Bennett were reappointed as members of the executive committee. The resignation of Dr. H. E. Rice, who is to leave Springfield, was accepted with regret and Dr. J. H. Carmichael was appointed surgeon-in-chief. Dr. Sidney F. Wilcox, of New York and Dr. Nathaniel W. Emerson, of Boston will be consulting surgeons as heretofore.

Resolutions of condolence and regret were read upon the death of Miss Minnie J. Thrall, a member of the board of trustees. D. B. Wesson was elected a trustee to fill the vacancy. The Visitors' Aid Association profited about \$300 by the lawn party of June 14 on the grounds of President Lewis J. Powers.

PREVENTION OF PELVIC TROUBLES AFTER LABOR.—During labor much may be done to prevent subsequent pelvic troubles. (a) Limiting the duration of labor. Vesico-vaginal fistula is an outcome of protracted labor, and may be prevented by the timely use of forceps. Too prolonged efforts to retard the delivery of the head, in order to prevent laceration of the perineum, may give rise to permanent relaxation of the muscular structures of the pelvic floor. (b) The immediate repair of lacerations which endanger the muscular structures of the *pelvic floor* is important. These repairs must be made with careful antiseptic precautions. Cervical tears need not be immediately repaired unless there is hemorrhage. (c) Rigid attention to asepsis and antiseptics during labor will decrease the number of cases of chronic uterine and periuterine inflammations.—*Medical News*,

SOCIETY REPORTS.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the Society was held at the Boston University School of Medicine Thursday evening, June 13, 1901, at eight o'clock, the President, T. Morris Strong, M. D., in the chair.

The records of the last meeting were read and accepted.

Charles W. Bush, M. D., of Newtonville, was elected to membership.

The resignation of W. Louis Chapman, M. D., of Providence, R. I., was read and accepted.

VOTED: That a committee of three be appointed to use their influence to secure as full reports as possible in the local papers of the meetings of the American Institute of Homœopathy. Drs. Wells, Sutherland and Thomas were chosen to serve on this committee.

The following committees were appointed to draw up resolutions on the deaths of J. K. Culver, M. D., and William Woods, M. D.:

Dr. Culver: Drs. A. B. Church, Mary L. Swain and S. W. Windsor.

Dr. Woods: Drs. Conrad Wesselhoeft, Hiram B. Cross and Herbert C. Clapp.

REPORT OF THE SECTION OF DISEASES OF CHILDREN.

H. L. SHEPHERD, M. D., Chairman.

GRACE CROSS, M. D., Secretary.

C. E. MONTAGUE, M. D., Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. Colburn, Estes and Mosher. The committee reported as follows: Chairman, W. T. Hopkins, M. D.; Secretary, C. C. Burpee, M. D.; and Treasurer, Lucy A. Kirk, M. D., who were duly elected.

PROGRAMME.

1. "Some Favorite Remedies for the Summer Diarrhœa of Children." Everett Jones, M. D. Discussion opened by N. M. Wood, M. D.

2. "The Best Diet of Children with Summer Diarrhœa." W. T. Hopkins, M. D. Discussion opened by W. N. Emery, M. D.

3. "General Treatment of Summer Diarrhœa in Children." H. H. Amsden, M. D. Discussion opened by C. C. Burpee, M. D.

1. Dr. Wood, in opening the discussion of Dr. Jones' paper, said, in part: It is rather a difficult question for me to discuss this subject, not having had many years' experience; but I have had some experience and learned some things. I will speak of one or two of the leading symptoms that I know can be depended upon. If I am called to the case early and find the child restless and very sensitive, I think first of aconite. It must be given in the early stages, and by so doing we get very good results. If the child has passed that first stage and there are symptoms of tenderness in the bowels and perhaps some bloody stools and some straining, belladonna is the first remedy, then arsenic. For prostration and weakness arsenic is one of the best remedies, and can be depended upon more than any other. Nux vomica I use on general principles in cases of indigestion caused by imprudent eating. The remedy I use most is merc. dulcis for greenish and slimy stools, and get better results from it than from any other. Naphthalin I use quite a little in cases of bad odor and slimy, waterish stools. I try first to remove the cause, while giving remedies. Boiled or distilled water I consider the best remedy. Nitrate of silver I consider good for chronic pain in the stomach. The three remedies I should select would be Aconite, Belladonna and Mercurius Dulcis.

Dr. John H. Sherman: Of course, when one has practised medicine as long as I have he has had some experience with

diarrhœa. I depend more upon management than medicine. I prohibit all eating. It will not hurt the child to go without food, but a free use of water I believe in. Let them drink all they will. I prefer to have them take it warm, then after that begin to feed with a little white of egg beaten up with the water (two-thirds of a glass), and follow that with malted milk. I have had a child pick up nicely on malted milk. I think the cause of diarrhœa is bad food. I instruct those in care of children to have two nursing bottles, and they should be thoroughly cleansed in sterilized water before using a second time.

I use *mercurius dulcis* in the first and second triturations, but where there are bloody discharges I give *mer. cor.* *Colocynth* is another remedy I use, giving it in hot water.

Dr. Sutherland: There are a few other remedies that might be mentioned. I should like to get physicians, who have been practising fifteen or twenty years, to name their favorite remedies. I do not think they would agree on five but might agree on one or two. But there are so many remedies that will produce diarrhœa, we have a good many to draw from. How many are used as cathartics? certainly, not many. I think we should select our remedies for diarrhœa from cathartics. I agree with Drs. Sherman and Wood in speaking of calomel first. The first remedies mentioned by them are reliable and produce free, easy stools. *Mercurius dulcis* is more closely applicable to the condition in which the enteron is found involved, and I am sure that this idea will be testified to that *merc. cor.* will reach the condition growing out of ulceration. Aloes is not used a great deal, and produces mucous discharge, with a great deal of flatulence, and seems to have an affinity for the colon. Rhubarb also is a useful remedy. One remedy that is seldom used I want to refer to, and that is *colchicum*. I think it is a drug that ought always to be studied when a case of diarrhœa is on hand. If you want to get a good picture of the drug read the article in the encyclopædia. You will find a list of cases of poison. In cases of cholera infantum, *colchicum* and *nux*

vomica, sometimes lead camphor. China is used a great deal, but large doses have to be taken before large discharges are produced. Castor oil is very effectual and very laxative. I do not know that it is generally used. Cascara is one of the popular drugs of to-day.

Dr. Miller : I would like to ask Dr. Wood if he has used mercurius in the same way as castor oil ?

Dr. Wood : I do not know as I have used it in the same way. When I find that castor oil does not work and mercurius is indicated, I use mer. cor.

Dr. Mosher : Boiled water, or boiled water and listerine, will reduce the fever, and there most always is fever, and in one or two cases I have known the temperature to come down after an enema. I give it once or twice a day and find, if it does not do any good, it never hurts and often helps.

Dr. W. M. Townsend : Does the matter of location have anything to do with the selection of the remedy ? I know that last summer one or two remedies were called for, and one of those remedies I have not heard mentioned to-night : cuprum arsenite. I used it for some time ; it agrees very well with our cases of summer diarrhœa. I have used it more than all the others. I do not know that I have used them because they were favorites, but because there were more indications of these remedies.

Dr. A. G. Howard : I have always found it difficult to select a remedy for diarrhœa, and in children I find it difficult to get the important symptoms. One remedy has been impressed upon me from a case, at the dispensary, of head cold Arsenicum 3x was prescribed, one tablet in three hours. If worse, a tablet in twenty minutes. The patient took about one-half ounce of the 3x, when word came to the dispensary that he was dying. I went to the house and found him vomiting, with almost constant movement of the bowels, pressed out with considerable pressure, a rapid, weak pulse, very pale and prostrated, all typical symptoms of arsenical poisoning. It did not seem possible to get a proving from 3x. I saved

the urine from that time and sent a sample (a wine glass two-thirds full) to Dr. Wood for examination. He reported a considerable quantity of arsenicum found in the sample. I wrote back and wanted to know how much, and he replied 1-10 of one milligram in one sample. Movements and perspiration continued all night after sample was taken, and it impressed upon me the value of that drug, and that picture has been useful to me when I have found those symptoms prominent. With colocynth I have had as successful results when there was no pain as when there was any.

I would like to ask Dr. Wood how important a symptom he considers the character of the stool in the child, and if pain is an important symptom?

Dr. Wood: I think it is quite important. Mucous and bloody stools you can tell from the action of a child. When they are greenish and yellow, I think the color is due to the color of the poison which caused the diarrhœa. Children get hold of all sorts of things, which get into the stool, but it is not always a symptom to be depended upon. Take into consideration the cause of the diarrhœa, if known, and select the remedy that will clean up the intestines.

Dr. Sherman: I have not seen any diarrhœa from 1-10 tablet of mercurius dulcis. In cases of green discharges I think it is indicated and I think it acts as a germicide in the intestines. I give it a number of times and then stop it.

Dr. Carvill: Speaking of the action of mercurius dulcis, it acts internally as an antiseptic, but causes profuse secretion of bile, and is a wonderful benefit in cases of indigestion, and a very excellent remedy. There are some cases where it is not suitable. Some adults can not take 1-10 of a grain.

2. Owing to the absence of Dr. Hopkins his paper on "The Best Diet of Children with Summer Diarrhœa" was omitted, and Dr. Emery was not present to open the discussion.

Dr. W. M. Townsend: The thing which I deem the most important in the average case of summer diarrhœa is rest. I think it is one of those diseases which requires rest. Con-

siderable summer diarrhœa comes from three causes : indigestion and too rapid feeding, taking food that has undergone chemical changes, and sudden changes of temperature from heat to cold. From all conditions you get practically the same result : irritation of the mucous membrane. Absolute rest is of great importance. I saw a case in consultation a few years ago ; the attending physician was trying to give food and medicine at the same time. The bowels and stomach should have absolute rest. There are very few children who can not get along very well without food for twenty-four hours. When teeth are the irritants, give them distilled water. I give them sterilized water in place of the bottle. Abstinence from food gives the intestines a chance to rest and the bowels to be cleared of all irritants.

I believe most thoroughly in water as a food and local wash, and in all cases I use solution of saline instead of clear water, and a generous amount for the time it is used. I prefer it to clear water, as it helps to allay thirst. I also give barley water ; sometimes white of egg in water is good. In fourteen hours, as a rule, the looseness is pretty well under control, and the irritation relieved. Barley water without any remedy will do a great deal to get the child in better condition. In summer time the child is easily upset. I put a child upon mutton broth, or chicken broth, instead of milk ; broth does well for nourishment and allays irritation, and the bowels are got into good condition. I think to prepare the milk with barley water, instead of full strength of water, is a good way, increasing in strength until the child can go back to the usual diet. From twenty-four to forty-eight hours I recommend plenty of sterilized water, and in that way get along better and there is less chance of relapse. Water and broth are better than malted milk and prepared foods. Many cases of bowel trouble are from too frequent feeding ; they should rest until the irritation is over. Simply get the parents to look at it in a sensible manner and not overfeed the child.

Regarding prepared foods, I use them comparatively little, and in many cases I went through the entire summer without

losing a case. But the main thing is to give the bowels and stomach a chance to rest, and then keep the food down until the stomach has had a chance to rest.

3. "General Treatment of Summer Diarrhœa in Children." Dr. Amsden's paper was a clear and concise rendition of a very important subject, and covered the whole matter in a very practical way.

Dr. C. C. Burpee: Dr. Amsden's paper leaves very little to be said. Where there is more than one child great care should be used in handling the movements. Enema I desire to emphasize if the child is feverish, using water a little over 100°, cooled gradually by ice. Then, if the child is very restless, head hot, and as the ice cap is almost impossible to fit, I think the water bag is of value at such a time and acts very satisfactorily. Another thing, I think we ought to use more than we do in summer diarrhœa, where we get more or less vomiting, and that is stomach washing. Last summer it was very satisfactory, and I intend to use it more this season. Then, bovine is of great benefit and more or less stimulating, and is one of the best preparations of this kind. After a while it is common to find the movements mucous and considerably congested. I think then the best thing, for this class of cases, is strained cornstarch water. But, as Drs. Townsend and Amsden have said, the important thing is to keep the child without food for twenty-four hours, and the trouble is with the mother and other relatives and nurse. In two cases I have kept them forty-eight hours on sterilized water only with very satisfactory results.

Dr. Shepherd: The ice-bag as a pillow for all brain troubles has been followed by most excellent results. Washing out the stomach is performed very simply by the nurse giving them all the water they want, a pint if they want it, and, if thrown up, the stomach is washed out.

Dr. Wood: In cases of local enteritis I give the enema myself, because neither mother nor nurse will give it right. Place the child on a pillow, as if catheterizing, and give normal saline slowly; it goes higher and is more absorptive and acts

on the diseased membrane. Keep the child in a horizontal position, and let it be retained as long as possible.

Dr. Townsend: I am glad to hear Dr. Wood speak of injecting saline solution. Three cases last summer demonstrated the value of that treatment. Cases that were practically hopeless, which had been sick thirty-six or forty-eight hours, and were living skeletons, vomited everything. As the result of injections of saline, an increase of pulse (which had been very weak) was obtained in a short time. The children began to show improvement; local treatment and stimulant followed, and life was saved. Of the three cases two recovered and one died. It seems to me that it was an ideal case for the use of saline. It practically fills up the place of blood serum that has been lost, and there is a great use for it in such cases.

Adjourned at 9.35.

EDWARD E. ALLEN,

Secretary.

MASS. SURGICAL AND GYNECOLOGICAL SOCIETY.

The fifty-seventh session of the Mass. Surgical and Gynecological Society was held at the Hotel Nottingham, Boston, on June 12.

The President, Dr. Henry E. Spalding, in the chair.

The following were elected members:

Dr. G. F. Allison, East Providence, R. I.

Dr. E. R. Johnson, Wollaston.

Dr. F. De Forrest Lambert, Salem.

Dr. J. Arnold Rockwell, Boston.

Dr. Harry O. Spalding, Boston.

The Necrologist, Dr. H. P. Bellows, presented appropriate memorial notices of the death during the past year of the following members:

Dr. Henry F. Batchelder, Danvers.

Dr. Sarah E. Sherman, Salem.

Dr. Jane K. Culver, Boston,

Dr. William Woods, Boston.

In the scientific session papers were presented by Dr. Geo. W. Roberts, of New York City, on The Surgical Treatment of Tubercular Disease of the Joints, and by Dr. H. C. Clapp, on The Surgical Treatment of Tubercular Diseases of the Lungs. These papers elicited a very interesting and free discussion.

Over 100 members sat down to the dinner following the session, and the feast of reason and flow of soul were continued under the guidance of Dr. Winfield Smith. In this "Clinique Extraordinaire", the demonstrators were Drs. Winfield Smith, Geo. W. Roberts, J. P. Rand, and H. C. Clapp, and the subjects were, "The Anesthesia", "The Exploratory Incision", "The Capture of the Tumor", and "Intravenous Saline".

The next meeting of the Society will be in December, and will be the Twenty-Fifth Annual Session. The Bureau of Gynecology will report under the Chairmanship of Dr. Mary E. Mosher.

REVIEWS AND NOTICES OF BOOKS.

OBSTETRIC AND GYNECOLOGICAL NURSING. By Edward P. Travis. Illustrated. Philadelphia and London: W. B. Saunders & Co. 1901. pp. 402. \$1.75.

This an excellent and timely book by a writer whose position in this profession carries weight and authority, and who has clearly written out of the fulness of his own experience. The work presents in plain language, free from needless phrases and technicalities, all that a nurse should know in her relation to the specialties here included. All rules and directions for her guidance are fully laid down, and prefaced in every case by a chart, well considered exposition both of the abnormal condition to be met and the operation or procedure, in the hands of the operator, at which the nurse's assistance is demanded. In this way she is not only instructed in the technical part of her duties, but have to understand distinctly the bearing of these duties to the case in hand and the doctor's work.

She has, in fact, what a modern, fully-equipped nurse so much needs here given her in one proportion,—the theory and practice of obstetric and gynecologic nursing, and in a form for which she cannot be too grateful to the author.

The subject of diet, the duties and conduct of the nurse in the absence of the doctor, the care and feeding of the new-born are treated as fully and as wisely as the strictly surgical portions, in all of which departments the author proves himself in advance of the common practice of the day. We, therefore, recommend the book most heartily, not only to nurses, but also to all medical students and to any practitioners who earnestly desire, as they should do, to know precisely what skilled and intelligent assistance means.

But it is not to the author alone that those who read and study the work should acknowledge their indebtedness. The publishers, too, have left nothing undone to make it both useful and attractive in the highest degree. The good paper, clear print, careful proof-reading—let this be especially noticed in these days of hasty book-making—the admirable illustrations, few, but well executed and instructive, and the full index, all combine to prove the high standard kept in view in placing this book before those for whom it is written.

w. w.

CHARACTERISTICS OF THE HOMEOPATHIC MATERIA MEDICA. By M. G. Douglass, M. D. Loericke & Runyon. New York. 1901.

It is encouraging to find not only that in the field of materia medica "the harvest season is not yet over," as the author quotes from Dr. Hering, but that there are still among us laborers who willingly subject themselves to the arduous task of gleaning after those who have already gathered, and of winnowing that which for a century has been garnered. The gathering and gleaning are difficult and laborious, but the most difficult of all labors connected with the utilization of the rich stores brought in is the winnowing; the separation of the grain from the chaff, then the separation of the sound, full weighted grain from that which is tainted and light of weight. We must accord to Dr. Douglass all praise for the fulness of the work he has undertaken. He has, indeed, gleaned in many fields; spared no pains, until hardly a medicinal substance anywhere used or suggested remains unnoticed. No less than nine hundred and thirty remedies are here marshalled for the use of the practitioner

and the memorizing of the medical student. Happy and powerful as a leader, he who can retain in his memory even a hundredth part of all that is here spread before him !

Where so much has been done, and in the main done well, it would be a relief to say no more. But a book of nearly one thousand pages, and more particularly a book of *materia medica*, is not to be dismissed with a mere laudatory book notice. Whoever comes before the profession with a new work on this subject demonstrates by this very act his sincere desire to further the cause of homœopathy by making its resources more available ; and, what is more, he does this with a clear understanding, not only of the difficulties, but also of the thanklessness of the task. He knows the obstacles to be met in attempting to gain not only the needful popularity, but even a hearing for his efforts. He cannot fail to be aware of the adverse spirit of the day,—the spirit of scepticism, of cavilling, perhaps, of gross materialism in all that pertains to therapeutics, or to disregard the advances in all those fields which invite to specialism, thereby retarding and warping not only the growth of homœopathy, but of all genuine reform practice in so far as it deals with curative action of drugs. He must be aware that it is no longer possible to enlist the enthusiasm or win the interest of the rising generation of homœopaths in the subject of pure *materia medica*, unless, indeed, they have been reared from their infancy to respect nothing but the labors of Jahr, Hering, Lippè, Raue, and their followers. To these this work will unquestionably be a most welcome addition to their armamentarium, while to all those who in the multi-parvumness of their surgical, obstetrical, gynecological and other practical work, can find neither time nor leisure to delve in the dimly-lighted shafts of symptomatology, it will probably prove less attractive. This class of practitioners, whether right or wrong, is apt to demand that the resources of medicinal therapy be not only spread plainly before them, but also that it be adapted to their mode of viewing diseases and their methods of finding indications for treatment.

The question, then, arises at once from which point of view to consider this book. If we approach it in the simple and childlike faith of the pure homœopathist, of him who comes to every case thinking only of the characteristic symptoms and keynotes presented by the patient, and to be sought for in the whole range of drug pathogenesis, we may be persuaded that nothing of practical impor-

tance has been omitted, and that all has been so simplified and reduced to the needs of daily practice that this has now been made far more easy than by any known work of equal comprehensiveness. We shall observe that nothing has been neglected from A to Z: *Ayadirachta*, *Badrago*, *Homtyx chysorrhœa* and *processionea*, *Comocladio*, *Dorris pinnata* and *Doryphora*, *Erichthites* and *Echites*, *Elasis* and *Epiphegus*, *Eupion* and *Fagopyrum*, *Fragaria*, *Kedysarum* and *Hydrocodyle*, *Iteris amara*, *Itu*, *Jacaranda*, *Karakas*, *Katepo*, *Mancinella* and *Metictisina*, *Musa*, *Mygale*, *Napulus*, *Narzau*, *Osimurss*, *Oxytropis*, *Optea Jurinosa*, *Oxcdaphre*, *Paracea*, *Porthos* and *Pyrethrum*, *Sabbatia angularis*, *Spiggurus*, *Stachys betonica*, *Thevetia*, *Yolotyochitl* and *Zisia*, besides all mineral waters, *cis* and *transatlantic*; the *nosodes* with *cimex* and *pediculus*, and all the hundreds of others more or less familiar to those who use or review our work on *materia medica*. Of all, whether well, or ill, or unknown, "only the most characteristic indications have been retained, symptoms that the author has himself verified in a practice of twenty years, or which have been verified by trustworthy physicians." This is the assurance given in the preface.

But here, unluckily, certain questionings arise in the soul even of him who comes with the most simple and childlike faith for aid and direction, questionings for which even the most patient research fails to bring satisfactory answers. The book contains no word of introduction explaining either the comparative value of drugs, or the manner of their presentation, which differs widely not only for different drugs, but for the indications which shall guide us in their selection and clinical use. Why, for example, should our confidence in some remedies be fortified by giving the names of their provers or of those who introduced them into practice, while an almost equal number of others, especially the newer and less known ones, those for which we most need authoritative statements, are presented without as much as a hint of the origin of the knowledge concerning them? And why, in the same way, are the common names and the preparations of some drugs, chiefly those better known, carefully mentioned, while not a word in regard to these matters is vouchsafed concerning those newly introduced and little known. We do not say that these things are absolutely essential in a work on *materia medica* which has for its purpose only the presentation of symptoms pathogenic and clinical. But if given in one case, surely

we have a right to demand these in the other. Is *adonis vernalis*, with half a page of indications, less worthy of such additional information than *æsculus glabra*, with but one line? For the last named are given the common names and pharmaceutical preparation, while for the first he who practices far from a homœopathic pharmacy and is often called upon to prepare his own medicine must look where he may for the needful information.

And, again, in regard to the clinical value of symptoms as determined by experience and observation, are Ruchmann and Burt, the foremost provers of *æsculus hippo castanum*, and Bojanus, who proved *convularia majalis* less authoritative and worthy of mention, and Dr. Swan who proved *medorrhinum*, or Dr. Mure, of Brazil, who proved and introduced, as is said, *cimex* and *pediculus* and many other drugs of most questionable value? These are instances of what occurs on almost every page of the book, and lead us to fear that Dr. Douglass and his editor, who is thanked in the preface for his careful work, have either yielded to some prejudice in the matter of mentioning authorities, or to some disinclination to take that trouble which is absolutely essential when men write in a great cause.

In regard to the verification of symptoms the same doubts and questionings arise. The preface is of such very modest length and fulness that we are left to guess that the symptoms given in italics are those "verified by the author in a practice of twenty years and by other trustworthy physicians." We may say at once, and we say it cheerfully, that we have nowhere seen the polychrests—of which, as a matter of course, the list has been lengthened since Hahnemann's day—more succinctly and practically presented than is here done. But the same mode of praise cannot conscientiously be accorded to the treatment of that "large and valuable class of remedies found scattered thro' the various society reports, magazines, etc., and now gathered in one convenient volume." This treatment here is for the most part quite too cursory or "machine-made," if we may use the expression, to be of any value practical or scientific. Here, however, it is impossible to criticize the author's method, since there is nowhere to be found the least evidence of a method or any principle of selection or classification from which a method might be derived or inferred. All symptoms are made to appear as of equal value, unless, indeed, those italicised are intended to represent

the more exact indications. Perhaps there remains as yet the only course for a "liberal homœopath" who refuses to decide whether objective or subjective symptoms, pathological lesions or sensations and their modalities are to be accepted as guiding and characteristic indications. But when a new book on materia medica is offered to the profession with a distinct claim that it contains only that which has been verified as clinically valuable, we are warranted in looking for a long step in advance of the older authorities.

It is this advance which, with much regret, we fail to recognize here. In fact, no progress in the direction of placing our materia medica, our one distinctive, therapeutic feature, on a sound and genuinely practical basis, save by the most careful observation and experiment, conducted not alone in private practice, as hitherto, but, above all, by collective work, well systematized and planned for the exclusion of error. This can be done only in our hospitals, which have existed and continue to exist, primarily, for the greater glory of homœopathy, and, secondarily, for the advantage of such patients and, we may add, of such practitioners who may choose to take advantage of them. That they have in any sense advanced the power of our method over disease few will venture to assert.

Until some concerted action in the direction of greater exactness and sounder knowledge, not only in the matter of reproofing our drugs, but mainly of observing and determining their clinical effects, we must gratefully accept from private practitioners such results of their experience as they may offer, and doubt their verifications only when these are stated in terms too antiquated or too vague. Instances of drugs so presented in this new work are so numerous that they affect its whole character, otherwise we should be but too glad to make no mention of them. What justification can there be to-day in a book written in the English language by an American author for retaining so many of the old terms, peculiar to early homœopathic literature, which so plainly bear the mark, "Made in Germany"? It is certainly no longer hypercritical to demand that symptoms should be expressed in plain English for our use.

What we must look upon as a more serious fault, however, is the utter vagueness and utter inadequacy of so many of the indications offered as characteristics. What shall we say, for example, of *Mercurius jodatus cum Kali jodatum* (sic), under which formidable and learned looking head nothing is given but "secondary and tertiary

syphilis"; or Yosotis: "cough with purulent expectoration"; or of Phosadendron: "hastens labor and prevents miscarriage"; and many more of the same kind. And, furthermore, can the author truly say that he or any other trustworthy physician has verified in practice the curative effects of laughing gas, of which the pathogenic symptoms, although clearly and distinctly stated, are here introduced without any sponsor for their clinical validity?

It would lead quite too far to analyze the whole work in the same spirit of demanding exactness where as yet no exactness has been attained. The criticism we feel called upon to offer is simply this: that in so large a number of cases verifications and characteristic indications are declared to exist where nothing but vagueness and routine are exhibited. The work is in this way made to lose both in authoritativeness and practical usefulness in the proportion of its increase in size; a matter to be profoundly regretted where so much of unquestionable value has been brought together. That the publishers have done their work well goes without saying, although the proof reading here and there leaves something to be desired. Paper, binding, print and index are excellent. w. w.

PRINCIPLES OF SURGERY. By N. Senn, M. D., Ph. D., LL. D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of the United States Volunteers and Chief of the Operating-staff with the Army in the field during the Spanish-American War. Third Edition. Thoroughly Revised with 230 Wood-engravings, Half tones, and Colored Illustrations. Royal Octavo. Pages, xiv—700. Extra Cloth, \$4.50, *Net*; Sheep or Half-Russia, \$5.50, *Net*. Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

To those familiar with the two preceding editions of this work, and no surgeon is not familiar with them, comment on this, the third edition, is hardly necessary.

It has added two new chapters, one on "Degeneration," and one on "Blastomycetic Dermatitis," which very materially enhance the value of the work. The surgical pathology of the various subjects is

exhaustively considered and well illustrated. The subject matter is treated under the following heads: Regeneration, Degeneration, Inflammation, Necrosis, Suppurative Ulceration, Osteomyelitis, Septicæmia, Pyæmia, Erysipelas, Tetanus, Hydrophobia, Tuberculosis, Actinomycosis, Blastomycetic, Dermatitis, Anthorix, and Glanders. The illustrations are numerous and good; the text explicit and easily understood. It is a book of value either to the student or the practitioner.

CLINICAL PATHOLOGY OF THE BLOOD, by James Ewing, A. M., M. D.
Lea Brothers & Co., Phila.

The growth of hæmatology within the last decade has materially added to the diagnostic ability of the clinician. Unfortunately, however, of the several monographs which have appeared there have been but few handy for reference to the busy physician. This volume of Ewing will, therefore, readily commend itself to the practitioner who wishes to know the characteristic features of the blood in certain pathological conditions, as well as to those who may approach the subject from its purely scientific side.

A valuable feature of the book is the extensive bibliography at the end of each section. This gives evidence of a wide acquaintance with the literature of the subject, and forces the respect of the reader for the opinions and interpretations of Dr. Ewing on those questions which are still *subjudice*.

An idea of the scope of the work is best obtained by the following enumeration of the different divisions of the text: Part I, General Physiology and Pathology of the Blood; Part II, Special Pathology of the Blood; Part III, Acute Infectious Diseases; Part IV, Constitutional Diseases; Part V, General Diseases of Viscera; Part VI, Animal Parasites.

The text is illustrated with fourteen colored plates drawn by the author. These plates impress us as being largely diagrammatic, and, perhaps, would have given more correct impressions had smaller magnification been adopted. From the above statement we would accept the plates illustrating the chapter on malaria, which although drawn to the same scale as the others, are far more instructive.

A section of the work which seems to us worthy of special mention is the one on malaria. It embodies the recent views on the

disease, as well as most valuable contributions to our knowledge of the subject by the author himself.

The volume is one which the up-to-date physician can not well afford to be without.

The publishers work is well executed.

S. C. T.

A TEXT-BOOK OF EMBRYOLOGY. By John C. Heisler, M. D., Professor of Anatomy in the Medico-Clinurgical College, Philadelphia. Octavo volume of 405 pages. Cloth, \$2.50 net. W. B. Saunders. 1899.

It is with keen pleasure in these boasting days of "practical medicine" that one welcomes a book thus systematically and comprehensively treating this fundamental subject.

The author modestly calls attention to the importance of a knowledge of embryology in order that the "proper comprehension of human anatomy" may be possible. Anatomy, however, is not the only subject related to medicine which cannot be brought into proper perspective without an intimate knowledge of the subject of this notable work. Because of a growing appreciation of the relation between the character of embryological and pathological processes, as well as its importance as an aid to the proper study of histology, obstetrics and the like, this treatise is in the first sense "practical."

Embryology has risen from what were considered the systematized vagaries of the biologist to a commanding position in practical medicine.

Commanding because an ever increasing band of physicians search for the truth by the light it gives; and practical because fundamental.

The text is clear and concise, the illustrations copious, and mechanically the book is everything which one expects from the Saunders' high-standard press.

A. E. P. R.

THE FEEDING OF INFANTS — HOME GUIDE FOR MODIFYING MILK.

By Joseph E. Winters, M. D., Professor of Diseases of Children, Cornell University Medical College. New York: E. P. Dutton & Co. 1901. pp. 47. Price, cloth, 50 cents.

Mother's milk, other things being equal, is the ideal food for infants. When this is not obtainable a substitute must be provided which fairly approximates it. Dr. Winters shows the enormous dif-

ference in mortality between babies naturally and artificially fed, and endeavors to teach methods by which the mortality under the latter conditions may be greatly lessened. He gives formulæ for the modification of milk adapted to infants at different ages, and provides some excellent hints on such points as the appropriate amount of food, dangers of over-feeding, milk supply, pasteurization, etc. He has nothing very favorable to say of the prolonged use of predigested, or "Infant Foods" so-called, and we must say we are inclined to agree with his strictures.

TAYLOR ON GENITO-URINARY AND VENEREAL DISEASES AND SYPHILIS.

The Pathology and Treatment of Genito-Urinary and Venereal Diseases and Syphilis. By Robert W. Taylor, A. M., M. D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New York. New (2) edition. In one very handsome octavo volume of 720 pages, with 135 engravings and 27 full-page plates in color and monotone. Cloth, \$5.00 *net*; leather, \$6.00 *net*; Lea Brothers & Co., Publishers, Philadelphia and New York.

Dr. Taylor's reputation among the profession is such, that anything from his pen on genito-urinary and venereal diseases commands at once the attention.

This is the second and revised edition of his work, the first edition of which is already an authority in the profession and the medical schools. The author's aim is "to present an up-to-date, practical and compact treatise"; this he certainly has accomplished. The instructions for treatment of the various diseases, especially Gonorrhoea, are given with a minuteness of detail that make them especially valuable; at the same time there is evidenced a conservatism of opinion which impresses one with the seriousness and gravity of the disease. This work is invaluable in its line and sure to maintain its place as among the foremost of our text-books.

35,000 QUESTIONS ON MEDICAL SUBJECTS ARRANGED FOR SELF-EXAMINATION. Third edition, enlarged. Philadelphia: P. Blakiston's Son & Co. 1901. Price, 10 cents.

The above comprises questions only, upon all the main branches of medicine. Answers are referred to as found in some sixteen or seventeen books, most of which are merely quiz-compends. We

think the latter sufficiently cover the ground, and that it is hardly advisable for a student to depend too much upon such condensed aids. The book under notice, contains the questions given by the State Examining Boards of New York, Pennsylvania and Illinois in recent examinations.

INTERNATIONAL HOMŒOPATHIC MEDICAL DIRECTORY. London: Homœopathic Publishing Co. 1901. pp. 122. Price, 50 cents.

The International Directory for 1901 gives the names and addresses of all homœopathic physicians practising on the Continent of Europe, in the British Empire and in Mexico. It is proposed, in a future edition, to include the names of those American homœopathic physicians who care to subscribe for the directory at the rate of \$1 each. Any who are interested and desire further information, should send their address to the publishers, 12, Warwick Lane, London, E. C., who will mail circulars when the next edition is being compiled.

A MANUAL OF HOMŒOPATHIC MATERIA MEDICA. By J. C. Falmestock, A. M., M. D. Published by the author, Piqua, Ohio, 1901. For sale by Otis Clapp & Son. Price, cloth, \$1.25. Cloth with blank pages, \$1.50. Flexible leather, \$2.00, *net*.

This is a manual for ready reference, giving in brief the characteristic symptoms of the remedies. Each alternate page is blank to enable one to make additional notes or to emphasize verification. The work is thoroughly and painstakingly done and promises to be a very helpful one, both to the student and the practitioner.

William Wood & Co. announce the following recent publications:

CLINICAL LECTURES ON STRICTURE OF THE URETHRA AND ENLARGEMENT OF THE PROSTATE. By P. J. Freyer, M. A., M. D., M. Ch. Surgeon to St. Peter's Hospital. Lieut-Colonel Indian Medical Service, (Retd).

AN INDEX OF SYMPTOMS AS A CLEW TO DIAGNOSIS. Just published. By Ralph Winnington Leftwitch, M. D., late assistant physician to the East London Children's Hospital.

APHORISMS, DEFINITIONS, REFLECTIONS AND PARADOXES. Medical, Surgical and Dietetic. By A. Rabagliati, M. A., M. D., F. R. C. S. Ed. Late President of the Leeds and West Riding Medico-Chirurgical Society, etc.

PERSONAL AND NEWS ITEMS.

DR. J. FRED'K NORWOOD has removed from Rockport, Maine, to Camden, Maine.

DR. G. N. TOWLE has returned from his sojourn in the West, and has located in Houlton, Maine.

DR. FRANK B. FOSTER, class of '99, B. U. S. of M., has removed to Santa Barbara, California.

During August and September Dr. T. M. Strong will be at Nonquitt, Mass.

DR. HARRY A. CHENEY, class of '01, B. U. S. of M., has opened an office at Newburyport, Mass.

DR. FRED'K M. SEARS, B. U. S. of M., '01, has opened an office at 50 Bloomfield Street, Dorchester.

DR. FREDERICK C. ROBBINS, class of '96, B. U. S. of M., has removed from Yarmouthport, Mass., to 25 Village Ave., Dedham, Mass.

Announcement is made of the removal of Dr. Howard P. Bellows, Dr. Geo. B. Rice and Dr. Geo. A. Suffa from the Woodbury Building to the Guildford, corner of Clarendon and Newbury Streets, Boston.

On account of ill health, a homœopathic physician in a large railroad town in eastern New York will dispose of practice and complete outfit at a bargain. Fine opportunity for a young man. Address Dr. F. C. Brush, 1244 Broadway, New York.

At the June meeting of the Faculty of the Chicago Homœopathic Medical College a beautiful loving cup was presented by the Faculty to Prof. N. B. Belamater as a token of the esteem and affection in which he is held by those who have been associated with him during his twenty-five years' service in the college.

Under the management of the new business manager the Chicago Homœopathic Medical College has undergone a thorough renovating, having had two new lecture rooms, with sub-clinic rooms, and it is in a most excellent condition. The college is in excellent financial state, owning property to the amount of \$100,000, having a debt of but a little over \$25,000.

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COMMUNICATIONS.

A LETTER FROM GERMANY.

BY HORACE PACKARD, M. D.

HOMŒOPATHY ON THE CONTINENT — A DAY WITH BASSINI — VIENNA WANING AS A WORLD'S MEDICAL CENTRE — PROFESSOR SCHRÖTTER AND THE HEILANSTRALT ALLAND (HOSPITAL FOR CONSUMPTIVES) — BOTTINI'S OPERATION AND FRENDBERG'S WORK — MEDICAL EDUCATION IN GERMANY.

BERLIN, July 21, 1901.

In my journeyings it has been my pleasure to look up, as far as opportunity has offered, the present status of homœopathy. These inquiries have been made to satisfy my curiosity as to the truth of the claims frequently made that homœopathy is on the decadence in Europe. To such homœopathic physicians as I have met, my queries have been mainly as follows :—

1. Is the number of homœopathic physicians increasing in the city or town where you reside ?
2. Are homœopathic remedies becoming widely used by old school physicians ?
3. Is the relation now existing between the representatives of the two schools a friendly one ?
4. What is the attitude of the public at large toward homœopathy ?

5. What, in your opinion, is to be the final destiny of homœopathy in your country?

The first physician with whom I had an interview was Dr. Bernard S. Anneply, of Nice, France. To Dr. Anneply's opinion I attached much weight, for he has travelled abroad, has been in the United States for thirteen years, was at one time Professor of Theory and Practice in the Hahnemann College, Chicago, and is now the foremost representative of homœopathy in Southern France. The doctor is a naturalized citizen of the United States and his sympathies are all with the free democratic government of his adopted country. With tender solicitude for the health of a member of his family he returned to the mild climate of the Riviera.

His father, Dr. Pierre Anneply, was the pioneer homœopathist of Northern Italy and Southern France. Nice, and what is now the French Riviera, was at that time Italian territory and the residence of many persons of education, wealth and influence. His practice became large and remunerative, and with the aid of his patrons he established a homœopathic hospital which flourished for years. The number of homœopathists increased to seven or eight in the few succeeding years, but grave political complications arose which changed a long stretch of the Riviera, including Nice, into French territory. Many of the wealthy Italians who had been patrons and supporters of Dr. Anneply and the hospital which he established, moved away to regain their native soil, and as a result the hospital languished and was finally obliged to close its doors.

The present Dr. Bernard S. Anneply said, "While homœopathy is showing progress in Germany, England and Spain, it is at a standstill in France. We find a sturdy group of good practitioners in Paris, although there also the older and abler men are passing away and are hardly to be replaced by men of equal merit. In the provinces we find but few representatives of homœopathy. Our numbers are decreas-

ing here in Nice, but I hope to retrieve lost ground. At one time there were seven homœopathists here, now they are reduced to three. My father's followers and supporters have become scattered. Young men who study medicine, though some of them have a preference for homœopathy, are subject, in their course of study in our established universities, to anti-homœopathic influence and with the attractions of specialties, hospital positions, government and army appointments, they cast their lot with the old school. In France our total number is now about sixty, most of whom are in the large cities and towns. The use of remedies in homœopathic indications by the old school physicians is increasing. As I come occasionally in consultation with them I find them using *bryonia* for acute pleuritic affections, *pulsatilla* for dysmenorrhœa, etc.

"It is not very difficult for a well-trained homœopathic physician to make a place for himself in any community about here. Cannes, a charming place near Nice, has no homœopathist although it could easily keep two good men comfortably busy. In France homœopathy as a distinctive school of medicine is making no progress, but it is being quietly amalgamated with the practice of medicine in general. Little if any of the old spirit of intolerance and persecution shows itself. Friendly relations exist, and amicable consultations frequently occur."

In Rome I had a very entertaining interview with Dr. Vincenzo Liberali. His father was a homœopathist, and he has a son now studying medicine. He said, "We number five homœopathists here in Rome, and about forty in Italy. We have a hospital in Turin, which has recently had a legacy which will enable it to maintain a capacity of about thirty beds. In the larger cities of Italy there are from four to six homœopathists each, but in the smaller towns and cities it is unknown. Of increase in numbers there is none, and homœopathy is but little known or practiced among my old school colleagues. I occasionally hear of them using

glonoine, on homœopathic indications, for heart troubles, but in such large doses that disagreeable cephalic symptoms follow.

“The outlook in Italy for the growth of homœopathy as a school is not hopeful. I include in my practice some of the most wealthy and intelligent families of Romè, and there is a place for homœopathy among the better classes of people. All influences, however, lead the young man toward the attractions of the old school hospitals, colleges, societies and associations. The friendship and good will of the established professors and practitioners seem to them, and are stepping stones to practice and a livelihood. After all, with most, the latter is the chief incentive.”

Salzburg (Austria, the home of Paracelsus in the sixteenth century), a flourishing city of thirty thousand inhabitants, directly in the line of travel between Paris, Munich, Vienna, and Constantinople, and much visited and admired for its beauty by tourists, has one homœopathist, Dr. Gregor Gfrerer. His sign reads, “Physician and Hydrotherapeutist.” He said, “Formerly there were three homœopathic physicians here, but one has died, and the other is aged. No young men are in view to take their places. They all cast their fortunes with the dominant school. Homœopathic remedies are unused and unknown by my old school colleagues. The druggists here keep no homœopathic preparations. I must send to Leipsic for all my tinctures and triturations. I am viewed as a charlatan by my old school colleagues and homœopathy is denounced as a humbug. My field is difficult. I see but little promise for the future.”

Vienna. Dr. Ignatz W. Klauber is one of the foremost homœopathists in Vienna and enjoys a large, lucrative practice. He said, “We have two hospitals here under homœopathic management: a general hospital of eighty beds and a children’s hospital of thirty beds. The number of professed homœopathists here at present is about fifteen.

There are many more who practice homœopathy quietly and affiliate with the old school. We have no homœopathic organization in Austria, *i.e.* no national society, and probably homœopathy never will exist as a separate school, consequently our young men who believe in and practice homœopathy prefer to do so quietly, in which they are not antagonized by their old school colleagues, and thus they maintain friendly relations with the dominant organizations.

“No, homœopathy is not on the decline in Austria. The germ of truth enunciated by Hahnemann is penetrating more deeply into the body medical. There will always be people who want homœopathic treatment and there will always be physicians, and in increasing numbers, who will practice homœopathy.

“Some of the professors in the Vienna University maintain cordial relations with us and meet us courteously in professional consultation.”

In Dresden, Dr. Hermann Elb (member of the Royal Saxon Sanitary Commission) is the pioneer homœopathist of Saxony. For many years he held the field alone, but in recent times accession to the ranks have occurred. At present there are four physicians practicing homœopathy in Dresden. Dr. Elb said, “Yes homœopathy is gaining strength in Germany. Our National Homœopathic Medical Society has a membership of about two hundred, and meets annually in the larger cities, alternately. It convened here in Dresden last year, at which time I served as president. This year it meets in Frankfort, August 8th—will you come? At the present time there is a factional dispute over the attenuation question, but that will adjust itself. As physicians and scientific men we cannot ignore progress in medical science, whether such be in the line of homœopathic therapeutics, serum therapy or sanitary science. Homœopathy was never more directly in the line of progress than at the present time. There are more physicians prac-

ticing homœopathy, more old school physicians giving ear to it than ever before. Dr. Hugo Schultz, Professor of *Materia Medica* and *Pharmacology* in the Greifswald University (old school) is in a quiet way disseminating homœopathic teachings. It is an interesting story. He believes in homœopathy but his position forbids declaration of such. As a child he was cured of some distressing malady by homœopathy. As an adult and after he became professor in the university he was stricken with a severe enteritis. Nothing availed as a cure. At last after seven weeks had elapsed he was persuaded by his parents, who were still firm believers in homœopathy, to summon a homœopathic physician. Colchicum was administered. In two days he was well. A little while after, he was relating to one of his old school colleagues the details of his experience and his rapid recovery after taking colchicum. His companion said in answer, "It is impossible that colchicum could have had anything to do with your recovery. *Why, it produces just such symptoms.*" The next step is the appearance in old school journals of provings of various drugs on Hahnemannian plan by Professor Shultz, conducted in a masterly manner, to which no objections have thus far been offered by his old school colleagues. It is an open secret that his sympathies are with homœopathy, that he seeks conference with homœopathic physicians, but that thus far, from motives of which judgment should not be hasty, he does not announce himself a homœopathist.

In Berlin I found an enthusiastic, hard working coterie of homœopathic physicians numbering about forty. I spent a very pleasant evening with Dr. Gisevius and Kröner discussing medical education in Germany and the present and future of homœopathy. They said, "We have at present about four hundred professed homœopathic physicians in Germany and about four hundred more who practice homœopathy but prefer to affiliate with the old school. We conduct three dispensaries here in Berlin and have already

in hand seven hundred thousand marks towards the founding of a hospital. We are now moving in the matter of the establishment of a homœopathic pharmacy under the same governmental regulations which control the old school pharmacies. This means much for it will be the first governmental recognition which has been accorded us.

"A committee of physicians is now busy upon a new work on homœopathic pharmacy and materia medica. Professor Schultz's work at Greifswald University is doing much for the dissemination of homœopathy among the profession at large. Young men who seek training in homœopathic materia medica attend his lectures from all over Europe. His course is a wise one in making no declaration of his homœopathic convictions. His work is so profoundly scientific that he is unassailable by any of his old school colleagues who may be chafing at the impetus which he is giving to homœopathy. That his work receives the commendation of the regents of the university is evidenced by his recent advancement to a position of higher dignity.

"A few years ago Professor Rapp, of Tubigen University, became a convert to homœopathy and made open declaration of the same. He was quietly deposed and sank into oblivion.

"As to the future of homœopathy here in Germany it is rash to prophesy, but there are certainly no signs at present of its decadence.

"Our relations with the old school are tranquil, and amicable consultations frequently occur.

"There is a strong friendly feeling on the part of the public towards homœopathy as is evidenced by recent large contributions to our hospital fund."

Conclusion. There is no prospect of the extinction of homœopathy in Europe in this era of the world's history. While in some countries and sections of countries homœopathy is making little or no progress, *e.g.*, Italy and Southern Austria, yet it is almost the universal testimony that the

number of physicians who practice homœopathy is augmenting. In Germany the expected has at last occurred, viz.: A professor of materia medica in an old school medical college has taken up the investigation of drugs on the Hahnemannian plan, and his work and teachings are accepted and incorporated in the latest and most authoritative textbook (*Lehrbuch der Allgemeinen Therapie und der Therapeutischen Methode 1898*).

After this there seems no need to discuss the future of homœopathy. As a therapeutic method it has stood the test of a century and it now takes its place in the great field of medicine as a method among other methods to be used according to the light and convictions of each physician.

(To be continued.)

THE MATERNITY DEPARTMENT OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

**With a Report of the Services of Walter Wesselhoeft, M.D.,
Obstetrician.**

REPORTED BY J. EMMONS BRIGGS, M. D., ASSISTANT OBSTETRICIAN.

[Read before Mass. Hom. Med. Society, March 7, 1901.]

The first definite steps toward the establishment of a Maternity Department to the Massachusetts Homœopathic Hospital may be said to have originated with a motion made by Dr. Walter Wesselhoeft at a meeting of the Medical Board of the Hospital held in June, 1896. His suggestion was that a part of the medical wing of the hospital be used as an obstetrical department. The matter was placed in the hands of a committee who agitated the subject, with the result that on April 30th, 1897, the trustees of the hospital obtained possession of a large house No. 40 West Newton St.,

Boston, which had previously been remodeled into a private hospital.

During the spring and summer a considerable amount of work was done in adapting the building to the needs of a maternity hospital. Finally, on September 5th, 1897, the work was completed and the first patient was admitted.

The capacity of the hospital is at present seventeen beds. On the first floor are the reception-rooms, dining-room for the staff and nurses, a ward with a capacity of five beds, a serving-room and bath. On the second floor is one small private and two large rooms, accommodating two and three patients, respectively; also a bath-room. The third and fourth floors are arranged in a similar manner. The fifth floor contains the delivery and sterilizing rooms, also a small room, where patients wait until the first stage of labor is completed. In the basement is the kitchen and a room for the examination of patients. The nursery is a large room with a southern exposure. There are cribs with accommodations for seventeen babies. There is a porcelain bath tub and all necessary appurtenances for their care, including an incubator of the latest design.

The delivery-room, a room 14 x 15, is supplied with overhead and northern light. The furnishings are of metal and glass and comprise an operating or delivery table, instrument and dressing table and porcelain utensils. The room is lighted by electricity and gas. Opening out of this is a room for instruments and sterilizing.

The private rooms vary in size from those moderately small, at \$15 a week, to commodious and very handsomely furnished apartments at \$30. There is only one general ward, and it contains five beds. A limited number of free patients can be accommodated.

The house physicians are appointed for a term of six months, the first three months serving as junior and the second as senior house physicians. The requirements call for a graduate in medicine for the position of senior house physi-

cian. He, assisted by the junior, is entrusted with the care of patients before, during and after confinement, under the immediate supervision of the attending or assistant obstetrician. He keeps the records and has authority to admit patients in emergency. The internes are usually those who have served or have been appointed to a term of twelve months at the Massachusetts Homœopathic Hospital. The nursing is under the immediate supervision of the superintendent of nurses and the matron of the maternity department.

In the three years during which the hospital has been in operation it is a noticable fact that nearly all the private cases which have been treated have come from the practice of the obstetrical staff. It does not seem to be generally known that other physicians who are members of the Massachusetts Homœopathic Medical Society can bring their patients and care for them in the private rooms of this institution. Here are all the appliances for meeting emergencies, and especially, through its corps of house physicians and nurses, for reducing to the minimum the great hazard that is sometimes foreseen must attend the approaching parturition.

That you may have an idea of the amount and character of the work which this institution is conducting, I have had a summary made of all cases treated in the hospital from the date of opening to January 1st, 1901.

See Third Annual Report.

REPORT OF THE SERVICE OF WALTER WESSELHOEFT, M. D.,
OBSTETRICIAN.

Patients who desire admission to the Maternity Department either apply in person or through their family physician. In either case they are encouraged to submit to examination as soon as practicable. This primary examination is to determine approximately the position of the foetus, the pelvic

diameters, and, in fact, to ascertain whether there be any abnormality. The urine is examined and the patient instructed when to call again. Subsequent examinations are requested in cases where the position is faulty or other marked pathological conditions exist. If the urine is scanty, low in specific gravity and urea, and contains albumin or casts, the patient complaining of dullness of vision or headache, we insist upon immediate admission. If any of the above mentioned complications exist, we prefer to have our patient under our immediate observation, that any tendencies toward uræmia may be immediately discovered and the appropriate treatment instituted.

If everything appears normal in the primary examination patients are instructed to enter the hospital at a time which is set about one week before the expected confinement. They are, however, instructed to report immediately in case labor pains occur.

If patients are in labor when they arrive, if time will allow they receive a bath and their bowels are evacuated. They then go either to their rooms or the delivery suite, as the circumstances require. During the first stage of labor patients remain in their rooms, and are encouraged to move about, but after the cervix is dilated they are taken to the delivery-room. Ether or chloroform are frequently administered as the head begins to dilate the vulvar orifice. Here it serves two purposes, viz. : to retard and render the propulsive pains less violent, and thus give ample time for the soft parts to stretch ; also to relieve the woman from the agony often experienced as the head is born and the perineum injured. It is impossible at this writing for me to say just what proportion of cases receive an anæsthetic.

The perineum is never repaired nor forceps applied without anæsthetic. Chloroform is the anæsthetic par excellence for obstetrical work. It is quick in its action, and, unless operative interference is demanded, only a few drops need be used on a handkerchief as the patient realizes the

oncoming of a pain. Complete anæsthesia is scarcely ever employed, nor is it desirable in uncomplicated cases.

Frequent vaginal examinations are undesirable and add to the dangers of infection. After having determined the position of the foetus, and assured oneself that no abnormality of the bony pelvis or soft parts exists, nothing is gained by repeated examinations. I use the rubber finger cots for examining purposes and the rubber gloves during delivery. I have formed no opinion as yet as to their merits in obstetrical practice, as they were used only during the last term of service. No sepsis developed, but it is probable that such would have been the record had we not used them. I had become an ardent believer in the rubber glove for surgical work, and was anxious to give them a trial in obstetrics.

Whenever a chemical disinfectant has been required, we have used formaline solution, one-half of one per cent. Douches are not given during or after delivery unless specially indicated. A foul lochial discharge appearing a few days after delivery is an indication for a douche of sterile water, followed by a pint of one-half per cent. formaline solution.

Lacerations of the cervix are not repaired unless very severe and stitches have to be taken to control the hemorrhage. Post-partem hemorrhage is treated by compression of the uterus through the abdominal wall, by hot or cool douches to which vinegar is added if necessary. If the bleeding be occasioned by a cervical laceration the uterus is pulled down by the cervix forceps and two or three deep cat-gut sutures are adjusted in the cervix in such a way as to control the hemorrhage. If patients suffer from an excessive loss of blood we have recourse to the intravenous saline injection. Ruptures of the perineum are invariably repaired immediately, and we exercise as much care in accurate suturing as in cases requiring secondary operation. The suture material is cat-gut and silk worm-gut, the latter being removed on the tenth day. Patients with rupture of the peri-

neum are allowed to sit up on the fourteenth day and leave the hospital on the twenty-first.

Babies are cared for in the nursery by a nurse who is detailed for that work exclusively. They are brought to their mothers to be nursed at regular intervals.

During Dr. Wesselhoeft's terms of service several extremely interesting cases have been treated. Lack of time forbids me to report them all, and I must select a few. I have decided, therefore, to give you brief reports of those which terminated fatally. These comprise two cases of eclampsia and one of placenta previa.

CASE I.—Mrs. B., age 23, nationality, English. She entered the hospital at 10.30 A. M., June 20, 1899, and gave a history of having had nephritis for four years. Her father and brother both having died from it. During her pregnancy she had suffered less than usual. Early in the morning of June 20th she had a severe convulsion, which was followed by two equally severe, before she arrived at the hospital. She was unconscious, and her temperature had risen to 103 degrees and her pulse was 120. Her countenance was livid and her skin dry and hot. Examination per vaginam showed a cervix undilated. Dr. Walter Wesselhoeft was summoned in consultation. As the patient was in a desperate condition, her temperature rising at the rate of nearly a degree an hour and her pulse increasing in rapidity, with absolute suppression of urine, it was thought best to interfere and deliver her as soon as possible. With this end in view, forcible and rapid dilatation of the cervix was undertaken, but on account of the great rigidity of the cervix and the narrow vagina and perineum, it was quickly found that delivery through the vagina could not be accomplished without extensive injuries to the soft parts. At the suggestion of Dr. Wesselhoeft, I made a Cæsarian section and delivered the woman of a living child. The placenta being very adherent, and its detachment being accompanied by severe bleeding, ligatures were thrown about

both broad ligaments and the uterus removed. An intra venous injection of salt solution was then administered. The patient had another convulsion shortly after completion of the operation, from which she never rallied, and died about 8 P. M., about four hours after the operation. The child survived only eight hours.

Comments : This was a typical case of puerperal eclampsia in its worst phase. The woman had been in convulsions and unconscious nine hours. Her temperature and pulse were exceedingly high and the cervix not dilatable. There was absolute suppression of urine ; less than a tablespoonful was procurable by the use of a catheter, and it contained eight per cent. albumin and numerous granular and fatty casts. No expectation of saving the mother's life was entertained. By Cæsarian section we hoped to save the child.

CASE II.—Miss C., aged 14, Irish parentage ; entered the hospital at noon of October 28, 1900, in a semi-comatose condition. Her mother found her that morning in convulsions and apparently unconscious. There was a record of four well-marked convulsions and several less pronounced. A very severe convulsion occurred at 12.15 P. M. I examined her at that time and found the cervix partially dilated. At Dr. Wesselhoef's suggestion chloroform was administered and the cervix manually dilated. At 12.30 P. M. the membranes were ruptured and high forceps applied. The child was delivered without any difficulty and with scarcely any tearing of the soft parts. Three pints of an intra-venous salt solution were given at 1.40 P. M. At 2 o'clock a slight convulsion occurred, and another somewhat later. Two more followed in close succession. At about 3 P. M. several high saline enemata were given. Half an hour later the convulsions were very severe and frequent. Only two drams of urine could be obtained by the use of the catheter. It contained eleven per cent. albumin, numerous granular hyaline and epithelial casts. Veratrum viride in 5 gtt. doses was given and frequently repeated. With every convulsion the

pulse increased in rapidity. At 5 P. M. the temperature had reached 104.5; at 7 P. M., 105.8; at 9 P. M., 107.7, with a pulse estimated at 180 per minute. At this hour the convulsions were not so well marked, but there was constant twitching and stertorous breathing. She died at midnight in a convulsion. Her temperature by rectum was 108.4.

Comments: In this case the indications were clear as to the course to be pursued. The cervix was obliterated and the canal was opened sufficiently to admit the finger, therefore the delivery was easily accomplished. This case, however, proved more rapidly fatal than case 1, where Cæsarian section was made, and was, likewise, doubtless attributable to the total suppression of urine.

CASE III.—Placenta previa.—Mrs. F., aged 30, Irish nationality. The first seven months of pregnancy progressed normally, when suddenly a severe hemorrhage occurred. After that date she had several other hemorrhages, but less severe. She had been compelled to spend a large portion of her time in bed, as exercise was accompanied by loss of blood. She entered the hospital June 13, 1898. At this time she was flowing badly, and there was a foul odor to the discharge. Examination revealed a transverse presentation, with the head to the right side. The cervix somewhat dilated, and within were clots of blood which protruded through the os. On deeper penetration the placenta was made out centrally located. The patient was put in bed and the vagina was cleansed by antiseptic douches.

We kept her under observation one week, during which time she flowed quite constantly, but not alarmingly. On the 20th of June she had a severe hemorrhage. The vagina was packed, but the flowing continued. As the hemorrhage could not be controlled we thought best to interfere. The patient was etherized, and Dr. Wesselhoeft dilated the cervix, grasped a foot and delivered forcibly. Considerable difficulty was experienced in delivering the aftercoming head. The cervix was badly lacerated, the tear extending high to the

left side of the womb. It evidently opened some large vessel, possibly the uterine artery, for the hemorrhage was profuse and the blood bright red and spurting. The patient was in collapse, and three quarts of saline solution were injected. Cat-gut stitches were adjusted in the cervix, which controlled the bleeding. The patient's pulse was very rapid and soon became imperceptible. She died from hemorrhage at 1 P. M. June 21st. The child was still-born.

A CASE OF CHRONIC SUPPURATIVE OTITIS MEDIA.

F. W. COLBURN, M. D.

In presenting a report of a case of chronic suppurative otitis media, I am well aware that certain points must of necessity be brought up which are old and familiar to each of you.

The title in itself suggests a combination of familiar symptoms: a moderate degree of deafness, noises in the ears, and a more or less offensive purulent discharge from the ear.

The case in point had all of these and more.

Mr. H., 49 years of age, married, a native of Finland. Until fifteen years ago he was a seafaring man, since that time has been employed in a mill.

Thirty years ago patient was rendered unconscious by a blow from a staysail block, received just posterior to the right mastoid process. This was accompanied by hemorrhage from the ear. The site of the blow is now marked by a large scar and deep depression in the skull at that point.

The patient rallied from the immediate effects of the injury, but from that time until last spring had had a recurring otorrhoea and has been deaf upon that side.

His general health has not, however, been impaired until the present illness which began about May 25, last. He was attacked with severe neuralgic pains extending over the

whole right half of head, radiating apparently from the ear. He kept at his work in the mill, however, until May 29, when he was seized with vertigo and was absolutely unable to ride home upon his wheel at night as was his custom. The following day had a chill accompanied by vomiting.

He sought aid from a local physician and later from one of the large hospitals here in the city. Both prescribed, but with no beneficial effect. The pain increased and the vertigo remained. Then as a last resort he visited a homœopath who sent the patient into the hospital, where I first saw him for Dr. Bellows on June 12.

Patient emaciated, face flushed, inclined to be drowsy; temp. 98; pulse 72. Complaining of severe pain in whole right side of head, radiating from the ear to and bounded by a median plane. Eyes ached, pupillary reflex unimpaired.

Complains also of weakness and aching in lower extremities, especially about the knees.

Vertigo intense whether in bed, standing or sitting. No nausea or vomiting.

Appetite good. Sleepless nights caused by the nocturnal aggravation of the pain.

Examination of the ear revealed right external meatus filled with a brownish purulent discharge with an exceedingly offensive odor. After cleansing with hydrogen dioxide, removing much thick, cheesy material, it was found that only a crescent shaped portion of the lower anterior quadrant of the membrana tympani remained. The malleus and incus were gone. Posteriorly and above appeared a sensitive granulation which bled profusely upon the slightest touch from the probe.

The patient was kept in bed for a week or more, having the ear thoroughly cleansed with hydrogen dioxide night and morning. Liquid diet was prescribed and as the general condition began to improve a gradual increase was made in the menu. In the course of ten days the patient was able to sit up for a short period several times a day. With patient

in a sitting posture the granulation which was previously noted was easily dislodged and swung downward into the tympanum, being suspended from above by a pedicle. This was removed under cocaine, with the result that the vertigo gradually but steadily decreased until entirely gone. The pain was temporarily relieved.

A second polypus appeared about August first and was removed, only slight relief following.

From the date of admission to the hospital to the first week in August the patient's general health had been steadily improving.

The vertigo was entirely gone and the pain and headache, which had been constant, now had periods of amelioration, although frequently at night it came with its former severity.

About August 4, pain again began to increase, and at night the patient occasionally became semi-delirious in consequence.

On August 10, after consulting with Dr. Colby, operation was advised and quickly accepted by the patient as a *possible* relief from such agonizing pain.

There was not, as is often the case, œdema of the soft parts over the mastoid process, neither was there marked tenderness upon pressure. Tenderness was limited to a small area, over the mastoid antrum, about the size of an old fashioned three-cent piece and then only upon hard pressure.

On the other hand there was a purulent discharge from the tympanum, associated with the polypoid growths from the additus, and what was far more annoying to the patient that severe, persistent, neuralgic pain which was relieved by neither hot nor cold applications, and at night was almost intolerable.

OPERATION.

After anesthesia was complete, scalp shaved for a radius of two and one-half inches from the ear and the field of operation rendered as nearly aseptic as possible, incision was made through the soft tissues in a line parallel and one-

fourth inch posterior to the insertion of the auricle. This incision was two and one-half inches long and clean to the bone. Bleeding vessels secured and periosteum retracted. Ear was then laid forward and membranous canal separated from posterior and superior bony walls of external meatus.

Then with chisel and mallet the mastoid process was laid open to the antrum, which in this case, by the way, was the only mastoid cell present, and was filled with granulations and purulent material. The rest of the process was hard as ivory.

With the antrum as a guide then the opening was extended to the middle ear, removing the entire posterior and superior bony walls of canal and external wall of the epitympanic space in so doing.

This done the whole cavity, including antrum, epitympanic space, and tympanum, was thoroughly curetted to remove all diseased tissue, the utmost care being taken to avoid injuring the semicircular canals or the Fallopian canal through which the facial nerve passes on the internal tympanic wall.

A careful search was then made with a fine probe, for any small sinus which might extend deeper.

None being found the cavity was packed with iod. gauze to arrest oozing.

The membranous canal was then slit from within, outward on its posterior aspect, to the concha, and the flaps reflected upward and downward upon the cut bony surface of the cavity, were held in place by a single suture each and firm pressure from within by means of gauze introduced through the meatus. This left the antrum, tympanum excavation in the mastoid process and the external canal all in one large cavity to be dressed as a unit through both the canal and the posterior auricular opening. A sterile gauze dressing and bandage and the patient was put to bed to remain until after the first dressing.

For five days following operation the patient suffered

severely from the same persistent neuralgic pain which, if anything, was slightly aggravated by the operation.

The patient was blue in the extreme and I did not much blame him, for it was bad enough before.

The first dressing was made on the morning of the fourth day.

After packing had been removed there was profuse oozing from all the cut surface. Cleansed with hydrogen dioxide and again packed with iodoform gauze. From this time until October 18, dressing was done daily, H₂O, and formalin one-half per cent. On the sixth day the pain began to abate, and on the ninth the patient was free from pain and has so remained.

The whole cavity remained clean with exception of a small spot on the anterior wall of tympanum. This gradually cleared and the entire cavity became lined throughout with healthy epidermis, an extension of the reflected flaps from the canal.

The posterior auricular opening has been maintained to facilitate removal of wax and epithelial debris which is prone to collect within the cavity.

I last saw the case on October 10. The cavity was absolutely dry and the patient had had no return of the pain.

His hearing distance for my watch at that time was about two inches, a little better than when he entered the hospital.

A few points worthy of note might be mentioned: (1) The *temperature* in this case never rose above 99° until after operation, notwithstanding the other symptoms. Immediately before operation temp. was 98½°, pulse 68; on the following morning it had jumped to 103½ and 112 respectively. On the second day it was normal again and remained between that and 99½° until August 23, when it reached 100°, but was normal thereafter.

(2.) The intense vertigo disappearing after the removal of the polypus.

(3.) The relief of pain following operation, and lastly, absolute cessation of discharge from the tympanum.

FOUR CASES OF PERNICIOUS ANÆMIA IN INSANE SUBJECTS**With a Consideration of the Co-existing Nervous Features of the Disease.**

BY S. C. FULLER, M. D.

(Presented to the Section Mental and Nervous Diseases Mass. Hom. Med. Society.)

Aside from the purely nervous conditions, insane subjects are liable to almost any form of disease. It is also true that their mental disturbances may be directly traced, in many cases, to somatic lesions.

Just how much the pernicious anæmias have been responsible for the nervous and mental disturbances in this series of cases or *vice versa*, or, further still, was simply a condition *paripassu*, will not be easy to determine. The mental disturbance in at least two of the cases, I think, can be safely attributed to the pernicious anæmia. One of these two cases improved mentally and physically under treatment directed largely to the pernicious anæmia, and was discharged. Later the case was admitted to the Mass. General Hospital, where she died. The autopsy confirmed our diagnosis of pernicious anæmia. Two of the cases in the series died at the Westborough Insane Hospital and were autopsied, but in only one of them was the brain and a portion of the cord examined. In the other case an examination of the brain and cord were not permitted. One of our cases is still alive.

In another case which I have tentatively added, the autopsy revealed carcinoma of the lower third of the stomach with metastasis to the mesenteric lymph glands, and to the liver. The stomach, however, was freely patent. The discovery of carcinoma casts a shadow of doubt on the diagnosis of pernicious anæmia in this case. In carcinoma of the stomach with marked cachexia and rapidly developing asthenia, and especially in those cases where the orifices of the organ are not involved and no tumor is discoverable on palpation, the differential diagnosis becomes difficult between

pernicious anæmia and a grave secondary anæmia subsequent to malignant disease. In the above condition Bramwell¹ has pointed out that a survey of the clinical symptoms together with the blood examination are necessary to correct diagnosis. Cabot² lays stress upon the presence of a leucocytosis in carcinoma of the stomach while in pernicious anæmia leukopenia is the rule. Ewin³ maintains that "leucocytosis of carcinoma is referable largely to complications, and these complications are such as appear very constantly in rapid or advanced cases." . . . Therefore "the great variety of these complications render it unwise to draw any narrow diagnostic conclusions from the presence or absence of leucocytosis." A further characteristic of carcinoma is the low color index of the blood, and especially, is this true of visceral carcinoma. Leichtenstern⁴, however, has called attention to the rapid increase of Hb. in gastric cancer shortly before death. In this case, however, after a review of the literature, the increased color index, the leukopenia, the presence of myelocytes and megaloblasts determine me in maintaining a coexisting pernicious anæmia. The report of this case appears below (Case V).

Lichtheim⁵ in 1887 first described the changes in the cord of two subjects dead from pernicious anæmia. He discovered degenerations of the posterior columns, and also, though to a less degree, changes in the lateral tracts. Later⁶ he called attention to the difference between the changes in the cord in pernicious anæmia and in tabes. In the former disease the sclerosis was most marked in the cervical region. The lesions in the cord of pernicious anæmia subjects are not symmetrical, but nearly so, and the scleroses in the lateral columns are always separated from the posterior horns by areas of normal white matter. These findings of Lichtheim have been confirmed by other observers. The writer was able to demonstrate the characteristic changes in one of the cases sectioned. The lesions are not constant as will be seen from one of the cases which was

thoroughly studied in the Pathological Laboratory of the Mass. General Hospital.

In 1891 Putnam⁷ reported a group of eight cases with diffuse degenerations of the spinal cord, "in one or two" of which "the spinal lesions had been associated with anæmia of a profound type, and in the rest with other forms of malnutrition not definitely classifiable." Later Dana⁸ reported cases which confirmed the observations of Putnam. Under the heading "The Combined Scleroses of Pernicious Anæmia and Cachectic States," Dana⁹, in his recent work, describes the histopathologic changes in the cord as consisting of two varieties. In the one set the lesions are old, consisting of comparatively dense scleroses, while in the other set the changes are subacute in character. This latter condition is manifested by the perforated appearance of the structure, a condition suggestive of rapid destruction of nerve fibres. There is also œdema of the connective tissue septa. In the gray horns the degenerative changes are partly recent and partly old. Within the present year Putnam and Taylor¹⁰ have contributed to the literature on diffuse degenerations of the cord a paper in which is represented a clinical analysis of fifty cases and five pathological reports. They accepted provisionally the classification of Bastinelli¹¹, who groups the cases of anæmia with diffuse degenerations in one class and those of malnutrition in another. They, however, maintain that there can be drawn no fast line, for there may be gradations between the two groups. In support of their claim they cite a case in which "pernicious anæmia was present and ran a typical course, yet spinal symptoms were recognizable for three years, their onset nearly coinciding with the onset of pallor and with a loss of flesh."

Adami¹², considering the etiologic factors in pernicious anæmia, lays great stress on infection, either a latent or a subinfection. In this process the bacterial flora of the intestine play quite a role. To combat the toxins thus produced, Adami suggests the possibility that the essential cells

of the nervous system may successfully resist local infection, but in so doing exhaust themselves, and consequently readily succumb to later toxic influences. In the formal discussion on the intoxications and infections in the pathogenesis of mental diseases and neuropathics before the tenth congress of the Societa Freniatica Italiana, D'Abundo¹³ maintained "that infections and intoxications are the most frequent sensible and active factors in the pathogenesis of nervous diseases in general, in every period of life both intra uterine and extra uterine. . . . The infections and intoxications of the nervous system facilitate the evolution of secondary intoxications which feed, re-enforce and complicate the clinical phenomena and result in complex forms due to multiple intoxications." The writer has elsewhere¹⁴ called attention to the role of auto-intoxication as a causative factor in the production of mental disturbance. It is well, however, to bear in mind the possibility of cachectic states supervening upon purely nervous conditions. A positive demonstration of this is obviously difficult. But I have frequently seen insane subjects whose blood examination showed on admission, and for a considerable period thereafter nothing of import, subsequently develop a profound secondary anæmia, and for which there could be discovered no assignable cause save the onward progress of their nervous condition.

From the prevalence of intestinal symptoms in cases of pernicious anæmia, a condition which was a feature of the majority of the cases in this series, the suggestion of the influence of the intestinal flora advanced by Adami seems plausible. Ashford¹⁵ has recently demonstrated the frequent association of ankylostomum duodenale with the pernicious anæmia so common among Porto Ricans. Chapiro¹⁶ as far back as 1888 reported the case of a boy with pernicious anæmia who had associated bothriocephalus latus.

With regard to the prevalence of pernicious anæmia in New England, Cabot¹⁷ thinks the disease is common. In May, 1900, he reported to the Association of American

Physicians 110 cases which he had collected in seven years. He states that one-third of his cases showed nervous symptoms. In more than 700 individuals whose blood the writer has examined, all living in New England, pernicious anæmia has been observed 9 times. Six of these cases have been in insane persons.

Abstracts from the clinical records and pathological reports of five of the cases are here presented :

Case I. Mrs. B., *aet.* 49, was admitted to the Westborough Insane Hospital Sept. 12, 1898, her insanity at that time being of four months duration.

Family and previous history unimportant.

Status Præsens. A slightly built and poorly nourished female weighing 109 lbs. Heart and lungs normal. The urinalysis shows nothing of importance. The pupillary reactions are normal. The patella reflexes are diminished. Mental activity is diminished ; the perceptions, memory and will are normal ; the emotions are unstable and the reasoning power weak.

The blood examination on admission showed an increased color index and an increase of small lymphocytes which comprised 44 per cent of the total number of leukocytes. The red cells and hæmoglobin were not, however, greatly diminished, a condition which may have been due to the concentration of the blood. The patient for four or five months made no improvement. She complained of abnormal pain, and diarrhœic attacks began to be common. A blood examination at this time revealed Hb., 63 ; red cells, 2,320,000 ; leukocytes, 3,320. Differential count of leukocytes : large lymphocytes, 31.5 per cent. ; small lymphocytes, 47.5 per cent. ; neutrophiles, 49 per cent. ; eosinophiles, 2.5 per cent. ; myelocytes, 1.5 per cent. Normoblasts, macrocytes, microcytes and poikilocytes were observed, but no megakoblasts nor microblasts were encountered. Five months later the blood picture was worse. Hb. 25 ; red cells, 1,600,000 ; leukocytes, 3,000. Differential count : large

lymphocytes, 6 4-6 per cent. ; small lymphocytes, 45 per cent. ; neutrophiles, 46 per cent. ; eosinophiles, 1 per cent. ; myelocytes, 1 2-6 per cent. Normoblasts and poikilocytes were observed. The pallor was now more marked, assuming a yellowish tinge, and asthenia and emaciation were progressing. The administration of iron having failed to produce satisfactory results, Fowler's sol. was exhibited with a most gratifying outcome. Six months after this time the mental and physical condition were much improved. The blood picture approached more nearly the normal, but there was still a color index of 1 plus. The patient was discharged, having recovered from her insanity which was acute melancholia. At a later period she was admitted to the Mass. General Hospital where she died. I am indebted to Dr. James H. Wright, pathologist to that institution, for the anatomical diagnosis of the autopsy on this case.

Anatomical Diagnosis. Pernicious anæmia, fatty degeneration of myocardium, defective closure of foramen ovale, ecchymoses on pleura, œdema of lungs, syphilitic hepatitis, chronic, passive congestion of spleen, fibro-myomata of uterus, polypi of uterus, chronic internal hæmorrhagic pachymeningitis, osteomata in pia-mater of spinal cord, and lipoma of subcutaneous tissues in the region of the left posterior axillary line.

Microscopical Examination of Cord. Sections of the cord from the cervical, thoracic and lumbar regions prepared after Vassale's modification of the Marchi method fail to show any good evidence of degeneration. Sections stained by Mallory's method for proliferation of neuroglia or degeneration in nerve tracts were negative. Pal's modification of Weigert's method showed no degeneration (Dr. Wright).

Case II. Mr. L., an Italian fruit pedler, *aet.* 30, was admitted to the Westborough Insane Hospital May 19, 1900. Nothing is known of his family history. Of his previous history very little is known. He had formerly been an inmate of the New York City Insane Hospital, and had been

discharged recovered. Six months prior to admission he had been an inmate of the Marlborough Almshouse where he had acted strangely and given evidence of possessing hallucinations of sight which led to his commitment.

Status Præsens. The patient is a male of slight build, weighing 126 lbs. Although possessing features of a dark cast, pallor, with a decidedly lemon yellow tinge, is marked. The heart sounds are normal. The lungs give evidence of bronchitis. The urinalysis is negative for kidney lesions. The patella reflexes are diminished, the superficial reflex normal. There is no Romberg sign, no Babinsky phenomenon. The pupillary reactions are normal. Memory is impaired. The blood examination shows Hb., 55; red cells, 1,800,000; leukocytes, 4,520. Differential count: large lymphocytes, 18 2-6 per cent.; small lymphocytes, 51 2-6 per cent.; neutrophiles, 29 per cent.; eosinophiles, 1 per cent.; myelocytes, 2-6 per cent. Normoblasts, megaloblasts and poikilocytes are present.

The patient did not respond to treatment although Fowler's sol. and bone marrow were administered. Repeated examinations of the blood showed that the disease was not being impeded in its onward march. In the short space of two months the Hb. had been reduced from 55 to 11, and the red cells from 1,200,000, to 608,000. An increasing asthenia, marked and rapid in its development, frequent attacks of epistaxis of an exhausting nature, and later pronounced anorexia were the leading and most distressing features in the clinical history of this case. The patient toward the end was unable to walk, or even sit up or move himself in bed, but this inability, so far as the attending physician (Dr. Klopp) could determine, was due to the asthenia rather than to paraplegia. The mental feature was that of secondary dementia. The patient died after a hospital residence of two months and eleven days. Unfortunately a section was not permitted.

Case III. Mr. L., *æt.* 63, was admitted to the hospital

nine years ago (1892), his insanity at that time being of three years' duration. His family history is unimportant. The patient at the time of admission gave a history of a fall ten years previous, with resulting injury to the spine. Until August, 1899, there is nothing of special interest to report. He has always had delusions of persecution, and is hypochondriacal. He has for several years complained of a girdle-like constriction about the chest. A recent examination (Dr. Colby) reveals no spinal deformities, no Babinsky phenomenon; and an attempt to elicit the Romberg sign is attended with only a slight swaying. There is "flat foot" of both sides and a tendency to varicosis. The pupillary reactions are normal, the knee reflexes diminished. The elbow jerk is absent. The urinalyses show hyaline casts which are fairly numerous and which have been persistently present for more than two years, but albumin has been observed in only the slightest possible trace. The pericardial dullness is increased, the heart's action weak and irregular, no murmurs could be heard. Moderate exertion is followed by shortness of breath. There are fine muscular tremors.

In August, 1899 the attending physician noticed in the patient a loss of flesh, an increasing asthenia and pallor, and frequent attacks of diarrhœa. Aug. 28, 1899, I examined the blood, which showed Hb., 36; red cells, 1,600,000; leukocytes, 4,200. Differential count: large lymphocytes, 3 per cent.; small lymphocytes, 32 2-10 per cent.; neutrophils, 63 per cent.; eosinophiles, 1 8-10 per cent., the majority of the last being of the myelocyte type. Normoblasts, megolablasts, mibroblasts, poikilocytes and polychromatophilia of red cells were observed. Clinically the patient has improved under the treatment directly to the pernicious anæmia. While the general condition of the blood is in a way better, repeated examinations show a color index of 1 plus, the persistence of myelocytes, microblasts and poikilocytes. There is no longer pallor, in fact the man has a florid complexion and the diarrhœa is not now a factor. He

is becoming more corpulent and has a good appetite. The diagnosis of the mental condition is Secondary Dementia.

Case IV. Mrs. S., was admitted to the Westborough Insane Hospital Jan. 5, 1895. Her age at this time was 45.

Her mother and a sister were insane. The menopause in her case was at the age of 30. The physical condition at the time of admission is unimportant. For five years her physical condition had been such as to enable her to render very useful service in the hospital laundry. In July, 1900, she began to develop an asthenia, and rest in bed was instituted. There was pallor of a waxy appearance, which later took on a decidedly lemon yellow tinge, and the asthenia became rapid in its progress. July 23, 1900, the blood condition was Hb., 30; red cells, 1,280,000; leukocytes, 5,000. Differential count: large lymphocytes, 38-10 per cent.; small lymphocytes, 46-10 per cent.; neutrophiles, 46-8-10 per cent. eosinophiles, 1 per cent.; myelocytes, 1 per cent. Megaloblasts, macrocytes, microcytes and poikilocytes were observed. Four months later the Hb. was 14, red cells, 800,000, leukocytes, 3,000 and numerous megaloblasts were present. The blood condition grew even worse, so that in the week prior to death the Hb. registered less than 10, and the red cells 540,000. The patient died Jan. 19, 1900. The mental condition was paranoia. Autopsy, 26 hours after death.

Anatomical Diagnosis. Pernicious anæmia, anæmia of brain and upper cervical cord (only the upper portion of the cord could be autopsied, as much as could be removed with a myelotome), "thrush heart," fatty degeneration of the myocardium and dilatation of the right ventricle; pleurisy with effusion and hypostatic congestion of the lungs; parenchymatous nephritis; fatty degeneration of the liver; anæmia of spleen, stomach and intestines, with old adhesions of the last; osteoma in the upper external quadrant of the right mammary gland; general anasarca of the musculature; and proliferation of bone marrow.

The most interesting histological changes were the degen-

eration in the posterior and lateral columns of the part of the cervical cord studies, the lateral degenerations being separated from the posterior ones by bands of normal white matter (Weigert Pal Method). In the marrow of the femur there was present the characteristic hyperplasia, the majority of the red cells were nucleated, and there were but a few fat cells present. The sections from the myocardium showed characteristic fatty degeneration, as well as those from the most degenerated areas in the liver.

The protocols and full microscopic reports of these cases have been omitted so as not to render the article tedious.

Case V. Ida M., *aet.* 35, was admitted to the Westborough Insane Hospital June 8, 1898, her insanity was then of one week's duration.

Her mother was insane, a sister committed suicide and there is a brother with unstable mentality.

Status Præsens. The patient is a woman of small build, weighing 86 1-2 lbs., and is very poorly nourished. The lungs are normal. There is a mitral regurgitant murmur of the heart. The urinalysis reveals no kidney lesions. The pupillary reactions are normal. The knee reflexes absent. No Babinsky phenomenon, and slight swaying when the attempt is made to elicit the Romberg sign.

There is nothing of special interest in the clinical history of this case from June, 1898, the time of admission, to Feb. 13, 1900, on which date a small circumscribed oval growth, 7 mm. in its longest diameter, was removed from the external surface of the upper lip. The clinical diagnosis of this growth had been carcinoma, sections of the tumor showed a typical adenoma, and the opinion was given that the growth was probably non-malignant. The patient made an uneventful recovery and there was never any recurrence of the growth. No other evidence of carcinoma could be physically determined.

Pallor, emaciation and asthenia progressed. Late in the course of her disease vomiting, after taking nourishment,

became a prominent symptom. There was tenderness over the epigastric region, but no tumor could be outlined. At the autopsy the external contour of the organ was normal, but on section, the lower third was the seat of an annular thickening which was in some portions as much as 4.5 cm. thick, and causing considerable diminution in the calibre of the organ, but no obliteration. Oct. 3, 1900, a blood examination showed the following: Hb., 52; red cells, 2,000,000; leukocytes, 5,600. Differential count: large lymphocytes, 21 per cent.; small lymphocytes, 30 per cent.; neutrophiles, 37 per cent.; eosinophiles, 4 per cent.; basophiles, 1 per cent.; myelocytes, 7 per cent. Normoblasts, megaloblasts, poikilocytes and Grawitz degeneration of megaloblasts were present. The patient died Oct 29, 1900. Her insanity was mania. Section 8 hours after death. Unfortunately permission to examine the brain and cord could not be obtained.

Anatomical Diagnosis. Mitral insufficiency, degeneration myocardium; emphysema of lungs; anæmic kidneys; metastatic carcinoma of liver; carcinoma of stomach; metastatic carcinomata of mesenteric lymph glands; chronic interstitial pancreatitis; cystic ovaries; and proliferation of bone marrow.

Histologically the bone marrow showed the characteristic changes of pernicious anæmia.

SUMMARY.

I. and II. are the cases whose mental condition it is considered may have been due to the pernicious anæmia. In the case of the Italian fruit pedler (Case II.), there was a history of an admission to a hospital several years previous, and at which time, it was later learned, he had pernicious anæmia. He recovered and was discharged. Presumably with a remission of the disease we have a return of the mental symptoms followed by death.

Case I., to be sure, gave evidence of syphilis, as shown in the syphilitic hepatitis and, perhaps, also in the chronic

pachymeningitis, but it is to be remembered that her mental condition greatly improved under treatment directed to the anæmia.

Cases III. and IV. did not develop the clinical symptoms of pernicious anæmia until after a hospital residence of several years. At the period of their admission it was not the custom to make systematic examination of the blood. It is impossible, therefore, to state the condition of the blood at that time. But the apparently fairly good physical condition of the two cases, despite the hypochondriacal delusions of one case which have been present since admission, warrants the assumption that the nervous and mental disturbances were etiologic factors in the pernicious anæmia of these two cases.

The influence of pernicious anæmia in the production of nervous and mental disturbances was advanced by Lepine¹⁸, Wilks, Coupland, and subsequently illustrated in cases reported by Curtin. Ewing²⁰, however, in his recent work states that "the functional disturbances of the nervous system cannot be claimed to act as more than somewhat distant predisposing causes."

Of Case V., which is the one tentatively added, I would state that annular carcinomata of the pylorus have been frequently seen at autopsy where the blood had shown before death the typical changes of pernicious anæmia. The explanation of which is advanced (Ewing) "that there is a rapid and general or slow and partial establishment of the marrow changes."

Spinal symptoms were not prominent features of any of the cases in the series.

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THE PLAGUE IN INDIA.—In conclusion I will briefly review the lessons to be learned from Indian experience of plague and the difficulties to be contended with. The lesson which stands out in large letters is that the compulsory measures attempted have failed to have the desirable repressive effect on the disease, because the populace have, to a man, been dead against them and the authorities. . . . The main line of objection to plague measures have always been a dread of segregation, with separation of members of families; and Government orders that no wife would be separated from her husband, or a mother from her children have not succeeded in inspiring confidence. The people display an absolute apathy and indifference to plague, as a rule, but let the Government suggest means by which they may be spared the affliction and a panic ensues. Cases of illness are concealed with every ingenuity, and each one vies with his neighbor in giving false information. Violation of caste is made an excuse for objection to any preventive measures, such excuse having no foundation. Facilities have been given for the institution of private and caste hospitals, but no advantage has been taken of them. Ignorance, distrust and prejudice have held their sway, supported by superstition.—*Major H. E. Deane in Calcutta Journal of Medicine.*

MODERN SURGICAL TECHNIQUE.

BY GEO. H. EARLE, M. D.

The title of this paper hardly indicates what is in the writer's mind to say.

My wish is to compare, very briefly, the present surgical methods, in operating, with those which prevailed in the old days, that is fifteen or twenty years ago.

You are more or less familiar with the present methods. I mean the various plans and devices by which the field of operation, the instruments, dressings, and the operator's hands are made clean. Cleanliness is recognized as the one thing for which to strive. But let us look back for a few moments along the road we have traveled and note some of the milestones by the way.

We, as homœopathic physicians, have much to be proud of in this connection, for here in surgical therapeutics, as well as in medical therapeutics, time is proving that "the mild power is greatest." What was embraced in surgical technique twenty years ago? Would not the term dexterity and celerity in operating cover it? Very nearly if not quite.

Pardon me a personal reminiscence. Less than twenty years ago, in the amphitheatre of the great institution just across the way, the surgeon does an amputation of the thigh, clad in a blood-glazed frock coat, which had evidently seen long service, and which, between times, hung on its hook behind the door. If he washed his hands before operating it was not evident, and he certainly handled the coat the last thing before beginning. That, to be exact, was seventeen (17) years ago this winter.

Operations upon the eyes were performed, the various instruments sticking in the hair of the operator between times. At that time the surgeons in our hospital had adopted the use of clean, white frocks, while operating. These same frocks were a source of more or less amusement to our friends, and styled by them "butcher frocks."

Operations were performed in the room below us, where perhaps an autopsy had been held the day before, and where anatomical specimens were in daily use for the purposes of teaching. The "cleaning up" process consisted only of a few flourishes of the janitor's mop.

From that time to the present, what has *not* been done in the way of inventing antiseptics? The complicated and cumbrous technique of Lister. The spray, douche, mercurial compresses, etc., etc. What violence has been done to tender, bruised and vulnerable tissues in the name of antiseptic surgery! For instance, an amputation of the leg, done with a stream of mercurial solution running over the field of operation during the entire time. The result is a shoughing of the flaps with mercurial ulceration, absorption of the infected material, and death from septicæmia.

In obstetric practice it became fashionable among the extremists to administer an intra-uterine mercurial douche after any interference, instrumental or manual, within the uterus. This was done as a prophylactic against infection. Several deaths, with distinct symptoms of mercurial poisoning, discouraged this plan as a routine method.

I can remember that, as a student, I came to feel that antiseptic surgery practically meant the soaking of everything in a solution of carbolic acid; and that when a surgeon ventured to operate, after a simple cleansing of the field of operation, and with his instruments lying in a pan containing clean water and so harmless a drug as calendula, I gasped at such foolhardiness.

But what has the result of all this effort and experiment been? Just this. That asepsis is recognized in all departments of surgical work as the ideal to be striven for, and that any plan of antiseptics is only a means to that end.

Some of the essentials of modern surgical technique are: Great care in cleansing the hands and field of operation with soap and water and friction. Simple boiling of instruments. Live steam under pressure for dressing and sponging material. The least possible handling and the protection of

tissues, especially if *vulnerable*. Dry dressing when practicable and then severe letting alone. I might add, the avoidance as far as possible of poisonous antiseptics.

These things have been instrumental in helping to accomplish the present success of surgery, and do they not justify us in claiming that here, also, "The mild power is greatest?"

THE ACETIC ACID HEART.

BY T. C. DUNCAN, M. D., CHICAGO.

(Professor Diseases of Chest, Clinician Cook Co. Hospital.)

This drug, like most of the acids, first slows the heart, through the vagus, and then follows, tachycardia and weak heart. The alkalinity of the blood is supposed to be lessened so that the muscularity is weakened. This will explain these cardiac symptoms: "Heart beats more frequently;" "heart beat cannot be felt by the hand;" "pulse 96 and full" (poisoning); "pulse accelerated and small, contracted;" "pulse weak and small" (Vide Cyclopædia of Drug Pathogenesis).

It is believed that the constant use of vinegar tends to produce a *small heart* and is a direct predisposing cause of pulmonary tuberculosis. This acid causes wakefulness so that the relief from its use is by urine, skin or lungs. The urine is profuse and the skin thickens. "All the lobes of the lungs are filled with tubercles somewhat like a bunch of grapes." Therefore, we would expect "hæmoptisis" and "angina pectoris." "Likes to lie on stomach." Perhaps the Mexican people are immuned from tuberculosis because they do not use vinegar.

The characteristic symptoms of weak heart would suggest this drug. It may be indicated in mitral stenosis and attendant upon phthisis. Here we often have hæmoptisis as well angina

Œdema is a pathognomic symptom (Vide Cyclopædia). It has been curative in dropsy after digitalis has failed. How

it does it may be of interest. It may be from its relaxing action. Grauvogl says on evaporation it appears electro negative. In the respiratory tract and skin it may so act and prove curative.

On account of the general use of vinegar we should know its relations and antidotes. Before Hahnemann's day it was regarded as a universal antidote. It antidotes the action of aconite, asarum, coffee, euphorbium, hepar, ignatia, opium, stramonium, tobacum and alcohol. It aggravates the action of belladonna, mercurius and lachesis. It follows well after cinchona. Disagrees when given after borax, causticum, nux, vomica, ranunculus b. and sarsaparilla.

The antidotes to acetic acid are: Large doses magnesia or calcarea (lime water); small doses, for the depressing, agonizing feeling, tobacum or aconite; for gastric, pulmonary and febrile symptom, natrum mur. high may be followed by sepia (see phosphorus). The general use of vinegar should put us on our guard in cardiac cases. Attacks of "weakness of the heart" may be due to this condiment and call for one of its antidotes or analogues.

THE RICH FAMILY OF MITSUI, of Tokio, has offered an extensive site in that city for the erection of a university for women, and three other citizens have, between them, contributed a sum of \$120,000 for the cost of the necessary buildings. The work is already in progress, and it is hoped the new university will be opened the coming spring. It is not likely there will be any want of students, as, in recent years, very many young ladies of good family have applied to be admitted to the university courses, especially to the Faculty of Medicine and the Polytechnic School. The latter institution is intended for the training of civil engineers, a circumstance which seems to show that Japan is about to set an example to Europe in opening up a new sphere of labor for the women of the future.—*Med. Times.*

EDITORIAL.

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

The letter from our good friend, Dr. Packard, in the present number is very interesting. The information it contains concerning the *status præsens* of homœopathy on the continent is thoroughly reliable, from men capable of passing the best judgment. The doctor's questions were to the point, and our thanks are due him for the information obtained. While it is evident that homœopathy does not advance with such strides as in this country, still there seems legitimately to be no basis for the claim that our method is losing ground. As regards the outlook for future growth, however, there seems to be the same danger there as here, that while our *method* grows apace, our *school* does not. The tolerance of the old school is and always will be much more dangerous than its open hostility. The only way to combat this danger is to so educate our students and to so conduct ourselves as to make the name homœopathy synonymous, not only with the highest professional skill and learning, but with the very best development in every way. To be a homœopath should be an honor.

EDITORIAL NOTES AND COMMENTS.

From the *Detroit News* of July we have that the Trustees of the Detroit Homœopathic Hospital have purchased a new site with building admirably adapted for their purpose. The location, we judge, is a central one, and an emergency department is to be established, an ambulance being on duty.

Our Detroit friends are to be heartily congratulated.

ITEMS OF INTEREST.

ACQUIRED AND INHERITED SYPHILIS. — Wm. S. Gottheil (*Med. Standard*, Dec., 1900) says: As in cases acquired in the ordinary manner, congenital syphilis can only be transmitted during the primary and secondary stages of the disease in the parents. Cases showing only the tertiary phenomena cannot, as a rule, transmit the disease to their offspring.

The fetus may be infected in two ways; in the first place the zoosperm or ovum or both of them may contain the virus; and in the second place, the mother, gravid with a healthy fetus, may transfer the affection by the placenta to the child. In either case the course of the disease is the same.

The first and most marked effect of syphilis on the fetus is the interruption of pregnancy. In 330 syphilitic gravidities Kossourtz saw abortion or premature delivery in 127 or about 2.5; only 3.5 reached term. The essential cause of this is placental disease, which may either be an endarteritis or gummatous in its nature. The nearer conception is to infection the more certainly does interruption of the gravidity occur. Gradually, however, the intensity of the specific influence becomes less. Where many conceptions occur in such cases, the earliest ones end in abortion; later ones terminate in the delivery of dead children; then occurs the premature delivery of living children; then the delivery of full-term syphilitic children; and, finally, that of full-term healthy children.

Infection is most certain and severe when both the parents are syphilitic. The prospects for the child are almost as bad if the mother only is affected. When the father alone is syphilitic the earlier conceptions terminate in the same way as when both parents have the disease. But while the maternal influence is persistent and abortions and the birth of syphilitic children may occur for years when that is pres-

ent, the parental influence is less enduring, and the symptoms of hereditary poisoning become less and less in a comparatively short time.

When the mother becomes infected after pregnancy has occurred (postconceptional syphilis), the child is usually poisoned through the placental circulation. During the first month this invariably occurs; but after the fifth month many of the children escape, and during the last two months hereditary transmission does not occur. Profeta's law is the name given to the fact that children who thus escape placental infection, and do not contract the disease intra-partum are, as a rule, immune to lues.

Colles' law is to the effect that the mother of a syphilitic child, even when she has shown no evidence whatsoever of the disease, is immune against it. She never becomes infected on the nipple, no matter what the condition of the mouth of her child; nor can her husband infect her. Experimental inoculations by Casper, Neumann and Finger show that it is impossible to give such a woman syphilis. On the other hand, the child is very contagious to non-protected women.

When neither abortion nor the delivery of a dead child is the result of a syphilitic pregnancy, the child may be born showing some of the early symptoms or it may be apparently healthy. In the latter case the first signs may appear immediately after birth, usually manifesting themselves during the first three or four weeks of extrauterine life. In exceptional cases they are postponed till the third or fourth month, and they never appear later than the sixth month. — *Pediatrics*.

TRUE DENTAL STIGMATA OF SYPHILIS. — These become more easily understood when we remember that hereditary syphilis is a disease already present *in utero*, and that its malign influence is at hand, as a rule, during the entire developmental period of the unborn infant. This explains why teeth not appearing till the fifth year when perhaps the child

has been for several years cured to all intents and purposes of the initial rashes, mucous patches, or what not, may yet show a fundamental defect.

In the order of their diagnostic importance we may mention these changes in the second teeth as follows :

1. *Irregular decay*—cupping or hollowing, or general “callapse.” This may be suspicious but is too often seen elsewhere to be of great value.

2. *Furrows (dents rayés)*. Certain of these may be cause for serious consideration ; the “sulciform erosion” of Parrot belongs to this class.

3. *Microdontism*. This is emphasized by Fournier. He attributes greatest significance to the “dwarfism” of the incisors, and particularly of the two middle upper incisors. If these be “doll-teeth,” the diagnosis of syphilis is nearly certain to be confirmed by signs of lues elsewhere. In the same class may be placed tuberosites and projections “Amorphism” of the teeth in the stricter sense (*e.g.*, incisor for canine), and genuine monstrosities fall (through with less certainty of specific relation) under the same heading.

4. *Atrophy of the crown*. This may occur as far back as the first molar, giving the top of the tooth a shrunken and wrinkled look, comparable to a small tobacco pouch with the strings pulled tight. The same tooth in the region of the incisors is apt on first emergence to have a narrow, brittle, cutting edge, from which two or more fine spines project. The spines soon break, the cutting edge of the tooth decays somewhat more at the centre than the margins, and we thus finally get the tapering tooth with concave “half-moon” cutting edge, which was first described by Jonathan Hutchinson and which, when occurring in the upper middle incisors is practically pathognomonic of heredity syphilis.

5. *Chalk lines (sillons blancs)*. These are equally characteristic though far more rare. They are described by Fournier as “milky” or “chalky” in color, being in fact discolorations and not erosions. They should be found on the two upper front permanent teeth and are as permanent as the teeth

themselves. They are horizontal, symmetrical, about 1 mm. in width, and occur about midway between the gum and the crown. Their rarity detracts, unfortunately, from their semeiological value.—*Pediatrics.*

HEMORRHOIDS.—The following suppository is recommended by *La Presse Medicale* for hemorrhoids: Aqueous extract of ergot, $3\frac{1}{2}$ grains; Oil of theobroma, 1 dram.—*American Medicine.*

DOSE OF ANTITOXIN.—Dr. Wm. H. Park, in a paper on the "Quantity of Diphtheria Antitoxin Required in the Treatment of Diphtheria," published in the *Archives of Pediatrics*, says: "From my observation in both hospital and private practice, I have been led to adopt the following dosage:

"Very mild cases, 1000 to 1500 units for the first dose. Moderately severe cases, 2000 to 3000 units for the first dose. Very severe cases, 4000 to 5000 units for the first dose. Laryngeal cases, according to their severity, 2000 to 5000 units.

"For children under one year I should give about one-third less than for older children and adults. I believe the condition of the throat as to swelling, extent and nature of the membrane, etc., to be a better guide to antitoxin dosage than the general condition of the patient. The duration of the disease influences the curative power of the antitoxin rather than the dosage.

"If at the end of twelve hours after the injection the inflammation is advancing, or if at the end of eighteen hours the inflammation has not clearly begun to subside as shown by lessened congestion and swelling, I believe a second dose of antitoxin should be injected. In a very few cases a third dose is required at the end of twenty-four to thirty-six hours. For the broncho-pneumonia and sepsis complicating some of the worst cases antitoxin is generally of no avail. Although I cannot agree with Dr. McCollom in regard to the necessity of from 40,000 to 60,000 units in the very bad cases, nevertheless, his results certainly encourage us to give

all the antitoxin that we think indicated. It is better to give too much rather than too little. I think I am correct in saying that it is the opinion of the visiting physicians at the hospital that moderate doses accomplish as good results as very large ones.— *Cleveland Medical Gazette*.

INEBRITY. A STUDY OF ITS CAUSES, DURATION, PROPHYLAXIS, AND MANAGEMENT. By Dr. Charles L. Dana. — The author's opinion is that drinking is largely a matter of habit and environment. The victims of it have always some neuropathic or temperamental basis, of which excessive drinking is only the accidental expression. It would seem that the capacity for a man to get drunk over a thousand times was rare, and that two thousand was the maximum limit in any ordinary inebriate experience. The agencies for preventing and lessening the injury done by alcohol consist in: (1) Teaching; (2) control of the sale; (3) regulation of marriages between alcoholics; (4) personal supervision of those who become inebriates. The ideal treatment is supervision of the case in an institution, insuring absolute abstinence from alcohol in all forms for at least one year. Further personal supervision and watchfulness are needed for two years. The next best thing a drinker can do is to take some kind of a "cure" under the care of his own physician. The treatment should be planned to last a year. The patient should stop drinking and, usually, smoking also, and should take for three weeks a mixture of *nux vomica*, *capsicum* and *cinchona*.

Receipe: Tinct. *nucis vomicæ*, one ounce; Tinct. *capsici*, one drachm; Tinct. *cinchonæ rubræ*, five ounces.

M. Sig.: One teaspoonful three times a day, increased by twenty drops daily to half an ounce.

The maximum dose should be continued for a week, and then reduced as it was increased. Two weeks' rest should then be taken, before repeating the course, then a months' interval, and so on for a year. The patient *should be fed well and very often, and should avoid getting tired and hungry*.—*Medical Record*.

ARSENICUM IN SKIN DISEASES.—The skin of the arsenicum patient is white, pale, waxy with ecchymosed looking spots; pale blue skin, with blue lips and blue nails, with a tendency to edema. This speaks of a venous stasis, and directly points you back again to a weakened circulation.

The next consequence will be a dry skin, an inactive skin, a skin that is deficient in its nutrition. Let us reason further: A skin that is defective in its nutrition must necessarily tend toward necrosis, therefore we see the arsenicum patient constantly throwing off quantities of dry epithelial scales, which is a mild process of necrosis of the skin. Nor does this process limit itself here, for necrosis of tissue may also occur, and is beautifully told by the language of the meteria medicist, thus: Gangrenous ulcerations, with blue margins and foul discharges, purulent and fetid discharges.

Acne vulgaris in people of a lowered vitality with many comedones and pustules again showing the sluggish nature of the cases covered by arsenic; edema about the eyes and purplish zones about the acne papules point to a vasomotor paralysis. Therefore arsenic is more often useful in the chronic, the latent, dry, indolent and scaly stages of disease than in the acute, inflammatory, moist or bullous.

The diseases in which arsenicum is most often called for are chronic dry eczema, subacute acne, seborrhea-sicca, ichthyosis, varicosis and psoriasis. — *The Clinique.*

DON'TS IN CONNECTION WITH HEART DISEASE.—Don't feel called upon to give digitalis as soon as you hear a murmur over the heart. Study and treat the patient, not the murmur.

Don't conclude that every murmur means disease of the heart.

Don't forget that the pulse and general appearance of the patient often tell more than auscultation.

Don't neglect to note the character of the pulse when you feel it. Possibly you may look at the tongue to satisfy the patient; feel the pulse to instruct yourself.

Don't think that every systolic murmur at the apex indi-

cates mitral regurgitation; every systolic murmur at the aortic interspace, aortic stenosis. The former may be trivial; the latter may be due to atheroma of the arch of the aorta.

Don't say that every sudden death is due to heart disease.

Don't forget that the most serious diseases of the heart may occasion no murmur. A bad muscle is worse than a leaky valve.

Don't examine the heart through heavy clothing.

Don't give positive opinions after one examination.—*Philadelphia Medical Journal*.

THE THERAPEUTIC INDICATIONS OF CANNABIS INDICA. Dr. H. Edwin Lewis finds in pain not due to distinct pathological lesions the chief indication. In migraine, hemicrania, the various neuralgias, and the headaches due to eyestrain, it may be used with marked success. In the pain of multiple neuritis and tabes dorsalis, it is one of the best of anodynes, and to relieve the chest pains of phthisis it is often very serviceable. In the various neuroses of pregnancy and the climacteric, and the particularly violent nerve storms of the artificial menopause, it is satisfactory. Dysmenorrhea, not due to anatomical or inflammatory causes, is promptly relieved, with few after effects. Impotence more or less complete, which is due to urethral hyperesthesia, is certainly benefited by the sedative or analgesic action of cannabis indica. In several instances of diabetes mellitus improvement has followed its use. It will relieve the intolerable itching and burning of various skin neuroses.

The dose is one fourth to one grain of the assayed solid extract. A quarter of a grain may be repeated every one, two or three hours as required. *Merck's Archives*.

EFFECTS OF ETHER ON THE KIDNEYS.—Dr. Dudley Buxton, anæsthetist to the University College Hospital, London, and Dr. A. G. Levy, have published the results of their investigations, which were conducted in the Laboratory of Pathological Chemistry in University College, London.

The authors do not consider that any specific ether effect and consequent kidney ischæmia and albuminuria should ever occur in the course of ether anæsthesia for operative purposes, provided the administration is performed with reasonable care. They think, however, that in the case of ether, owing to its comparative safety as far as the vital centres are concerned, there is a danger lest, owing to a false sense of security, excessive quantities are administered. Where quantities of ether are given—where the patient is “soaked” with ether—we meet with “ether effects” on the kidneys. Such effects are probably transient in most cases, and produce no acute or lasting mischief; but even these are not necessary, and are, in fact, the result of the abuse rather than the use of ether.—*New York Medical Journal.*

PAINLESS REMOVAL OF ADHERENT DRESSING.—Patients as well as practitioners, are familiar with the suffering entailed by the removal of gauze dressings, these dressings having the drawback of adhering very closely to the granulating surfaces owing to their loose texture. Anesthesia has abolished the pain attending surgical operations, but leaves the patient exposed to the pain of repeated renewal of the dressings. Dr. von Mikulicz, of Breslau, suggests an easy means of obviating this drawback, viz., by wetting the dressings with oxygenized water. This provokes a copious evolution of bubbles of gas, the mechanical effect of which is to free the gauze and allow its removal without causing pain. The method is so simple as to deserve the notice of surgeons.—*Med. Press and Circular.*

DEATH OF AN EMINENT FOREIGN PROFESSOR.—Joseph Fodor, M. D., professor of hygiene at the University of Budapest, has recently died. He was born in 1843, studied under Pettenkofer at Munich, and later under Baron Liebig. Dr. Fodor was, after his master Pettenkofer, the best known of the European sanitarians, and did much toward rendering Budapest the healthy and beautiful city it now is. He was a man of many gifts and was for some time joint editor of the medical journal, *Orvosi Hetilap.*

REVIEWS AND NOTICES OF BOOKS.

ORTHOPEDIC SURGERY. By Royal Whitman.

This book is one which is sure to be of great service to the general practitioner as well as to the special student of orthopedic surgery.

Special attention is paid to the causes and prevention of deformities, and it is in the early recognition of diseases which cause deformities that the general practitioner oftenest fails.

Most of the four hundred and forty-seven illustrations are new and many of them especially clear and instructive.

The colored plates showing the attachment of muscles concerned in movements of the foot are especially good.

The gymnastic treatment of lateral curvature receives the attention which it deserves and the photographs illustrate the movements and their effects almost like a clinical demonstration.

Any physician who has the least mechanical ability would be able with the assistance of this volume to make and apply apparatus which would be efficient in the beginning of ordinary deformities.

Each detail in diagnosis and treatment, as well as in measuring for apparatus, is given minutely and clearly.

G. H. E.

POCKET MANUAL OF HOMOEOPATHIC MATERIA MEDICA. Comprising the characteristic and cardinal symptoms of all remedies, by William Boericke, M. D., San Francisco. Boericke & Resyou Co., 1901.

This is a convenient pocket edition of the *Materia Medica*. Arranged alphabetically after the usual *schema*. It also contains symptoms of some hundred and twenty "minor drugs" which are indexed. The book is conveniently gotten up and valuable for those who find it necessary to look up the case at the bedside.

PERSONAL AND NEWS ITEMS.

DR. A. MILLER, the oldest homœopathic physician in Chicago, died July 29, in his ninety-second year.

DR. HORACE PACKARD will return from Europe in season to resume practice October 1.

DR. J. ARNOLD ROCKWELL, Class of '99, B. U. S. of M., has opened an office in the Hotel Kensington, 685 Boylston St., Boston. Office hours 11.30 to 1.30 and by appointment. Telephone, Back Bay 418.

There is an opening for an homœopathic physician at Yarmouthport, Mass., and one is wanted for the place. Dr. F. C. Robbins, Dedham, Mass., who has recently moved from Yarmouthport, will be glad to advise in regard to the location.

We have received the following notice: "A splendid location for a homœopathic physician, information of which can be obtained by addressing Lock Box 244, Uhrichsville, Ohio, or by addressing Dr. Thos. M. Stewart, Secretary of Pulte Medical College, 704 Elm St., Cincinnati, Ohio."

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COMMUNICATIONS.

A LETTER FROM GERMANY.

BY HORACE PACKARD, M. D.

(Concluded.)

A DAY WITH BASSINI.

In the little city of Padua, Italy, about thirty miles from Venice, Professor Bassini has lived and labored faithfully and modestly as surgeon of the Hospital and Professor of Surgery in the University of Padua. About ten years ago his name began to be heard in surgical circles as the author of a new operation for inguinal hernia. His published results were so much superior to anything before attained that the attention of the whole surgical world was turned to him. Time has shown that his claims were well supported, for at present his method is followed by surgeons in all civilized countries.

In response to his courteous invitation, I presented myself in the amphitheatre of the Padua General Hospital.

He is apparently over sixty years of age, with gray hair and beard, sharp, penetrating eyes, spare and tall but slightly stooping. He welcomed me in broken English, and afterwards spoke freely in German. His operative technique is very simple, and he does everything possible himself, from the preparation of the field of operation to the last detail of the dressing. He has but one immediate assistant besides

the anæsthetist. His armamentarium is very simple and unassuming. He has nothing of the modern equipment in the way of steam-pressure sterilizer. His instruments, dressings, etc., are boiled in ordinary porcelain pots over a gas flame. His person and clothing are protected by a long rubber apron, which he does not change between cases, but mops off himself with sublimate solution. He uses silk exclusively for all ligatures and sutures, both superficial and buried. He thinks if all the details of the operation are aseptic, the buried ligatures become encysted and suppuration never occurs. His clean wounds are not drained. He assured me that he rarely has suppuration, and in evidence showed me an abdominal wound made eight days before, then dressed for the first time—not a trace of suppuration was apparent.

I marvel at his results when I looked about his operating room. Although the operating area was fairly neat and up to date with its terezzo floor, the bank of seats, walls and ceiling were grimy with the dust and dirt of time. Areas from which the ceiling had fallen had been recently plastered without attempt to harmonize the whole by fresh whitening. All soiled water from hand washing and scrubbing of the patient, as well as blood and bits of tissue from the operation, went onto the floor and gravitated toward a drain opening in the middle.

All these unfavorable surroundings only impressed me more profoundly with the genius of the man. In this commonplace environment, and with meagre equipment, he has attained world wide eminence in the field of hernial surgery. His name is probably now as widely known over the whole world as any surgeon who has ever lived.

He kindly gave me opportunity to watch every detail of his operations. The first was an ordinary right inguinal herniotomy, which went off without incident. The second was for left inguinal hernia, with adhesion of the bladder to the sack. In the process of clearing away the sack, the bladder was accidentally opened. This he closed with silk sutures

and dropped back into the pelvis. The operation was completed in the usual way without drainage.

Some details of his method of operating were slightly different from anything I had seen or read of before.

I was told afterward that the poverty of the public hospitals in Italy is very great, and the apparently inexcusable lack of tidiness is unavoidable.

VIENNA AS A MEDICAL CENTRE.

Vienna no longer holds its former prestige as the world's greatest medical centre. At present not more than one-quarter the former number of foreign physicians visit it for study. The Allgemeine's Kraukenhans is totally out of date as a hospital, and impossible of remodeling on modern lines. A rumor is afoot, and I am told it is founded on fact, that plans are already matured for removal to the suburbs, and construction of new buildings according to modern ideas.

It is twenty years since I spent the autumn, winter and spring here in study. Great changes have occurred. Fine, wide streets have been cut through the old parts of the city; a magnificent city hall has been erected; new university buildings have been constructed; a Museum of Fine Arts and Natural History established; and a comprehensive system of electric street cars installed.

But few of my old professors and instructors are remaining. Billroth and Albert, who conducted the principal clinics in surgery in 1881, are no more; Mikulicz is professor of surgery in Breslau; Schrötter, under whom I took courses in physical diagnosis, is now sixty-three years old, but vigorous and progressive. He welcomed me most cordially, and through his invitation I visited Heilanstadt Alland (Hospital for Consumptives), which has been established through his persistent and resolute efforts. He said, "I have put not only the sweat of my brow but my heart's blood into this enterprise." It is a fine institution about twenty-five miles out of Vienna, nestling in a natural amphitheatre, with a

southern exposure, overlooking a wide expanse of country. In answer to my question as to treatment, I learned that no systematic medical treatment is attempted. Dependence is wholly upon maintenance of a pure atmosphere, hypernutrition and rest. Harrassing cough is ameliorated with opium. In about fifty per cent. of the cases the disease is arrested. The patients are kept under the strictest discipline. From seven o'clock in the morning until ten at night every hour has its allotted duty. The regulations run as follows :

- 7.00. Arise and dress.
- 7.30. Breakfast. Coffee or cocoa, milk, white bread.
- 8.00. Exercise upon the terrace or in the grounds and woods.
- 9.00. Rest in recumbent posture.
- 9.30. Lunch. Milk, bread and butter.
- 10.00. Rest in recumbency.
- 12.30. Dinner. Soups, meat, vegetables, salad, desert.
- 1.00. Promenade on the terrace for fifteen minutes.
- 1.15. Rest in recumbency for $1\frac{1}{4}$ hours.
- 2.30. Walk in the fields and woods.
- 4.00. Lunch. Coffee, bread and butter.
- 4.30. Rest for one hour.
- 5.30. Gentle exercise out of doors.
- 7.00. Supper. Roast meat, vegetables, salad, 1 glass beer.
- 7.30. Reading, games, music, light work about the house.
- 9.30. Retire.
- 10.00. Lights out, all quiet.

Regulations regarding expectoration are very strict. Every patient carries a cup with him, and on no pretense is promiscuous expectorating about the grounds permitted. The cups are sterilized every day by boiling. The patients are permitted—not compelled—to work in the fields at light farm work if they feel inclined. A farm of sufficient size to produce vegetables and milk for the institution is maintained.

The dining-room is large, sunny and cheerful. As I entered it I saw upon the opposite wall an inscription which

I supposed was an appropriate German legend. On drawing near, to my surprise and amusement, it read in bold English, "Eat Quaker Oats."

FRENDENBERG AND THE BOTTINI INCISION.

It was my intention, on leaving America, to look up, as far as possible, recent progress in the surgical treatment of prostatic hypertrophy. Interest in this annoying affection has of late been much aroused through the reported results of Dr. Bottini, of Parvia, Italy. Frendenberg, of Berlin, has probably done more to popularize the operation, through published writings and improvements in instruments, than the originator. I called upon him, and derived therefrom much pleasure and profit. He is fully convinced of the value of the operation, but much judgment and discretion must be observed in the selection of cases. He deems it quite unwise to make it upon cases accompanied with severe cystitis and pyelitis. To secure the desired result, it should be done before the patient's general strength and vigor have too far deteriorated. He precedes the operation by a careful cystoscopic examination. As a rule he makes three incisions, two lateral and one posterior. The operation is made under local anæsthesia of cocaine and eucaine, unless, because of great fear or nervousness, general anæsthesia is deemed advisable. In cases not yet prostrated with long continued cystitis and pyelitis, the operation is without mortality. He has a book in press which will soon be issued, giving all the literature upon the subject and his own results up to the present time.

MEDICAL EDUCATION IN GERMANY.

Germany leads the world in medical education. It is interesting to inquire into the cause of this superiority. In the first place, the popular ideals regarding education in general are high. There is no greater social disgrace than ignorance. Professional attainments carry distinction of no inferior order,

because it is a long and difficult climb to reach them. The course of study in the medical department of the German universities is five years; and after this it will be six. The sixth year is to be a service in a hospital, or a year with a physician, assisting him in his every-day practice. The university course includes two terms annually of five and four months, respectively, with vacations during April, August and September. Each applicant must have had previous educational training equivalent to the course of study in a "gymnasium," what corresponds to our high and latin schools. If he has not had that training, he must satisfy the faculty that he possesses equivalent knowledge derived from other sources before he is allowed to enter upon the medical course.

The required *studies of the first year* are: Inorganic and Organic Chemistry, Physics, General and Human Anatomy, Dissections, Osteology and Syndesmology, Zoölogy, Microscopic Technique, Principles of Botany. Besides the above, the following are recommended, but not obligatory: Mathematics, Meteorology, Physical Geography, Mineralogy and Geology, Anthropology, Psychology, Logic.

The second year the required subjects are: Dissections, Physiology, Comparative Anatomy, Laboratory Chemistry, Histology, Pathological Anatomy and Evolution. Recommended, but not obligatory: Physiological, Embryological Zoölogical and Botanical Experiments and Analysis, Special Lectures in advanced Anatomy and Physiology, Topographical Anatomy, Physiological Chemistry.

The third year includes General and Special Pathology and Therapy, Surgery, Fractures and Dislocations, Pharmacodynamics and Hydro Therapy, Auscultation and Percussion, Obstetrics, Medical and Surgical Clinics, Minor Surgery. Recommended, but not obligatory: Pathological Chemistry, Toxicology, Laboratory work in Pharmacology and Toxicology, Prescriptions.

The fourth and fifth years comprise lectures upon Hygiene, Gynæcology, Materia Medica, History of Medicine, Sanitary

Science, Ophthalmology and Legal Medicine. Attendance upon Medical, Surgical, Obstetrical, Gynæcological and Ophthalmological Clinics, also clinics for diseases of children, mental and nervous diseases. Pathological Anatomy, Pathological Histology, Laboratory Hygiene, Practical work in Obstetrics, Surgery, Ophthalmology, Vaccination, Laryngoscopy, Bandaging. Recommended, but not obligatory: Special clinics for Syphilis, Skin Diseases, Otology, Clinical Diagnosis, Electro Therapy, Dentistry, Legal Medicine.

Sixth year: Assistantship in Hospital or with a physician satisfactory to the faculty. The final examinations are rated not in percentages, but as bad, good, superior and excellent. Those rated as bad withdrawn from studentship, or again take the course in which they are deficient. The others are granted a diploma which entitles them to take the government examination. Applicants without a university medical diploma have no footing with the Government Board of Medical Registration, hence the gateway to the practice of medicine is closed and barred to all except those who have had a broad preparatory education and a most rigid training in medicine.

It will be seen from the above that the way to a Doctorate in Medicine in Germany is no easy road. How much more in keeping with the dignity of the medical profession is such a course than that in many of our American colleges? Our past record is unpleasant to think of. The future must be marked with progress.

DOGS IN AMBULANCE SERVICE.—Scotch collies are trained for ambulance and bearer work in the German army. Their saddle bears a red cross, a flask and first-aid dressings. It is claimed that these red-cross canines will scent wounded men who under ordinary circumstances must be overlooked by litter-bearers and left on the battlefield to die.—*Exchange.*

ON THE FAITH IN THE EFFICACY OF REMEDIES.

[To the American Institute of Homœopathy; Read in the Section on Materia Medica. J. B. Gregg Curtis, M. D., Chairman.]

BY CONRAD WESSELHOEFT, M. D.

The topics announced by the Chairman of this Section are worthy of the closest study and thoughtful discussion. No. 2 reads: "Is faith in the efficacy of remedies in the treatment of disease on the decrease among physicians?" This timely circular letter of the Chairman of this Section raises some other very appropriate questions regarding the scepticism of students, recent graduates, etc., toward the materia medica. All this is very true, and the causes require some reflection, which in the following has been drawn from an experience of thirty years in struggling with the best way to teach materia medica.

To begin with, it matters less how much of it is taught in each of our numerous homœopathic colleges, than it matters what the quality of the instruction is, and upon what accurate knowledge it is founded.

The difficulty in teaching and learning materia medica is threefold. The first difficulty lies in the subject itself. The various attempts to "purify" the materia medica, to separate the wheat from the chaff, were all very well so far as carried out, but the subject is too vast for even one generation to accomplish anything. So there is little else for the teacher to do than to assure his hearers that, after pointing out certain faults of the materia medica, there is still much left which, if rightly understood and used, will place our school in advance of any other in successful healing of the sick.

The second difficulty lies in the teacher and his faulty methods. He can produce a certain kind of result by a real or assumed enthusiasm which he may succeed in imparting to his students, who on the strength of imbibed faith and belief will do wonders in the way of learning symptom-lists regardless of their real value. Such a student can then perform miracles by virtue of his *furor homœopathicus*, but he

will not win the confidence of his more conservative colleagues. This is one way to teach materia medica, but not the most reliable one. There is a better way.

What the student most needs is not only to learn the symptoms of drugs, but first of all he should see, touch and smell of the actual drugs themselves. These he hardly ever sees; all he knows of them is that they are white pellets, tablets or colorless dilutions. But how they became such he never asks, and is but very imperfectly informed. No student nor physician can be expected to acquire enthusiasm or actual knowledge of proving-effects and the value of prover's symptoms if he has to refer them entirely to meaningless pellets, dilutions, or, if it comes high, to a colored tincture of the origin of which he has seen as little as he has of triturations or dilution-potencies. And yet hundreds of our students go out into the world with no other idea of homœopathic medicine than that of abstract notions of perfectly meaningless white tablets or dilutions. No matter how transcendently spiritual one may be inclined, he will now and then have an ungovernable longing to see and touch something in the material world, and it is but the natural result that he will fly to the opposite extreme and try some big doses of visible, tangible stuff in which he finds himself only too well supported by the more material minded *intra et extra muros*.

This can and must be avoided. It has been urged here and elsewhere that before burdening and mystifying a student's mind with symptom lists of the source and origin of which he knows nothing, he should be instructed in practical pharmacology. He should see and smell and taste the substances he is to study. He should see and hold in his hand the plants, the minerals and the animal products from which these substances are derived. He should not only see how the tinctures are made, but he should make them himself. He should not only be told that a certain substance is ground for an hour with milk sugar, but he should himself grind it for an hour once, twice and three times; and then should

use his microscope to see just how far he had succeeded in reducing the substance. Having become familiar with these things, he should then proceed to prove the products of his labors upon himself. Such a student will not lament his want of knowledge. But this is by no means all that is needed in providing for proper instruction in materia medica and its symptomatology.

One of the gravest errors committed by teachers, next to ignoring pharmacology or pharmaceutics, is the habit of following the alphabetical order in their descriptions; or, what amounts to the same thing, of following no systematic or natural order. It is this which makes the student heart sick. Pages of symptoms either reeled off *ex cathedra*, with vain attempts on the part of the student to commit to memory what seems to the learner to possess neither head, nor limbs, nor body. Why need this be when Nature is so perfect in her order, and when the human mind has succeeded in re-recognizing this beautiful order and arranging it for the use of those who wish to be guided by it?

Materia medica is called difficult; it is shunned; it is put off to the last and approached only with set teeth and dogged determination. As well might one try to learn a language by memorizing the dictionary as to learn materia medica in the way mostly taught. The way it probably will be taught in the future will be by teaching the class that if they will acquaint themselves with one member of an order, or even of a genus of medicinal plants, they will already have acquired some rudiments of the other members of that genus or order. Thus, if they have seen the belladonna plant, have learned how to prepare its tincture and have proved it a little, when they have carefully read its pathogeny in reliable provings, they will already know considerable about hyoscyamus, stramonium, tobacco, capsicum and others of this genus, for they will see that these substances have many points in common, from which the singular and characteristic effects are then easily differentiated and, above all things, remembered.

The same applies to animal (*e. g.*, snake poisons) and to chemically related groups of metals to be found in every textbook.

Of course, if this is discouraged by shrugs and winks, the student will lose confidence and he will fall back upon his discouragement, or go where the teaching is more in accordance with his prejudices.

The third cause of the student's reluctance to approach *materia medica* is to be sought for in the mental ability and condition of the student himself. Under existing circumstances in the United States a majority of medical students, though of natural excellent mental endowments, do not bring with them that degree of mental training which results in ready receptivity of any new branch of science. Such a student can learn only from ocular demonstration what he can not acquire by didactic lectures or reading.

Why is it that students think anatomy, pathology and chemistry easy, while they are actually afraid to touch *materia medica*? The answer is that it is so difficult to learn symptoms by heart, and they shrink from voluminous textbooks or provings. That is their reply, but not the true reason: This is that they are not made to see and feel *materia medica* as they are made to see and feel, as it were, anatomy and chemistry. What teachers of *materia medica* will have to do now and in the future is to demonstrate *materia medica* from pharmacy up to proving, and from this to the didactic and clinical course, which the student then will comprehend. When, after this, he sees his preceptor administer pellets, dilutions and triturations he will no longer be mystified, but he will recall the drug and remember its sick-making power. The pellet will then have a meaning for him which it never had before. The pellet or the liquid will in his mind be brought into harmony with the law of cure; this will become luminous and intelligible now that the student has discovered the animal, vegetable or mineral source whence comes the power now associated and inseparably con-

nected with the pellet, tablet or dilution which his preceptor is prescribing.

These are at least the principal difficulties in teaching and learning materia medica to be applied according to *similia similibus*. But there are others. Has not homœopathy been taught from the beginning as being easy of application? The first thing the student or beginner grasps is the perfect simplicity of the law and its application: Select the remedy according to the law: that is, seek the remedy whose proving effects correspond to the case to be treated, and a cure will follow. Nothing could be simpler and nothing easier. So thinks the student, and so he is taught. The most sanguine and enthusiastic teacher will inadvertently impress this upon the learner, who even feels that the "organon" is very positive on the subject. The result is that the student's first clinical attempts are disappointing. He comes to complain of this to his teacher, who has to encourage and to uphold the student in his faith as best he can.

Is not too much usually promised? It seems that in our enthusiasm we have often, without due qualifications, promised the student too rapid a realization of success. The qualification rests on the conditions under which medicines are prepared; on the conditions under which they are proven, and on the conditions under which they are administered.

Right at the outset of his career the student, instead of being simply made enthusiastic, should be carefully instructed in the actual and probable difficulties in the way of realizing quick curative results. He should be told of the imperfections with which pharmacy and the art of proving is still beset. That in the nature of the limitations of the human intellect in its attempts to perfect those sciences, imperfections must still hamper hoped-for results. He must be taught that he must not be discouraged at the absence of startling cures. He must be taught how to recognize each imperfection in order to select from among provings that, and that only, which is most likely to be reliable.

It will do the learner at the beginning no good to individualize and differentiate in applying a faulty proving to a case. Therefore, let us avoid promising too much ; it *will drive* the beginner to disappointment and from homœopathy to the other extreme of polypharmacy and nostrum vending. *But, supposing a student is aware* of the difficulties, then the teacher can go ahead with a clear conscience, having nothing to conceal. His enthusiasm, now freed from that latent shade of self-mistrust which he would gladly hide from the student, will now burst forth into renewed delight, and impart itself to the learner who feels that his teacher is honest and can be trusted, and student and teacher will be carried along by that bond of mutual respect and understanding which alone insures success in any branch of instruction.

These are a few suggestions of which it is hoped that they will aid in strengthening the faith in the efficacy of remedies in the treatment of disease among physicians, that they will give support to the teacher and confidence to the learner.

A BRIEF STUDY OF TEMPERATURE IN CERTAIN SERIOUS PUERPERAL COMPLICATIONS.

It would be impossible in one paper to even mention all the post partum conditions in which abnormal temperature may be found, so I shall not make the attempt, but shall limit my paper to a few observations suggested by cases seen by Dr. Earl and myself, during the last quarter at the Maternity.

I am hoping that they will prove equally suggestive to the members present so that we may profit by the experiences thus brought out.

At this time I am not reporting operative proceedings, for while no one can see more plainly than I the necessity for such treatment under the proper conditions, and we had those during the quarter just past, yet I appreciate the fact th

most confinement work appeals, or should appeal, to us, not as mechanics but as physicians.

Before proceeding to the consideration of the cases that prompted this paper, I shall venture to recall to your minds certain facts that are doubtless very familiar.

It is always satisfactory and even essential to know the normal conditions in order to recognize deviations therefrom, so for a moment let us consider the manner in which normal temperature, or an equilibrium, is maintained.

We know that two factors enter into this contract, viz.: production of heat on the one hand, and loss of heat on the other, so that we may expect to find a state of pyrexia, either from increased heat production or decrease in heat loss. In the healthy individual when from any cause there is an increased production of heat there will at once be a counterbalancing loss of heat, which maintains the body within a narrow range, known as normal temperature. Simple but interesting tests have been made for the purpose of finding out how adjustment is brought about between the production and loss of heat in the human body. One, with the Turkish bath showed an elevation of temperature in three-quarters of an hour to 103.2° followed by the loss of 185.7 mg. of sweat, and normal temperature after another half hour.

A more commonplace test, but reported not so popular with the performer, is the old process of sawing wood, by which a healthy man working industriously for an hour will raise his temperature 2.1 Fahr. with such compensating loss of heat that no condition of pyrexia follows. From such simple observations as these we gain the idea that back of the two factors of heat production and heat loss there must be some regulating force which gets out of order before a condition of pyrexia can be said to exist, and this to my mind takes us back to the mainspring of life, call it Nature's vital force or what you will. When this is deranged, we have not only pyrexia but general lack of harmony and the picture of disease. One, Samuel Hahnemann said, "In sickness this spirit-like, self-acting vital force, omnipresent in the organism, is alone

primarily deranged by the dynamic influence of some morbid agency inimical to life. Only this abnormally modified vital force can excite morbid sensations in the organism and determine the abnormal functional activity which we call disease. This force, itself invisible, becomes perceptible only through its effects upon the organism, makes known and has no other way of making known its morbid disturbance to the observer and physician than by the manifestation of morbid feelings and functions; that is, by symptoms of disease in the visible material organism."

Pyrexia is not then to be treated as an entity and suppressed by sheer force, but rather regarded as one of the important symptoms of a disarrangement which we are to bring back into harmony in the shortest, most reliable and safest manner according to clearly intelligible reasons, removing in each case any obstacles in the way of recovery.

The woman who has just passed through the activity of labor is in a peculiarly susceptible condition, not only from the immediate struggle but from the antecedent nine months' strain upon the whole system, and unless her vital force is in healthy, active power we shall experience a change from the usual happy physiological appearance to one of discord and dismay.

It is wonderful to see how, in the majority of cases, equilibrium is maintained in spite of the extreme muscular activity and nervous excitement. The great beads of sweat mean that our good friend Nature is at work conducting to and radiating from the surface the excess of heat produced, and unless some morbid influence disturbs the controlling principle the puerperium will be calm and uneventful.

In the cases which I present we shall follow the temperature during disturbance manifested through three important systems, viz.: the respiratory, the cerebro-spinal, and the renal. In the first two there was no apparent reason for anticipating serious complications; in the third, we were forewarned by the condition existing when the patient entered the maternity.

Mrs. G. recommended by Dr. Wood of Charlestown, entered the Maternity at 3.30 Sunday afternoon, February 3. At that time examination revealed the cervix obliterated, the os dilated to the size of a quarter and a foot presenting within the bag of membrane. The position was diagnosed as a sacro, left out. Dilatation proceeded as well as usual under the circumstances; the patient was a principara of rather slender build, and in manner very reserved and uncommunicative; did not want to talk and complained very little, so that in the short time before delivery nothing was said of a "cold" from which her husband afterwards said she had been suffering. The second stage began about 8 P. M. and progress seemed very slow on account of the size of the child, slight assistance was given by traction from below and pressure from above and the after coming head delaying, it was delivered somewhat rapidly, thus incurring a second laceration, which under the circumstances I considered justifiable. The baby, a fine boy weighing a trifle over 9 lbs., was soon crying lustily and plays no further part in the story except as a very agreeable boarder in the nursery for the next seven weeks. During the last pains of labor ether was administered to the patient but not to profound anaesthesia.

The placenta and membranes were delivered not quite so perfectly as I like to see, but considering it safer not to enter the uterus unless necessary, and there being no sign of hemorrhage, the perineum was quickly repaired and the patient taken to her room.

February 5. The patient seemed to have much irritation in the bronchial tube, with cough, some soreness in left chest on inspiration, thirst and temperature rising, morning 101° , evening 104° . *Bry.*, and we prescribed for her.

February 6, Morning temperature 102° , evening temperature $105\frac{3}{4}^{\circ}$, pulse 130.

The lochial discharge was apparently normal and there was no suspicious soreness, but remembering the somewhat ragged condition of the membrane an intra-ut douche of warm sterilized water, followed by a little peroxide, was given. Some debris

was then removed. The next day, Feb. 7, Dr. H. C. Clapp examined the patient and pronounced her suffering from pneumonia and upon examination of the vaginal discharge the micro-pneumococci of pneumonia were found. It was somewhat difficult to get symptoms from the patient; she was hoarse anyway and at times would not speak at all. Indifference, then anxious apprehension. The respiration was difficult and shallow; sputa profuse. Dr. Clapp prescribed phosphorus. A second douche was given, which came away so clear and the uterus itself seemed so normal that this was not repeated.

February 7 and 8th were more encouraging and the 9th seemed so regarding temperature and pulse, but the patient developed a kind of sly cunning and that evening broke out into mild delirium or mania, in which she suspected everyone about her and startled by anyone coming in. Her eyes were wild, with pupils dilated, face flushed and pulse full and throbbing. Bell. was the prescription.

February 10. Temperature and pulse better, but mental condition not much improved so that an attendant was with her from this time on for several weeks.

The temperature and pulse for the next day had another exacerbation with an abrupt fall to nearly normal on the 12th; this was accompanied by great prostration, a peculiar death-like pallor and sweat, short, anxious respiration, with distressed appearance of the face. We thought the prognosis very bad at this time and hardly expected her to rally. Arsenicum was given.

Next morning a temperature of 105 greeted us but the patient's mind was clearer, and a peculiarity after this for some days was that with an increase of temperature the patient was more rational. The chart from this time shows the decline of the disease which did not extend evidently beyond its first bounds. Nourishment was carefully administered all the time and was well borne.

From February 23d, when you will see there was a sharp fall, the temperature ran a little below normal for five days

and then continued just about normal for the remaining weeks she was with us. Her mental condition became normal. Arsenicum was repeated at intervals and food was given as the patient regained her appetite, which she fortunately did so that she was growing steadily stronger when she left the Maternity on March 23. She was, however, one who suggested tuberculosis and ought to be watched and directed for some time. In looking back, I wondered whether ether might have aggravated condition.

The second case was one who had been confined once before and at the Maternity, a somewhat difficult labor. She entered this time on February 9, at 3.30 P. M., having regular pains which began at 9 A. M. She was nervous and apprehensive, saying that she knew she was going to die, and this was her constant cry. Although this may mean nothing, yet it often indicates a lack of the persistence that will help a woman through hard places. The second stage began at 5.35 and the baby was born in good condition at 6.40 with slight tear into old cicatricial tissue. Placenta came naturally in twenty minutes. The patient was put to bed and everything went well except that the patient was nervous and apprehensive until two days later, on February 11, when she complained of a pain in the left side of her head which she said was a touch of her old neuralgia. Temperature was normal and she passed a comfortable night and part of the next day; in the afternoon she complained of shifting pains and feeling of coldness, and although she gave no definite signs of chilliness her temperature arose to 103.6° and pulse to 128.

We could discover no local condition to account for this, the local discharge was free, bright with no odor, and it seemed more like an hysterical condition than anything else.

The next day, February 13, the patient complained of headache, soreness all over, with sore throat and it seemed as if she might be starting a grip attack. The symptoms seemed to call for bryonia.

February 14. Patient passed an uncomfortable day with temperature ranging from 103.6-105.6°, pulse 128. That night

she slept and the temperature (15th) was down to 102.4 in the morning but the day brought on a kind of delirious condition; she said she could not move her arms or talk though she could do both. She was given a high enema followed by free evacuation of the bowels. She was very much depressed and given to much weeping and complained of shifting pains, and puls. was given. On the 16th the temperature came down to 101.80; pulse, 138-114, though the delirium was marked, and there were involuntary movements of the bowels. The next day the patient was etherized and the uterus wiped out with gauze, nothing abnormal could be found. Dr. Wesselhoeft saw the case in consultation and it was thought best, on account of the prominent nervous symptoms, to ask Dr. Colby to see the patient. He (17th) accordingly did so, and diagnosed the case as some form of puerperal meningitis (non-septic) and prescribed cicuta (18th). That day and the next there seemed slight improvement; ice bags were applied to the head with some apparent relief and the patient was quieter. Speech was thick and indistinct. The next three days (19, 20, 21) the brain symptoms increased, though now and then there would be rational gleams. The respiration became shallow, there were convulsive twichings of the muscles, rolling of the head with sharp cries, involuntary urine, difficult swallowing, and a general hopeless appearance. Stuper finally supervined, broken by occasional cries, and death came to her relief the morning of February 22. There was no examination after death, but from the onset and course of the disease it comes near to the description of results arising from "acute sporadic inflammation of the pia mater of the convexity or upper surface of the brain." This seemed to me a hopeless case at the time we had dealings with it, but that something might have been done to affect the diseased system by judicious previous treatment. This is one place where a family physician has a chance to do good work. If this patient had been known from her birth and her antecedents known as we afterwards learned them there might be two little motherless children the less. It

seems that the mother of our patient, at the birth of her second child died from some brain affection ; of the two girls thus left one had died not long before our case, also with her second child, and from brain trouble, so that there are four children of the third generation left to perpetuate their kind.

In one of the latest text-books on nervous diseases I found the following rather apt conclusion :

“Experience teaches that the diseases of the nervous system may be divided with respect to their localization into two great groups, into systematic and non-systematic diseases. By systematic or system diseases we understand those affections in which only nerve cells and nerve fibres, that is neurons which have a definite physiological function, are attacked. The aggregate of all the neurons which subserve a definite physiological function is called a neurons system. The interesting fact that sometimes only the neurons which belong to a certain physiological system becomes diseased, all the other neurons remaining perfectly normal is to be explained, as far as our present knowledge goes, as follows : first, clinical facts show that certain neurons systems are abnormally weak and sickly in some persons from birth. What the primary cause is we do not know but very frequently it presents itself most distinctly as a hereditary or family affection.” Since, as the writer frankly states, we do not know the primary cause, the best treatment of such cases will continue to be removal of all obstacles to recovery, careful individualization in accordance with our law. The third and last case which I must tax your patience with is brief and cheerful.

The effect of pregnancy on the kidneys has been so generally discussed that I do not need to enter upon the subject here except to repeat how easy it is to pass from the so-called “physiological albuminuria” of pregnancy to the pathological state in which large quantities of albumen and casts are found together with decrease in urea.

On February 12 our little Italian was admitted to the maternity. I call her little because I saw her after she had

shrunk to her normal dimensions and she was small then, but when she was brought in about 11 o'clock at night on a stretcher her face was so swollen that it looked about a foot broad, and as we examined farther we found the same condition existing, swollen feet, hands, legs and arms, while the labia were so oedematous that the thighs were widely separated. The history that we gained from a relative, for the patient herself could not speak a word of English, was to the effect that she had had a miscarriage seven years ago; that she is now nearly at full time; that for two weeks at least she has had this swelling; two days ago she had a convulsion, biting her tongue badly; this morning another severe one, and now complains of pain through her head and eyes. Dr. Earl and I pondered over the case and finally concluded to follow a conservative course as labor had not even begun and the condition was not threatening life. The first thing ordered was a hot tub bath to give the pores of her skin a chance. She seemed very loathe to lose the soil of sunny Italy that she had evidently brought with her, but was finally persuaded mostly by pantomime, and after that she was put into a pack and arsenicum was prescribed. Towards morning she had a severe convulsion. The temperature was 104.0 when she came in but the next day it had dropped to nearly normal, and it was decided to give Nature a chance to deliver. The labia were punctured, allowing the escape of much fluid. Large quantities of pure water, milk and lemonade, which the patient especially enjoyed, were given. A sample of urine was obtained after some time, the patient losing most of it involuntarily, and an analysis was made:

Apis was decided upon for the remedy.

Early on February 15, three days after coming into the Maternity, having had no more convulsions, pains began, and labor was allowed to proceed under careful watching until the baby was delivered at 11.30 A. M., still born. There was no occasion for interference, although we were ready to assist at the first intimation of danger. The

following day the patient looked very uncomfortable and the temperature was two degrees above normal, but the same treatment was carried on and a steady improvement followed, the temperature not rising above 100.8° at any time. Owing to lack of data we could not decide to which of the three classes of kidney complication this case belonged. Whether this was (1st) chronic Bright's disease which existed at the beginning of pregnancy, (2d) condition existing previously but apparently cured at the time of the beginning of pregnancy, (3d) a condition in which albumen began as a consequence of the existence of pregnancy; probably the last was her condition. In any event the patient returned to her home *thin* and on the high road to health; with the delightful uncertainty of obstetrics, the case that threatened the most serious consequences before labor was in the best condition when she left us.

THE SURGICAL CLINICS OF THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

SERVICE OF NATHANIEL W. EMERSON, M.D.

[For Quarter ending March 31, 1901.]

As some features of the present year's service seem worthy of notice, this method is taken of making a record of them. The service was the largest in the experience of the writer, and again shows a remarkable increase in the proportion of the abdominal to all other cases.

ABDOMINAL CASES.

In doubtful abdominal cases where accurate diagnosis cannot be made — and how many of such there are — the writer would urge an earlier consideration by counsel. Experience has taught that the prompt investigation of obscure abdominal cases is a brilliant success. While not every case is saved in this way, a very large number are, and those that

prove inoperable are rarely complicated in their subsequent course by the operation or its results. If anything has been proven, it is that an exploration in competent hands is a safe measure, and that in obscure cases patients do not die because of the operation, but because of the disease which is uncontrolled by interference. In looking over the data here recorded consider the story of appendicitis as told by the following summary :

Seven (7) Suppurative Cases,	Three (3) Deaths
Thirteen (13) Acute Cases,	No Deaths
Twenty-nine (29) Intermittent Cases,	No Deaths

Nineteen (19) other cases in which the appendix was so diseased that it was removed. In many of these, affection of the appendix caused acute conditions and was itself more or less acutely inflamed and the real cause of the precipitation of a crisis, yet appendicitis was secondary to other processes in themselves sufficient to require operation. None of these nineteen cases were lost.

Sixty-eight (68) cases in all ; three (3) deaths. Death rate 4.4 per cent.

Here are sixty-eight cases from which the appendix has been removed for various causes in three months ; they presented themselves in all stages of disease, some *in extremis*. The acute and suppurative cases were operated upon at whatever hour of the day or night they presented, with no opportunity to select time or perfect preparations and with the operator not always in the pink of condition, yet the results are consistent with what we have been led to expect ; all cases of election get well ; all acute cases are immediately cut short and also get well ; and those which are fatal are the suppurative cases — really neglected cases — which never rally after the operation. They die, not because of the operation, but in spite of it, and the operation does not appreciably precipitate the end. It would seem as if the whole story of appendicitis has been *told*, as indeed it practically has, but it is far from being wholly *learned*.

In the above estimate the previous history of each fatal case clearly shows that the danger-line was far past when the operation was undertaken and that usually abundant warning had been given, an interpreter being lacking, however. It is a conservative statement of fact, borne out by abundant experience, that nine out of ten fatal cases of suppurative peritonitis, or appendicitis, could have been saved if they had been operated earlier.

It is in no spirit of self-satisfaction that the above is written, but rather in the fulfillment of the promptings of duty. I consider a position such as mine in the hospital, in a measure, a professional trust and endeavor so to conduct it. Unusual opportunities come for cumulative observation along certain lines which should be made of practical benefit to the profession at large and which are not usually open to it. Therefore, whatever observations are here presented are offered with a well defined intent on my part to demonstrate the actual local state of affairs as regards suppurative peritonitis, and to make a sustained endeavor to materially reduce the death rate in this disease, not by alleged skilfulness and attention on my part, but by going to the real heart of the whole matter and showing that an early consideration of such cases means a remarkable and satisfactory diminution of the number of deaths.

Of the nine deaths here recorded, seven were in abdominal cases. One of these was an old umbilical hernia which had become incarcerated, the patient being seventy years old, and death was certain without releasing it; hence an attempt was made, recognizing it as a forlorn hope. This is a type of case which occurs with sufficient regularity to cause a constant death rate in a large series of cases and is not under discussion. Of the other six deaths, three were from general suppurative peritonitis having its origin in appendicitis; and every one of the three could have been saved if the operation had been at an earlier date. Not one in a hundred of these cases which does not show abundant

warning in the previous history. And these are the cases to which I wish to draw especial attention. They are often reported as obscure in the early stages when as a fact they are not at all obscure except to the individual who is in charge. I really believe that ninety-nine out of every hundred of such cases which are now fatal could be saved by a more prompt consideration of them by an experienced diagnostician and expert operator; and it certainly is no presumption to claim that the surgeons of our hospital, with their remarkably ripened experience in abdominal work, may be included in this class. Therefore, we urge those who rely upon the hospital to send their acute abdominal cases at an early stage of the disease, always remembering that peritonitis demands prompt investigation, and in ninety-five cases in one hundred in man means appendicitis, and in a very large proportion in woman means appendicitis or tubal disease, one or both, and that safety to the patient, as well as subsequent health, lies through an operation.

Of the three remaining deaths in abdominal cases, much that has been said above applies. They were all cases of gall stones and only one of four was successful.

Mrs. C., age 55 years, had been married 32 years, and had five children. There had been no menstrual difficulties and the menopause had been normal. She had been subject to severe attacks of colic ever since she was fourteen years old, occurring about once a year, except for the last four or five years, when there had been none. Four months ago she had a very severe attack lasting several days, since which time she has had sixteen distinct attacks. The pain was in the right hypochondrium and passed to the left and backwards. She was jaundiced in the attack four months ago and has been so ever since. Several years ago she passed three gall stones about the size of a pea, which were gray in color and rough, except where faceted. At the operation the gall bladder was opened and about fifty stones removed together with soft, clayey masses which were diffi-

cult to handle because they were so pasty they could not be grasped. She did very well at first but the discharge from the wound became excessive, vomiting occurred, and a fatal result followed.

Mr. C., age 65, had had malaria and several attacks of inflammation of the bladder; had been jaundiced several times in the past. He was as well as usual up to the previous five days when he had a severe chill and a pain in the stomach "like hot lead" extending to the back. Next day the pain was more diffuse. The pain continued through the two following days and was worse at night, somewhat better on the third day with the exception of general abdominal soreness. That night the pain was of such severity he was sent to the hospital. The ride in the ambulance relieved him and he remained comfortable afterwards. At the operation a number of stones were removed together with soft, clayey masses and very dark plaques which were closely applied to the walls of the bladder and were removed only by stripping them off. He died on the third day with no remarkable elevation of temperature.

Mrs. C., age 38 years. She had had two children and two miscarriages. Had had attacks of asthma but none during the last two months. Had been in pain since the previous May; pain was worse during menses. Bowels were regular and stools were dark. The pain was now constant with daily exacerbations and she was jaundiced all the time. At the operation a number of soft stones and ill-defined, clayey aggregations were removed. She was much troubled in breathing after the operation and coughed a good deal. Bowels active and satisfactory, fecal matter and gas passing, but the coughing and obstructed respiration continued. Complained much of oppression of the chest and on the eighth day after the operation she vomited blood admixed with a green mucus containing some brown particles. She died on the ninth day.

Just what the clinical significance of these forms of chole-

lithiasis is I am unable to determine. It is a fact, however, so far as memory serves me, that all cases where there has been a soft, clayey mass, difficult to manipulate, which must be scooped away, have proved fatal; in all cases where the concretion takes the form of plaques applied closely to the underlying part and coming away in flakes, the road to recovery has been a difficult one. This pasty condition obtained in all the above cases.

Continued observation of these cases, with corresponding increase of experience, convinces me that here again safety lies in promptness. The cases of gall stones which die are the old ones with complete obstruction of the common duct and corresponding jaundice and cholemia. It is universally accepted that patients saturated with bile are unfit for operation, and that they are exceedingly liable to uncontrollable secondary hemorrhage and are very prone to sepsis. Also, the old cases require most extensive intra-abdominal manipulation. This necessitates a larger incision to begin with, with the breaking up of dense adhesions and a difficult manipulation in the most inaccessible parts of the abdomen. The common duct is deeply placed, of very limited mobility, the latter becoming practically lost after it has been inflamed, and in no portion of the abdomen do adhesions more certainly mask the normal relationship of the parts and make it difficult to find, and keep in mind, guiding landmarks. Then the duct is small, and from the mechanical standpoint does not lend itself readily to manipulation. Therefore, patients deeply jaundiced and worn out with pain are not tolerant and a fatal result seems to be easily induced. If rupture of the gall bladder or duct has taken place, causing a sepsis already existent at the time of operation, the danger is materially increased.

On the other hand where the gall bladder and duct are free from old inflammatory adhesions and still intact and are readily demonstrable, and when stones can be removed through the gall bladder itself, most favorable results may

be expected. Indeed no class of cases is more satisfactory in the promptness of relief afforded and the gratifying recovery.

Of many interesting abdominal cases which were successful, the following are noticed because of some points of special interest: Mrs. E. B. W., age 39. The pelvis and lower abdomen was so packed with a solid mass that until the patient was etherized the tumor resembled a fibroid. Upon exploration, however, it was found to be a multiple cyst of both ovaries, each cyst filled to extremest extension and the general mass closely adherent throughout. These cysts, together with the tubes were removed. Further examination of the gall bladder showed it to be full of stones, and a nice mechanical problem presented itself. The incision through which the pelvic manipulation had taken place was in the median line just above the pubis and barely admitted the hand, and it was out of the question to open the gall bladder through this, without extending it above the umbilicus. This meant at best, unless the abdomen was opened throughout to the ensiform cartilage, a difficult approach to the gall bladder. It was also thought that any leakage of the gall bladder, either at time of operation or later, would be more likely to cause general abdominal sepsis if one large incision was made than if two separate and smaller ones were used. Therefore the first incision in the median line above the pubes was closed in the usual way; then a second opening was made over the gall bladder through the right rectus muscle, the gall bladder opened and two stones removed, after which the gall bladder was attached to the abdominal peritoneum above the incision and drained with a rubber drainage tube. This whole procedure was conducted as an entirely independent operation. Never before had I made two such distinct and individual operations on the same patient at the same time; she was observed with much interest. The first twenty-four hours were rather more stormy and painful than usual, but after gas began to pass

freely relief was prompt and she made more than an ordinarily gratifying recovery.

Mrs. F., age 63 years, was an unusual case. She had had ten children, one miscarriage which preceded the last five children; youngest child twenty-two years old. Eleven years since menopause. Two years ago she began to flow again, a little at a time but quite constant. Recently the flow had been severe and she had had two bad hemorrhages which reduced her very much. She had had two or three attacks of pain across the abdomen lasting two or three days each, with nausea and vomiting, which were called "gall-stone colic." She was very fat and unwieldy and apparently not a desirable patient from the standpoint of physique. There was a multiple fibroid of the uterus which was well up to the capacity of the vagina for delivery and her symptoms were definite and becoming urgent; as the tumor seemed to be growing and the flow increased both in frequency and in quantity, I unhesitatingly advised removal. A vaginal hysterectomy was undertaken and the mass of fibroid was fully up to the limit of size capable of being extracted by way of the vagina. This could only be done by morcellment. After the left half of the uterus was removed, with the tube and ovary, a tumor of considerable size was still attached to the right half and above it. Had the vagina not been very capacious this could not have been removed except through an abdominal opening above the pubis. The whole hand, however, was introduced through the vagina into the abdomen and the tumor so brought down by the aid of pressure from above, that it could be freed and made to engage in the vagina. It was finally delivered and removed and found to be a true dermoid cyst, containing much hair and a peculiar greasy, oily substance. It was oval in shape and as large as the head of a child weighing ten pounds at birth. There was no difficulty in removing the right half of the uterus with its tube and ovary. This patient made a complete and satisfactory recovery.

GENERAL CASES.

The other two deaths were in cases requiring amputation of the middle of the thigh; the first one was because of diabetic gangrene of foot and was the expected result in this case.

The last case was an amputation through the middle of the thigh and could have been saved, I believe, by a greater experience than mine at that time. It is worth a more extended notice here, because it is a most unusual one and also because it points to a lesson missed by me on this occasion. Mr. F. H. C., age 55 years, previous good health, while sitting in his office felt a sting in the calf of his leg, and before his attention had been fully attracted to it, it was gone. It was but a short time before the sensation was repeated and more prolonged than previously, yet quickly passed away. This occurred several times, but caused no more than a passing notice until he started for home at the end of his day's work. He then found pain and difficulty in walking, which increased rapidly and so severely that it was only with great exertion and difficulty that he made the last stage of his journey from the car to his house. The leg was then beginning to swell, was very painful, and he passed an uncomfortable night. In the morning the leg was so much swollen that the family physician was called, but the pain and swelling increased with such rapidity that the following day I was asked to see him in consultation. The leg from the knee down was enormously swollen and œdematous and the pain intolerable. I had him removed to the hospital and the following day opened the calf of the leg, finding a quantity of pus, without odor, which had dissected the muscles along the plains of aponeuroses in a very extensive and unusual manner. A free opening was made and the leg thoroughly washed out with peroxide of hydrogen, full strength and drained with gauze. Previous to this the temperature fluctuations had been extreme, going as high as 102 degrees in the evening and falling to subnormal in the morning,

going to 100 degrees the next evening. After that it went higher, reaching 101 and 102 degrees in the evening. Microscopic examination of the pus showed that there was a streptococcus infection of the leg, and for the next five days he was given twice daily a hypodermatic injection of ten c.c. of antistreptococcus serum. This, however, did not apparently affect his condition in any appreciable way. There was a copious discharge of pus from day to day without marked improvement and as there did not seem so be a proper drainage about the ankle, eleven days after the previous operation he was anæsthetized and free openings made about the ankle. Two days later he was anæsthetized with the intention of amputating his leg at the middle of the thigh, but after he was etherized there seemed to be so much local improvement in the deeper portions of the leg that amputation was deferred and additional means of drainage furnished. Again it was washed out with pure peroxide of hydrogen and enveloped in a compress, moistened with one-half of one per cent. formalin solution. His general condition not being improved, the next day he was again anæsthetized and the leg amputated at the middle of the thigh. Everything went well for forty-eight hours when a marked change in his condition rapidly developed. He became violently delirious, went into a state of clonic convulsions and episthotonos, and died five days later. This case is not detailed at this length merely because it is unique, but rather to record the conclusions drawn from it. I could find little in the literature to assist me in the conduct of this case and I believe I made a serious mistake in delaying radical measures for so long a time. I also believe that had I amputated the leg as soon as I had made a diagnosis of streptococcus infection the man's life would have been saved. Therefore, in a similar case I would urge a more prompt and radical operation.

The case of A. B., age 10 years, is worthy of brief mention. This lad was hit on the left side of the head by a

stone thrown by another boy from a distance of about fifty yards. Although he was knocked down and received a scalp wound from which there was considerable hemorrhage, he was not considered seriously hurt and received domestic care only. The next day he was up and about and shoveled snow, and made no complaint. On the following day, however, February 23, he complained of headache and was inclined to be dull and stupid, and his temperature went as high as 101 degrees. On the 24th, he was even more dull and stupid, was not readily aroused from an appearance of drowsiness, vomited several times, and his temperature went to 102 degrees. On the next day, the 25th, he was sent to the hospital. We found him without pain with the exception of a slight headache, very drowsy and dull, only responding when spoken to and the question often requiring repetition. His answers were correct but rather slow in coming. He had the appearance of being asleep most of the time and was aroused with increasing difficulty. The wound on his head was puffed and angry looking and not healing by first intention. He made no complaint. On the 26th, all the above symptoms were aggravated, and after consultation with Dr. E. P. Colby and with his approval, I decided to trephine. I therefore removed a button of bone at the point of impact of the stone but could not determine that either plate of bone was depressed. The wound in the soft parts was septic and there was a sharply defined dent in the outer plate of bone. The dura was congested and inflamed and bulged into the opening. The wound was drained by a bundle of rubber tissue and dressed as usual. The subsequent course was very interesting. After the trephining he grew rapidly worse, becoming at first very restless and more stupid, then wildly delirious, muttering and talking much of the time, with rising temperature and pulse. On March 1, the evening temperature was 104 3-5 degrees, by rectum, and the pulse was 120; at 8.30 that evening he had a convulsion beginning in the hands and arms but soon becoming

general and lasting four minutes. Following it he went into a state of complete coma. From this time until March 8, he was entirely unconscious and had almost innumerable convulsions, at times as many as four in an hour. On March 8, following a two-minute convulsion, he complained of the light, which was the first symptoms of consciousness. The convulsions were more brief, and for the first time he seemed to have short naps of natural sleep. The temperature was still high, 103 degrees, and the pulse 112. At midnight of the 8th he perspired very freely and after 3 A.M. had some sleep. In the forenoon he again noticed his surroundings, complaining this time that the room was dark, although he could see. There was some swelling of the neck and of the bridge of the nose. On the night of the 9th he slept about five hours, and on the morning of the 10th the temperature had declined to 100.2-5 degrees, and the pulse 88, which was decidedly lower than at any time for ten days. On the night of the 10th he slept even more, but in the morning there was no doubt about his having contracted measles, and he was removed to the isolation cottage. He had an ordinary attack of measles, following which, an abscess formed in the axilla and was opened on April 5. He finally made recovery sufficient to be discharged on May 8. The unusual features about this case are the long continuance and violence of the brain symptoms with the final recovery, although the recovery was complicated by measles.

SUMMARY OF CASES.

DIAGNOSIS.	OPERATION.	No. of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.	Remaining.
ABDOMINAL SECTIONS.								
Appendicitis, acute.	Appendicectomy	11	11	7				4
" " ; cystomata of ovary.	" " ; resection of ovary	2	2					2
" " , int.	Appendicectomy	24	24	23				1
" " , int.; cystomata of ovaries.	" " ; resection of ovaries	4	4	4				
" " , int.; hematoma of broad ligament, r.	Appendicectomy; tubo-ovariotomy, r.	1	1	1				
Appendicitis, sup.	Appendicectomy; drainage	5	7	2			2	1
" " , sup.; gen. sup. peritonitis.	Abdominal section; drainage	2	1	1			1	
Carcinoma uteri.	Vaginal hysterectomy	1	1	1				
Cholelithiasis.	Cholecystotomy	4	3	1			3	
Cystomata of ovaries.	Ovariotomy, l.; resection of ovary, r.	2	2	2				1
" " "	Resection of ovaries	3	3	2				1
" " "	Tubo-ovariotomy, r.; resection of ovary, l.; appendicectomy	2	2	1				1
" " " ; appendicitis, int.	Tubo-ovariotomy, d.; ventral suspension; appendicectomy	1	1	1				
" " " " " "	Resection of both ovaries; appendicectomy; curetting; perineorrhaphy	1	3					1
endometritis; ruptured perineum.	Resection of ovary; curetting	1	2	1				
Cystomata of ovary, l.; endometritis.	Tubo-ovariotomy, l.; ventral suspension	1	1					1
" " ; retroversion uteri with adhesions.								
Cystomata of ovary, r.; retroflexion uteri	Resection of ovary, r.; ventral suspension	1	1					1
Eadometritis, tubercular; lac. cervix; rupt. perineum.	Curetting; trachelorrhaphy; perineorrhaphy; vaginal hysterectomy	1	4	1				
Extra-uterine pregnancy.	Abdominal section; removal of foetus; drainage	1	1	1				
" " " ; appendicitis, int.	Tubo-ovariotomy, d.; appendicectomy	1	1	1				
" " " ; cystomata of ovary, l.	Tubo-ovariotomy, r.; resection of ovary, l.	1	1					1
Extra-uterine pregnancy, rupt.	Tubo-ovariotomy, r.	1	1	1				
Focal fistula.	Abdominal section; enterorrhaphy	4	7	2				2
Hernia, ind. ing.	Herniotomy	8	9	5				3
" " ; strangulated.	" "	1	1					1
" " , umbilical.	" "	2	2					2
" " ; incarcerated.	" "	1	1					1
" " , ventral.	" "	3	2	2				1
" " ; fistula in ano.	" " ; opened, curetted and drained	1	2	1				
Hydro-Salpingitis.	Tubo-ovariotomy, d.; ventral suspension	1	1					1
" " ; appendicitis, int.	Tubo-ovariotomy, r.; salpingectomy, l.; appendicectomy	2	2	1				1
" " ; cystomata of ovaries; cholelithiasis.	Tubo-ovariotomy, d.; ventral suspension; cholecystotomy	1	3	1				
Malignant adenoma uteri.	Curetting; vaginal hysterectomy	1	2	1				
Myomata uteri.	Abdominal hysterectomy	4	2	3				1
" " "	Curetting	1	1					
" " "	" " ; vaginal hysterectomy	1	2	1				
" " "	Not treated	1	1					1
" " ; adeno-fibroma mammae	Vaginal hysterectomy	6	6	5				1
" " "	" " ; extirpation mammae	1	2					
" " ; appendicitis, int.	Abdominal hysterectomy; appendicectomy	2	2	2				
" " ; cystomata of ovaries.	Myomectomy; resection of ovaries	2	1	2				
" " ; hydro-salpingitis, d.; adenoma mammae.	Myomectomy; tubo-ovariotomy, d.; vent. suspension; extirpation mammae	1	2					1
Myomata uteri; hydro-salpingitis, d.; appendicitis, int.	Myomectomy; tubo-ovariotomy, d.; vent. suspension; appendicectomy	1	1					1
Myomata uteri; pyo-salpingitis, d.; appendicitis, int.	Myomectomy; tubo-ovariotomy, d.; vent. suspension; appendicectomy	1	1					1
Procidencia uteri.	Ventral fixation	2	2	1				1
Pyo-salpingitis; appendicitis, acute.	Tubo-ovariotomy, d.; appendicectomy	2	2	2				
" " , int.	Abdominal hysterectomy; appendicectomy	1	1					1
" " " " "	Tubo-ovariotomy, d.; appendicectomy	4	4	2				2
" " " " "	" " ventral suspension; appendicectomy	1	1					1
" " " ; cyst of ovary, l.; appendicitis, int.	No operation	1						1
Recto-vesical fistula.	Abdominal section; inguinal colostomy	1	3		1			
Retro-flexion uteri, with adhesions.	Ventral suspension	2	2	1				1
Retro-version uteri: hemorrhoids.	Viginal hysterectomy: clamps & cautery	1	1	1				

SUMMARY OF CASES.—Continued.

DIAGNOSIS.	OPERATION.	No of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.	Remaining.
Salpingitis; cystomata of ovaries.	Tubo-ovariotomy, d.; ventral suspension	3	3	1				2
" , l.; cystomata of ovary, r.; retroversion uteri.	Tubo-ovariotomy, l.; resection of ovary, r.; ventral suspension	1	1	1				
Sinus following appendicitis.	Abdominal section	1	1	1				
<i>Total abdominal cases</i>		137	146	87	1	2	7	40
GENERAL CASES.								
Abortion, septic.	Curetting	1	2	1				
Abscess of Alveolar process.	Extraction of teeth; opened, curetted and drained	1	2	1				
Arm.	Opened, curetted and drained	1	1	1				
Axilla.	" " "	1	1	1				
Back.	" " "	2	1	1	1			
Chest wall.	" " "	1	1	1				
Labium.	" " "	2	3	2				
Leg.	" " "	1	1	1				
" ; streptococcus infection.	" " " ; amputation of leg	1	4				1	
Neck.	Opened, curetted and drained	1	1	1				
Pelvis.	" " "	1	1	1				
Perineum.	" " "	2	2	2				
Peri-rectal.	" " "	3	4	3				
Adenitis, axillary; tubercular.	Extirpation of glands	2	2	1				1
" " "	Opened, curetted and drained	1	2					1
" , cervical.	Extirpation of glands	4	3	2	2			
" " , suppurative.	Opened, curetted and drained	5	7	4				1
Amputation of fingers.	R-removal of stitches	1	1		1			
Atony of bladder.	Not treated	1				1		
Atrophy of mamma.	Extirpation	1	1	1				
Bunions; exostoses of feet.	Excision; resection	1	2	1				
Burn of leg.	No operation	1	1					
Carcinoma of clitoris.	Extirpation	1	1	1				
" " cervical glands.	Opened, curetted and drained	1	1			1		
" " cervix uteri.	No operation	1						1
" " face.	Extirpation	2	2	2				
" " mamme.	"	4	5	3				1
Carcinoma vaginæ.	Extirpation	1	1		1			
Cicatrix of face, burn.	Skin grafting	1	1	1				
Cystocele; rectocele.	Ant. and post colporrhaphy	1	2	1				
" ; rupt perineum.	Ant. colporrhaphy; perineorrhaphy	1	2	1				
Cyst of testicle.	Castration	1	1					1
Dislocation of coccyx.	Coccygectomy	1	1	1				
" " shoulder.	Reduction	2	2	1				1
" " tarsus.	"	1	1	1				
Dupuytren's contraction.	Open tenotomy	1	1	1				
Endometritis.	Curetted	16	14	11	2	1		2
" ; hemorrhoids.	Not treated	1				1		
" ; lac. cervix.	Curetted; proctorrhaphy	1	2	1				
" " ; fissure ani.	" ; trachelorrhaphy	6	12	6				
" " ; rupt. perineum	" ; " ; excision	1	3	1				
" " " " "	" ; " ; perineorrhaphy	5	17	5				
" " " " "	Curetted; trachelorrhaphy; perineorrhaphy; ant. and post. colporrhaphy	2	9	2				
cystocele; rectocele.	Curetted; trachelorrhaphy; extirpation	1	3	1				
Endometritis; lac. cervix; urethral caruncle.	" ; perineorrhaphy	1	2					1
Endometritis; rupt. perineum.	" ; " ; extirpation	1	3					1
" ant. vaginal wall.	" ; dilatation	1	2	1				
Endometritis; stenosis os uteri.	" ; excision; extirpation of glands	1	2	1				
Epididymitis; enlarged cervical glands.	Excision; extirpation of glands	1	2	1				
Epithelioma of nose.	Extirpation	1	1	1				
" " cheek.	"	1	1	1				
Erosion of cervix.	Curetted	1	1	1				
Extrophy of bladder.	Not treated	1	1			1		
Fistula in ano.	Opened, curetted and drained	5	5	3				2
Fracture, Colles.	Reduction and fixation	1	1	1				
" of coccyx.	Coccygectomy	1	1					1
" of femur, ununited.	Resection and wiring	1	1	1				
" of fibula.	Reduction and fixation	1	1	1				
" of hip.	Fixation by extension	1	1	1				
" of leg; retention of urine.	Reduction and fixation; catheterization	1	2	1				
" of ulnar.	Reduction and fixation	1	1	1				

SUMMARY OF CASES.—Continued.

DIAGNOSIS.	OPERATION.	No. of Cases.	No. of Operations.	Cured.	Improved.	Not Improved.	Died.	Remaining.
Gangrene of foot, diabetic.	Amputation, thigh	1	1					1
Hemorrhoids.	Clamp and cautery	1	1	1				
"	Not treated	2				2		
"	Proctorrhaphy	1	1	1				
Hydrocele.	Aspiration	1	1		1			
" ; phimosi.	Extirpation of sac	1	1	1				
" ; synovitis of knee.	" " ; dilatation	1	2	1				
Hydrothorax.	" " ; aspiration	1	3					1
Hypertrophy of prostate gland.	Aspiration	3	3	3				
Hypospadias.	Bottini's operation	1			1			
Hysterical knee.	Urethrotomy	1	1	1				
Ingrowing toe-nail.	Not treated	1				1		
Lacerated cervix.	Extirpation	1	1		1			
" ; hemorrhoids.	Trachelorrhaphy	1	1	1				
" " ; rupt. perineum.	" " ; clamp and cautery	1		1				
" " "	Amputation of cervix ; perineorrhaphy	1		1				
" " "	Trachelorrhaphy ; perineorrhaphy	3	6	3				
Lipoma of abdominal wall.	Extirpation	1	1	1				
" " back.	"	1	1	1				
" " forehead.	"	1	1	1				
" " shoulder.	"	1	1	1				1
Loose cartilage in knee.	Exploration	1	1		1			
Movable kidney.	Lumbar fixation	1	1	1				
Necrosis of tibia.	Curetted	2	3					2
Needle in finger.	Exploration ; not found	1	1		1			
" " thigh.	Extraction	1	1					1
No diagnosis.	Not treated	10				10		
Osteo-myelitis of tibia.	Opened, curetted and drained ; exsection of tibia	1	2		1			
Phimosi.	Circumcision	5	5	5				
"	Dilatation	1	1	1				
Polypus of rectum.	Extirpation	1	1					1
Pregnancy.	Abortion	1		1				
"	Not treated	1				1		
Puerperal metritis.	Curetted	1		1				
Recto-urethral fistula.	Primary closure ; dilatation of urethra	1	2	1				
Rupt. perineum.	Perineorrhaphy	2	2	2				
" " complete.	"	1	1	1				
Sarcoma of neck.	Extirpation	1	1		1			
" " "	Tracheotomy	1	1			1		
Scirrhus mammae.	Extirpation	3	4	3				
Sepsis of hand.	Opened, curetted and drained	5	5	4	1			
Sinus of abdominal wall.	" " "	1	1	1				
" " rectum.	" " "	1	1					1
Splinter in hand.	Removed	1	1	1				
Sprain of ankle.	Fixation in plaster	1		1				
" " knee.	" sil. of potash	1		1				
Stenosis vaginae.	Dilatation	1	1	1				
Stone in bladder.	Litholapaxy	3	2	3				
Stricture of rectum.	Dilatation	1	1	1				
" " ; phimosi.	"	1	2	1				
Synovitis of knee.	Fixation in plaster	1	1	1				
Talipes equinus.	Tenotomy	1	1					1
Trauma of foot.	No operation	1		1				
" " hand.	Opened, curetted and drained	1	1	1				
" " head, septic.	Trephining ; drainage	1	1					1
Tuberculosis of ankle.	Fixation in plaster	1			1			
" " femur.	Opened, curetted and drained	1	3					1
" " hip.	"	1	2		1			
" " tibia.	Curetted ; trephining ; exsection	1	3					1
Ulcerated tooth.	Extraction	1	1	1				
Ulceration of rectum.	No operation	1						1
Urethro-perineal fistula.	Dilatation of urethra	1	1		1			
Varicocele ; fissure ani.	Extirpation of veins ; curetted	1	2	1				
Varicose ulcer.	No operation	1		1				
Varix of tongue.	Injection of alcohol	3	3		3			
Wen of back	Extirpation	1	1	1				
" " forehead.	"	1	1	1				
<i>Total general cases</i>		203	229	135	19	22	3	25
<i>Total abdominal cases</i>		137	146	87	1	3	7	40
<i>Total of all cases</i>		340	375	222	20	24	9	65

Total cases, 340. Total deaths, 9. Percentage of deaths, 2.65 per cent.

TEMPERATURE IN PUERPERAL CASES.

BY DR. SARAH E. WINSOR

[Read before Mass. Homoeopathic Medical Society.]

It was suggested by the chairman of this bureau that it might be interesting to see how much variation in temperature there has been among the patients attended by the students from the Dispensary during the last year or two. I have accordingly studied the records of cases for two years, judging that to be a sufficient length of time for giving the desired information.

I wish I might give in each case the cause of the elevation of temperature, but in many of the reports the elevation was of such brief duration as to merit no comment from the attending students. From this very fact we may infer that the condition was not serious at any time.

The homes of the Dispensary patients, as we think of the surroundings, are surely not the places to look for ideal temperature in obstetrics.

Aseptic conditions are almost impossible, and compared with our private work as with hospital practice, everything is unclean from beginning to end. No sterilized sheets or pads are at hand, and many times the patient lies on an old quilt without even a sheet or any protection for the *salva*. Yet with all these discouraging conditions not a patient has been lost in the Dispensary practice for years, and the temperatures are for the most part normal or about a degree above.

In the records for the last two years, out of six hundred cases, four hundred and ninety-one were within the normal range, that is, below 99°. Sixty-nine were between 99 and 100°. These were due to the establishment of lactation or an over-loaded bowel. Twenty-one were from 100 to 101°. Of this group one patient had a post-partem hemorrhage, another Grip, another articular rheumatism. Eight patients had a temperature between 100 and 102°. Of these, one was due to an over-loaded bowel, and as soon as the cause was removed the temperature went down to normal. Another case was due to lactation, another had Grip. Seven cases were

between 102 and 103°. Among these, was one of abortion, another of indigestion; the remainder not specially reported. Four cases had a temperature of 103 to 104°. One was due to an over-loaded bowel, and the temperature fell to normal as soon as the mass was removed. A second case was due to an old clot which caused sapsraemia. The clot passed on the eighth day and the temperature went down immediately. The third patient was well until the first day she sat up, when she complained of soreness in the uterine region. The next day the temperature was normal and nothing further reported. The fourth case was one of abortion.

We thus see that only nineteen out of 600 cases were reported to have a temperature above 101° and even among these nineteen there were no indications of sepsis.

It sometimes seems a mystery how these patients with almost no care at all, get along better than the one who has everything done in the best approved methods of the present day.

It has been demonstrated that there are cocci, staphylococci and bacilli in the genital discharge even in normal cases, and under these circumstances it seems as if the clinical symptomatology must necessarily depend on the resisting power of the person in whose body the micro-organisms have obtained a foothold. A puerpera weakened by previous diseases obviously will resist the onset of these infective elements to a far less degree than the woman who has reached full term and has passed through her labor with undiminished, or rather, unweakened vital forces.

The hard working woman seems to be the one who has the most resistive power, unless we conclude that if the coating of dirt is only thick enough the person may be immune.

THE BOSTON FOOD FAIR will open Monday, Oct. 7, in Mechanics' Building, Huntington Avenue, with the greatest attractions New England has ever seen. Six acres of exhibits. All the latest new foods. Admission, 25 cents.

EDITORIAL.

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

THE CASE OF THE LATE PRESIDENT.

The death of President McKinley plunged the whole people into grief, but upon no portion did that grief fall more poignantly than upon our profession, for upon it rested the responsibility of the attempt to save his life. The attempt failed; and because it failed the profession has the right, we believe, to examine and review the case as managed by its representatives.

Briefly the facts, as reported to the *New York Medical Journal* by its own special reporter, are these: The President was shot on the afternoon of September 6, at 4.07 P.M. At 6.50 P.M., two hours and forty-three minutes after the deed was committed, the President had been removed to a hospital, operated upon, and the wound closed. The operation consisted in tracing the course of the bullet through the abdominal wall, both walls of the stomach, whence its *apparent* course was into the deep muscles of the back. The lacerations of the stomach were repaired, the external wound closed and the bullet left to look out for itself. At the close of the operation the pulse was 122, respiration 32. After the operation the patient was removed to the house of his host, Mr. Milburn, and the outcome was waited in breathless suspense.

From this time until the 10th inst. the case apparently progressed favorably, the temperature ranging from 104.4 to 99.8 (most of the time temperature about 101), the respiration from 24 to 34 and the pulse from 104 to 146, most of the time about 120. During this time encouraging bulletins were given to the public, and to anxious inquirers about the bullet assurance was given that it was imbedded in thick muscular tissue where it would do no harm.

On the 11th, at 10 P.M., we were assured "the President's condition continues favorable," notwithstanding the pulse had risen in the past thirty-six hours from 104 to 120 and temperature from 99.8 to 100.4. In the same bulletin we are told, "He is able to take more nourishment and relish it," from which we infer that he was being fed by the mouth. During the 12th, the bulletins continued favorable, the temperature remaining at 100.2 and the pulse at 116 to 120. After 3.30 P.M. of the 13th the President's condition grew gradually worse, the temperature becoming lower with a gradually accelerated pulse, until the good man passed away at 2.15 A.M., September 14.

The autopsy showed that the course of the bullet had become gangrenous throughout but as no mention is made of any gangrene about the external wound, we believe the inference is just that it extended from within out, *from* the location of the bullet. The bullet has never been located. While it would be unjust in the extreme to pass judgment on the management of the case until all available data are at hand, and while no one can doubt for an instant that those in attendance put their best effort and skill into the management of the case, there are certain questions that continually arise in the medical mind which for the honor of the profession we hope in the near future will be satisfactorily answered. Some of these questions which have suggested themselves are: Taking into account the extreme mortality in gun-shot wounds of this character, varying from one recovery in three thousand cases before the days of modern surgery to a mortality of from 52 to 90 per cent. in modern times (see *Phil. Med. Journal*, Sept. 14, 1901) were the optimistic reports during the first week justified, especially considering the marked inequality between the pulse and temperature rates? If so, on what grounds is such extreme optimism based?

Ought not the discrepancy above mentioned, between the pulse and the temperature, have given a hint at least that the

bullet was not behaving as innocuously as was claimed and led to the employment of the X-ray, whereby the bullet might be located and possibly removed and proper drainage established? Why, on the sixth day after a laparotomy, was food put into the stomach with two gun-shot wounds in it? Why was the bullet not located at the autopsy?

That "in a multitude of counsellors there is strength," there is no doubt but it is equally true sometimes that "too many cooks spoil the broth," and it has occurred to us on some previous occasions that distinguished patients have had their chances of recovery imperiled by too much advice.

ITEMS OF INTEREST.

CRIMINALS AND DEFECTIVES; HOW BEST TO REDUCE THEIR NUMBER. By Dr. J. C. McCassey.—The author points out that it is more economical to put forth every effort to prevent the formation of bad habits in the young than to try to reform confirmed transgressors. Before the issuance of marriage license, a certificate should be filed showing that the applicants are free from insanity, criminality, and other hereditary taints. For the cure of the social evil, the author proposes: Extension of manual education and industrial schools; improvement in motherhood; discontinuance of the lease system; extension of the reformatory plan; adoption of the intermediate sentence; improvement in jails; extension of the probation system for youths and adults, as in Massachusetts; work for prisoners—sending a portion of their earnings to their families. Physicians should be wardens of penitentiary and executive officers of reformatories. —*New York Medical Journal.*

THERAPEUTIC APPLICATION OF LIQUID AIR.—At the annual meeting of the American Medical Association at Atlantic City a few months since, Dr. A. C. White of New York read a paper on the value of liquid air in medicine and surgery. Among other things he said that, when applied to a part of the body liquid air produces a complete anemia, the limb losing all blood and all sensation. Soon, however, the circulation returns and the part is richer in blood than before. Thus, when the vitality of the germs is suspended the tissues have time to recover from the effects of their activity. The anesthesia lasts for some time after the circulation has returned, and it can be secured in a few minutes without any ill effects upon the part except a slight desquamation of the epithelium. Liquid air is therefore useful in small operations and where general anesthesia is for some reason contra-indicated. In neuralgia it has also been found useful, the pain ceasing almost immediately, but in old persons ulceration of the skin takes place at the point of application. It is the best remedy he knows of in the local treatment of boils and carbuncles. The carbuncle is first sprayed with liquid air and an absorbent dressing is put on. When the circulation returns the pus is discharged from the openings in the carbuncle. The application may be repeated if necessary. The liquid air cautery has given good results in lupus, chronic ulcers, etc., as a stimulant to cicatrization. For quickly removing *nævi* without scars it is very good. Carcinoma has been treated with it successfully, even after other means, including operation, had failed. Dr. Fox showed a case at the Vanderbilt Clinic in which epithelioma was cured with but a small scar. In general and contagious diseases liquid air may be used as a general bath for the reduction of temperature. It is more simple to apply and more pleasant than water. Inhalations of liquid air may be used in phthisis and in other lung affections as well as in hay fever. The results of these cases are still speculative but probably they will be good.—*Pædiatrics.*

JUSTUS TEST IN SYPHILIS.—The so-called "Justus test" is based upon the following proposition: Mercury destroys the hemoglobin of the blood. In the non-syphilitic subject, the organism rapidly replaces the lost pigment. In the syphilitic patient, however, the percentage being reduced by the disease, the organism cannot at once restore the still further reduction caused by the use of mercury. Consequently the the first examination after an inunction or injection of mercury will show a distinct fall of from 10 to 20 per cent. This reduction is in turn followed as treatment is continued by a steady rise to the normal, where it remains so long as treatment is continued. Based upon their application of the test in 29 cases and their study of it as to its diagnostic value, H. M. Christian and Otto H. Foerster (*Univ. Med. Mag.*, November, 1900) have arrived at the following conclusions: (1) That in the diagnosis of doubtful ulcers it is of no value. (2) That it seems to occur in a certain proportion of cases of acute secondary syphilis, where it appears to be a symptom of the disease and can in no sense be considered a true test, as the diagnosis in such cases is already complete. (3) That as a test it is not reliable, occurring as it does in conditions other than syphilis.—*Med. News.*

MEDICINE IN THIBET.—Dr. Susie Carson Rijnhart, in her book, "With the Thibetans in Tent and Temple," says that there is no medical art worthy to be called such in Thibet. She writes: "For headache, large sticking plasters are applied to the patient's head and forehead; for rheumatism, often a needle is buried in the arm or shoulder; a tooth is extracted by tying a rope to it and jerking it out, sometimes bringing out a part of the jaw at the same time; a sufferer with stomach-ache may be subjected to a good pounding, or to the application of a piece of wick soaked in burning butter grease, or, if medicine is to be taken internally, it will consist probably of a piece of paper on which a prayer is written, rolled up in the form of a pellet, and, if this fails to produce the desired effect, another pellet is administered composed of the bones of some pious priest."—*Cleveland Med. Gaz.*

STERILITY AND FECUNDITY.—At the recent session of the Gynecological and Obstetrical section of the American Medical Association there was probably no more interesting discussion than that which followed the reading of the paper by Dr. George J. Engelmann, of Boston, on "The Increasing Sterility of American Women." Aside from the moral questions that were touched upon by this distinguished statistician, who holds the enviable position of the world's leading authority in his chosen line of investigation, the subject has a bearing of great civic and national importance. Long accustomed as we as a nation have been to consider ourselves a fruitful and progressive people in marked contrast with some of the races of Southern Europe, notably the French, Dr. Engelmann's statement that to-day we are the least fruitful people of the world, comes with appalling frankness. As clearly portrayed by figures that will admit of no controversy, to-day the American born people show a fecundity of less than 2 children per marriage. That is to say, there are barely two children born to a family among those who can claim to be native white Americans. One hundred and more years ago, during the colonial period, the fecundity stood at 6 per marriage, while to-day the general European fecundity is 4.5 per marriage and the French Canadians show the enviable record of 9.1 per marriage. Closely associated with the foregoing statement is the occurrence in Europe of one miscarriage to every 3.3 labors, while in this country a premature expulsion of the ovum occurs in 2.8 labors. Dr. Puff, of Pittsburgh, in the animated discussion that followed, emphasized the importance of suppressing the obnoxious advertisements with which the pages of the daily journals teem, and reiterated his belief that dire calamity will fall upon the editorial managements of these journals for admitting such dangerous and non-patriotic advertisements to the columns of their papers. It is undoubtedly high time that we, as a people, should give this matter of fecundity and sterility careful attention, and still more that we physicians, as the medical guardians of the nation's welfare, take such measures as will tend to suppress vice and en-

courage the propagation of the race. Dr. Duff's suggestion, which was unanimously endorsed by the meeting, that hereafter the United States Census take note of the paternity (parental nativity), sterility and fecundity of the people, is a most excellent one. The publication of such records would do much to open the eyes of the best element of the country to the danger that is impending. It is also most important that the blame of sterility be placed where it properly belongs, and that the great frequency of double epididymitis as a causative factor be more generally appreciated. As to the willingness of individuals to assume the important responsibilities of maternity or paternity, this is a phase of the subject that can be influenced only by appealing to the morals of the people. As was suggested by one of the women delegates, an improvement in this direction might be instituted by substituting the questions: "Are you willing to become a mother?" "Are you willing to become a father?" at the time of issuing the marriage license. Failure to acquiesce, in her view, would be deemed ample reason for refusing the license on the ground that legal prostitution could not be countenanced.—*Phil. Med. Jour.*

KUMYSS AS A THERAPEUTIC AGENT. An experience of six years with kumyss (fermented mare's milk) in the treatment of various maladies, enables the author to draw the following interesting conclusions (*N. Y. Med. Journal*): (1) In all cases of anemia (twenty-nine) and in the cases of neurasthenia and hysteria treated by him with kumyss he has observed improvement of the general condition as well as in all the symptoms. (2) He has observed aggravation of the pain in some cases of hepatic and renal colic after the use of kumyss. (3) Negative results were obtained in the cases of heart disease and in diseases of the vessels. As the result of the difficulty of the heart's action in consequence of the great quantities of liquid present in patients who take kumyss treatment there were symptoms of tachycardia, stenocardia, etc., in some instances. (4) Negative results were also obtained

in cases of tuberculosis in which several organs were affected at the same time, in cases of acute pulmonary tuberculosis in young persons, and in cases of extensive chronic tuberculosis. (5) In early cases of tuberculosis very good results were obtained by the use of kumyss; all the symptoms were improved and the general health was greatly benefitted. (6) The treatment with kumyss must be continued as long as possible. (7) The diseases in which kumyss is contraindicated are as follows: Atheroma and heart disease, abdominal plethora, rheumatism and gout, cerebral hyperemia, the last stage of phthisis, hepatic and renal colic.

THE CURE OF CORNS ON THE SOLE OF THE FOOT.—If the patient will give the toes free play by adopting boots and socks having a straight inside line, avoid the conventional eversion of the foot, and acquire the habit of pressing the toes against the ground in every step, the callosities will disappear. They are due to defective function of the toes. Removal may, of course, be hastened by the use of solvents, such as a mixture of salicylic acid and collodion.

Another correspondent writes that he has found that corns on the sole of the foot rarely resist the following treatment: A piece of salicylic and creosote plaster, muslin as suggested by Unna, is cut rather larger than the corn, and applied to it. This is removed each or every alternate day. As much of the corn as is then removable is ground off with a pumice stone, and another piece of the plaster muslin applied, and so on, until the part is normal. He uses the muslin plaster containing acid salicylic twenty per cent., creosote forty per cent., and has found that it is more comfortable to wear if it is "backed" with one or two thicknesses of ordinary plaster. Of course a properly fitting boot with a sufficiently thick sole, is a *sine qua non*.

Still another writer suggests that the best relief he found was to take a piece of moderately thick leather, circular, about two inches in diameter, and cut a small hole—size of the corn—in the middle. There is no need of fastening the leather to the foot; he found it retained its position on fixing it in place after putting on his sock.—*Brit. Med. Journal.*

REVIEWS AND NOTICES OF BOOKS.

EICHHORST'S PRACTICE OF MEDICINE. A Text-book of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co. 1901. Price per set, cloth, \$6 *net*.

Rarely indeed is it that the medical profession is graced by a man who has not only the inclination and ability but the courage to produce such a book.

Dr. Eichhorst has covered the entire field of general medicine including the careful consideration of subjects not ordinarily incorporated in books on general practice. Some of these are diseases of the urinary bladder, the male sexual organs, the nose, the larynx, the pharynx, the mouth, the muscles and the skin.

The sections devoted to the diseases of the nervous system, the gastro-intestinal tract, the blood, the spleen, and the disorders of metabolism should be emphasized as of unusual value. Especial attention has been given throughout to etiology and to directions for securing by modern methods the various chemical and physical data for diagnosis. The illustrations are profuse and of unusual excellence. The arrangement of the text in different types and the very complete indices render the work a most valuable addition to the reference library of the practitioner. So well divided and proportioned is the material, and so condensed, concise, and practical its treatment that it should at once take rank as among the few best books for student use.

If this is a sample of the work done in internal medicine in Germany one does not feel inclined to contend the claim that in this department of medicine that nation leads the world. Comment upon the mechanical features of the book is unnecessary—the press is “Saunders.”

A. E. P. R.

PERSONAL, AND NEWS ITEMS.

A PRACTITIONER is wanted in Mt. Vernon, N. H. Communicate with Willard P. Wood, Mt. Vernon, N. H.

THE *Hospital Leaflet* for September, 1901, contains a very complimentary obituary of Dr. Jessie Shepard who died at Buffalo, Aug. 24, 1901. She graduated from Boston University, 1888, and was for one year surgical assistant at the Mass Homœopathic Hospital.

DR. A. P. OHLMACHER has been appointed Professor of Pathology in the Northwestern University Medical School (Chicago Medical College). Dr. Ohlmacher has been connected with the Pathological Laboratory of the Ohio Hospital for Epileptics at Gallipolis, Ohio, and will for the time being continue the direction of that Laboratory.

DR. ASA D. SMITH has removed to 1623 Dorchester Ave., Dorchester.

DR. H. E. RICE, of Springfield, Mass., has given up general practice and will hereafter limit his practice to gynecology and surgery. During the past year or more he has been engaged in special work in some of the leading hospitals of this country and Europe.

DR. JAMES B. COMINS has purchased the practice of Dr. H. E. Rice, of Springfield, and will be found at No. 6 Maple St., Springfield, hereafter.

WALTER F. ADAMS, M. D., of B. U. S. M., 1900, has located at 558 Main St., Waltham.

FRANCIS H. MCCARTHY, M. D., has removed from 39 Hancock St. to 20 Joy St., Boston.

DR. ANNE E. PERKINS, B. U. S. M., 1897, of Concord, N. H., sailed for Naples on the 7th of September, on the S. S. Hoehenzollern. She expects to spend a year abroad in travel and study.

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COMMUNICATIONS.

Address delivered before Graduating Class of 1901 of Boston University Medical School.

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

Ladies and Gentlemen of the Graduating Class:

I fully appreciate the compliment of being called upon to represent the faculty before this the first class of the twentieth century. To each one of you I would say as I stand here, my feeling is like that of a workman who, at the launching of some finely turned craft, is stationed with mallet in hand to knock away the final prop and allow the vessel to glide down the ways of graduation and float upon the great ocean of professional life, while your *alma mater* breaks the foaming flask upon the bow, exclaiming, "I christen thee Doctor!" Your years of tuition are nominally closed and you have passed your so-called final examinations. But this is not really true and you are about to enter upon a wider field of study where the examination is continuous and the examiner is the great public, from whose markings there is no appeal.

Rather than to address you in those scholarly terms which have greeted preceding classes, I have chosen to continue those intimate relations which have ever existed between us, and ask you to receive instead a few words of practical,

homely, but most friendly advice. I am sure you have not chosen the profession of medicine without a recognition of its exacting demands, equal as they are to those of any calling followed by man.

The duties are so many and so varied that but few instances can be now cited. Your first great duty is to your patients, after which follow the demands of the profession, including your *Alma Mater*, the community, the cause of homœopathy, and yourselves. Remember that your patients employ you because of their confidence in your skill, integrity, and interest in your profession. This confidence should never be forfeited by any act of yours. So long as it continues, you can gain from them a full and free expression of their feelings, so necessary to a thorough understanding of the condition to be treated. There are many points in which family history and a knowledge of personal indiscretions, become of immense value in forming your opinion. If the patient suspects your loyalty, you will be thus much handicapped. With all this, you must use the best of judgment in selection, as from self interest or a morbid desire for sympathy, facts may be so magnified or twisted in the narration as to be wide of the truth. Therefore, be careful that sympathy never obscures good, sound common sense. There are but few points at which the patient of fiction and the patient of fact run in parallel lines. Patients desire decision and prompt action, but they welcome it most when it is quietly exhibited. Therefore, never bustle in the sick-room. It gives the impression of rudeness, or that you have not sufficient time to give their case due attention. However much you may be hurried in your daily work, do not carry the evidence of it to the bed-side. Leave it with your outside wraps in the hall, and never wear either of them in the sick-room. Should your patient become too garrulous, you can arrest it on the ground that it is not material to the case. On the other hand, do not make unnecessarily long calls in pleasant places. The pleasure may be more one-sided than you suspect. An-

ecdote and gossip are much better relished by the patient after the professional part of your visit is attended to, and then a little humorous period may have an exhilarating influence. As far as in you lies, both enter and leave the sick-room with a cheerful countenance and manner, but never let it degenerate into buffoonery. Patient, family and nurse will often give cause for righteous indignation on your part, but this should always be exhibited before the patient in a calm and dignified way. Nurses are often exasperating; never scold and berate them before the patient. Let all your most strenuous arguments be conducted outside. It is often because of indefinite instruction that nurses go astray. Therefore be very careful that you do not blame the nurse for what is your own fault.

It goes without saying that you will have incomparable opportunity for giving moral lessons to your patients, and as good citizens you will make judicious use of this advantage, but exercise great care that this never becomes an infliction. A sick sinner makes an easy but an unstable convert. A few well-selected words of salutary admonition may be like seed sown in good ground, but constant nagging upon some moral hobby eventually begets ridicule and a suspicion of hypocrisy. If you make statements of a scientific nature bearing upon moral problems, make sure that your information is accurate and specific, as one unstable postulate may lead the reasoning hearer to doubt your every statement, and thus do much real harm. Finally, deal honestly with your clients. Never for purposes of material gain make unnecessary visits and, still more, never neglect due attention to those who are necessarily the object of your charity. You will often be most dreadfully imposed upon, but medicine is not a trade, and the worthy poor are often as sensitive as unfortunate. In your earlier years it may occur that attention to a charity case will be like "bread upon the waters which shall return to you after many days."

At infrequent intervals there may be presented a trying

problem for your solution. In a given case, it may seem impossible that any or all human agency can ward off impending dissolution. Are you on this account to cease all effort? It is in the experience of many physicians that in some of these rare instances the vital spark is not extinguished, and by persistent aid may be fanned into a flame and a life saved. You can never tell just which case belongs to this class. Therefore, while fully recognizing the seriousness, do not cease your labors until suspense becomes a certainty. This condition is more likely to occur in acute than in chronic diseases. One last word of advice in this connection may seem to partake of the nature of expediency, but if carried out with honest intentions is even praiseworthy. All sick humanity is subject to impatience and demands activity on the part of the medical attendant. In other words, patients expect you to become immediately active in their behalf. Two rules may govern your action. First, do nothing which is injurious. Second, do *something*. It may not be possible for you to select the proper remedy at once, but there are various other measures, not medicinal but salutary, which you can adopt. Change in diet, rest in bed, baths, hot or cold water fomentations, fixation of parts. These things quiet the mind, gain the confidence, and give you freedom to plan the campaign. The time allotted me speeds so rapidly that I must omit other remarks guiding you with the patient, and speak of your duty to the profession which you are entering. You will find that all codes of ethics are but variations of the good old "golden rule." If you are in doubt, always impartially put yourself in the place of the other man and act as you would yourself ask to be treated in his place, not asking the question of how he would treat you under similar circumstances.

As you start in practice, you may hear that your colleagues of the opposing school are saying very hard things of you. Do not retaliate by decrying them. Give them due credit for every talent they possess and in course of time you will shame them into respect.

As you gain in experience, impart of your knowledge to the profession, and to this end become a member of some one or more of the medical societies and take an active interest in their meetings and discussions. In your relations to the profession, single out for special loyalty your *Alma Mater*. Remember that what she has given you, represents the ultimate product of many generations. During all these decades there has been going on a process of increase and selection for your benefit. The least return you can offer is your fealty to the agent through which you received it. The faculty may not always conduct the affairs of the school to meet your approval. If such be the fact, find some way of conveying your advice in a friendly way. Take pains to keep in touch with the methods of teaching and as far as they meet with your approval, let it be made manifest. It is like a stimulating draught for an instructor to see a once familiar face in his class. If you take the position in the community to which your education should entitle you, it does not in the least absolve you from the ordinary responsibilities of citizenship. You may be called to some office in municipal life. If so, do not forget that every earnest citizen owes it to the public that he should at some time devote a portion of his life to the general welfare. It is too much the custom for responsible men to shirk the drudgery of small offices, and thus leave them to be filled by low-grade office-seekers and wire-pullers. If you have adopted the homœopathic wing of medical practice earnestly and honestly, as I believe you have, acknowledge your indebtedness to the constant labors of the founders and do all that in you lies to forward its principles.

There are errors and vagaries in our *materia medica* which should be eliminated, and therefore, throughout the country, bands of re-provers are being formed for the purification of the symptomatology. In your first years, when other cares are less, and while you are yet robust, you are just the ones to aid in this work, and it is to be sincerely

hoped you will not neglect the duty, but will unite in these provings.

Your studies are no longer under the control of the faculty, but our interest in your success does not abate, on the contrary it takes on a new phase, for we now look forward to the fruition of our joint efforts.

This class has left the impression that it is equal to good, hard work, that it possesses more than ordinary reasoning power. Continue to cultivate the sterling qualities and our wishes for your success will not be disappointed.

REPORT OF A CASE OF SMALL-POX.

BY H. H. AMSDEN, M. D.

[Read before Boston Hom. Society.]

The case of small-pox which I am to report to you to-night ran a mild and uneventful course, I am glad to say, and in itself presents no unique or unusual features. My reason for reporting it is because I desire to arouse discussion as to the possible value of the homœopathic remedy in cases of this sort, and to emphasize some points in the differential diagnosis between small-pox and other eruptive diseases in which an accurate diagnosis is of supreme importance, not merely to the patient, but in a far greater degree to the family or even to the whole community.

On January 10, 1901, I was called to see Mrs. Annie G, aet. 34, native of Nova Scotia, resident in Attleboro seventeen years. Patient gave following history: She had been feeling ill for a day or two, general malaise, headache and backache, and on previous day had a severe, long, lasting chill, with intense headache and backache, nausea and vomiting, followed by high fever and later in day by sweating. At time of my first visit found following conditions: Patient in bed, temp. 104°, pulse 120, mind clear, marked prostration, headache and backache not so severe as on previous day, nausea and

vomiting of food and drink as soon as they reached stomach, marked rattling cough. Physical examination of chest revealed numerous coarse mucous rales generally diffused through both lungs. On questioning patient, it was learned that she had been in Central Falls, R. I., most of the time since Christmas, caring for her husband who had been injured, and who was under the care of a physician for several days; that this same physician had been treating one or more cases of small-pox at the same time, and at the present time was himself ill with some eruptive disorder, the nature of which was, for obvious reasons, not generally made known.

On examination of the patient no vaccination scar could be discovered. The case seemed suspicious enough to order a provisional quarantine. The next morning a visit was made in company with members of the local board of health, and at this time a well-marked papular eruption appeared on the forehead, having the characteristic feeling of grains of shot imbedded under the skin. The temp. was 100°, pulse 90, and the patient felt quite a good deal better. The diagnosis seemed clear, so quarantine was established and the husband installed as nurse, there being no other members of the family. It was found that he had been successfully vaccinated, but the operation was repeated with successful result. The case was seen by Dr. Swarts of the R. I. State Board of Health, also by Dr. Morse of the Mass. Board, both of whom pronounced it a well-marked case of small-pox.

On the following day — fourth of disease — the temp. was 99° and the eruption had extended over the body and limbs, being more marked on limbs, and had assumed the papular form. The general systemic symptoms had largely subsided. On the fifth day the papules were changing to vesicles, temp. 99°. On the sixth day the vesicles were markedly umbilicated and were beginning to show the red areola, the temp. continuing about the same. On the eighth day pustulation was well-marked all over the body, the areolæ around pustules very marked, but the secondary fever was absent and

the temp. did not rise above 99° during the subsequent course of the disease. The pustules remained discrete with the exception of a few on the forehead and around the nose which became confluent, and these were the only ones showing marked suppuration. Most of the remainder dried up without suppuration, but isolated pustules on various parts of the body ruptured and discharged their contents, a scab then forming. The patient suffered a great deal from itching, but aside from this and the mental anxiety naturally incident to the disease, did not complain much after the first three or four days. Secondary fever and the so-called characteristic odor were absent.

At present, pigmentation is quite marked, but the scars are superficial, and with the exception of a few marks on the forehead and around the nose she will not be much disfigured. Aside from anemia, no sequelæ developed.

Treatment. Aconite 3x. was given for first 24 hours. After the diagnosis was established, Ant. tart. 2x., one grain every hour for a week, then at intervals of two to four hours for two weeks. Carbolized vaseline was used to relieve itching and aid in preventing the spread of the disease. The diet consisted largely of eggs and milk. No stimulants of any sort were used. Blaud's pills were given for anemia.

One of the most interesting features of this case is the relation of the homœopathic remedy to the course and outcome of the disease. It is unwise to attempt to make deductions from a single case, but until physicians of the present day can treat homœopathically and report a series of cases, we must draw our conclusions from isolated cases. Tartar emetic was apparently homœopathic to this case. It is not necessary for me to enter into details concerning symptoms of provings, poisoning cases, etc., which are well known to all of you: the sudden onset, marked prostration, nausea, vomiting, headache, backache, bronchial symptoms and cutaneous lesions correspond closely to the symptoms of tartar emetic. Most old-school authorities mention the close resem-

blance between the cutaneous lesions of tartar emetic and those of small-pox, but of course the analogy stops there and they do not mention it as a possible remedy in small-pox. Homœopathic literature gives it the preference as a remedy in this disease both from clinical experience and from symptomatic resemblance through provings and poisoning cases.

In connection with the diagnosis of these cases of eruptive disease I will briefly mention two more cases, one of which occurred in my own practice, the other I saw by courtesy of Dr. C. S. Holden of Attleboro.

Case second. Swedish domestic, aet. 25. She had complained of headache and malaise for a day or two, seized with chill, severe headache and backache, temp. 102°, followed in 24 hours by macular eruption mainly on trunk and arms, two or three on face. These developed in 24 hours more to vesicular eruption, vesicles small, filled with clear serum, superficial, not umbilicated, most marked on body and arms. Most of these vesicles developed in center of a pale reddish macule three or four times as large as vesicle. Several crops of these vesicles appeared, so that three stages of macule, vesicle and scab could be seen at same time. The temperature fell to normal on appearance of eruption. There was a history of exposure to chicken-pox and a well-marked vaccination scar on arm. This case was doubtless chicken-pox.

Case third. Young man, aet. 24, history of malaise of several days' duration, followed by severe chill, temp. 103°, backache, headache, nausea and vomiting. After 48 hours symptoms largely subsided and on fourth day of illness a maculo-papular eruption appeared, confined almost entirely to face and neck, few spots on limbs and trunk. The vesicles, many of which were umbilicated, were surrounded by a narrow red areola, and in 24 hours changed from vesicles to pustules. No secondary rise of fever occurred. The eruption ran its course in six or seven days, the pustules drying up and forming a crust, leaving no scar, though pigmentation is still present. There was a well-marked vaccination scar

on arm and several scars from a previous attack of chicken-pox were discovered. Several cases similar to this occurred within a radius of five or six miles, and in at least one other case, which occurred in an adult, chicken-pox scars could be found as well as a vaccination scar. No direct exposure to small-pox could be traced. While this case was diagnosed as chicken-pox by a physician of considerable experience in small-pox, I cannot help feeling that it was really varioloid. The eruption being confined almost entirely to face and neck, all lesions being of same degree of development at same time, passing through a well-marked pustular stage, and the pustules being situated on an inflamed base surrounded by a narrow red areola, are points very suggestive of varioloid. The onset in this case was much more severe than is usual in chicken-pox, though it is an undoubted fact that some cases of chicken-pox do begin with dull fever, headache, backache, etc., these symptoms appearing 24 to 36 hours before the eruption, and my limited experience has led me to think that the disease is much more likely to begin with these severe symptoms in adults than in children in whom the first symptoms are frequently the cutaneous.

One interesting query suggests itself in regard to the husband of my small-pox case. He was apparently immune to infection with small-pox, as he certainly had every opportunity to contract the disease. This being the case, why was it that vaccination could be successfully performed? Why was he not immune to vaccination as well as apparently to small-pox?

VACCINATION. For generations China has believed in and practiced vaccination. Their method is to snuff the virus up the nose and inoculate the mucous membrane. Since the introduction of carefully prepared animal virus by medical missionaries, many native physicians have adopted their method and vaccinate on the arms, three places on each arm. Shanghai has an excellent institution for the cultivation of animal virus.—*Exchange*.

SOME EXPERIENCES WITH BUBONIC PLAGUE.

BY W. H. WATERS, M. D.

[Read before Boston Hom. Society.]

Mr Chairman and Members of the Boston Homœopathic Medical Society:

Within the last decade the attention of the world has been directed toward a disease frightful in its mortality and once wide-spread in its occurrence, but which prior to 1893 was supposed to be rapidly disappearing. In the early history of the world any disease spreading to such an extent as to be a general epidemic, was spoken of as a plague. Gradually, however, as medical knowledge increased, the meaning of the term became limited until at present it is confined to that malady, contagious in nature, which is characterized by enlargement of the lymphatic glands in various parts of the body.

In looking over records of outbreaks of plague or, as it is better named, bubonic plague, we find mention of it almost as far back as history itself goes. In 492 B. C. Athens is reported to have lost a third of its population in a single year. Western Asia seems to be the home of the malady, from whence it spreads in great waves, now to Europe, now to Africa, now involving both continents, but always leaving the same marks behind. One such wave appeared during the sixth century in Europe, and history narrates the death of 10,000 people in Constantinople in a single day. Another great wave swept over Europe eight centuries later, decreasing the population by 25,000,000. Up to the year 1664, England was exempt from any severe epidemic, but this and the following year London alone lost 68,000 inhabitants. The disease then appeared to recede gradually eastward to such an extent as to give hopes of a speedy extinction. All hopes were in vain however. In 1893, bubonic plague appeared in Hong Kong and soon spread to India. This epidemic still continues. In seven years Bombay presidency

alone has reported 220,000 cases with 164,000 deaths, or a mortality of 75 per cent. Western Europe was invaded in 1899, when cases of plague appeared in Oporto, Portugal. This year was also notable as marking the first appearance of the disease in the Western Hemisphere: it appeared in Brazil and later at the quarantine in New York. The latest outbreak to interest and closely concern the Anglo-Saxon world, took place in Glasgow last Summer. All of these modern invasions of countries where sanitary and hygienic laws are enforced have been devoid of their rapidly epidemic qualities and high rate of mortality, thus giving an important clue to their prevention.

The disease is now known to be caused by a certain bacillus, the bacillus pestis, which is easily conveyed from one to another. Certain concomitants must be present however, for the best propagation of the micro-organism, among which may be mentioned, poor water, overcrowding, filth and ignorance of laws of sanitation.

The bubonic plague is an acute febrile disease characterized by inflammation of the lymphatic glands. The stage of incubation is from 36 hours to 11 days. The onset is sudden, with a chill and often vomiting, followed by a moderate fever. The early course is somewhat active, but later the patient becomes apathetic with a peculiarly vacant expression: the speech is slow and hesitating, each syllable being pronounced by itself. The expression, speech, and presence of buboes, accompanied by a thick, white-coated tongue with red edges, is supposed to be characteristic of the plague.

Several varieties occur: the pneumonic, the bubonic, the septicæmic, and the ambulant.

Pneumonic form. This is similar to broncho-pneumonia and is very infective on account of the sputum containing almost a pure culture of bacillus pestis. In this variety malaise is very pronounced, temperature varies from 102° to 105°, there is cough with expectoration of a thin, rusty sputum

Bubonic form. This is more characteristic. Buboes appear at the beginning of the illness in the groin, axilla, or neck, and are extremely tender and painful. When death does not take place within 7 to 8 days, these glands become soft and œdematous. They then either disappear by resolution or suppurate and slough.

Septicæmic form. As its name indicates, the bacilli appear in the blood. The condition is most virulent and death comes early.

Ambulant form—Pestis minor. A mild, non-fatal variety, but the one most liable to prove dangerous to the community on account of failure to recognize it. This may last several months.

Death usually comes in from 2 to 8 days from the beginning of the attack, the real cause being a toxæmia. In severe cases hæmorrhages under the skin or mucous membrane occur. It is these cases that gave the disease its name, "black death." The mortality of bubonic plague taken world-wide is 90 per cent.

Having thus in a brief manner covered the history, etiology and clinical symptoms of our subject, we reach the real goal of the discussion, its pathology. The best way to handle this topic seems to the speaker to be a short description of his experiences obtained during the recent outbreak in Glasgow.

About the 15th of August last, a dock laborer named Molloy died and a "wake" was held. The cause of death given on the death certificate was broncho-pneumonia.

About 8 to 10 days later, several cases of glandular enlargements coming to the notice of the authorities were all traced to this wake. Plague was suspected. The matter was placed in the hands of Prof. Robert Muir who, with two assistants, one from Glasgow the other from Boston, made the following investigations.

In most cases the inguinal glands were the ones most involved. Therefore, after freezing the skin with chloride of

ethyl, blood and broken-down glandular matter were obtained by using an aseptic syringe. Part of the material was then inoculated into a guinea-pig and part used to make cultures which were themselves later inoculated into other guinea-pigs. Upon examining the culture tubes the next day, the blood serum was seen to be covered by a moist grayish layer, the agar-agar showing minute spots with irregular edges. The bouillon showed the most characteristic development, although less so than that described by Haffkins, which is as follows: "When the inoculated bouillon culture is allowed to stand perfectly at rest for 24 to 48 hours, small islands appear just below the surface, which in about two days longer grow downward in long stalactite-like masses, the fluid remaining clear."

Microscopically were seen short, thick bacilli with rounded ends, non-motile, and not stained by Gram's method. Those bacilli obtained directly from the tissues exhibited the typical polar staining, appearing at times almost like cocci close together, organisms from the cultures, however, took the stain evenly as a solid rod. Thionin and gentian violet proved the most satisfactory stains. These cultures were then emulsified and injected into animals as already stated. Our first guinea-pig died in about three days, which was the average time of survival for the entire number. In some of these death was caused by a septicæmia due to the bacillus pestis alone, in others a mixed infection was discovered.

At the seat of inoculation was some induration and in one case a necrosis. The inguinal glands were usually degenerated, as were frequently various other lymph nodes. The spleen, sometimes enlarged, sometimes not, was soft and diffluent. Peritonitis, although not constant, was the rule. The specific bacillus was readily found in smears from the spleen, enlarged glands, exudate on the peritoneum, and heart's blood.

Thus we had fulfilled Koch's four postulates in determining the relations existing between the micro-organism and the disease.

1. The bacillus was constantly associated with the disease.
2. This bacillus was isolated and studied.
3. When injected into animals it caused death from plague.
4. It was again recovered from the inoculated animals.

It is needless to say that the above procedure was not carried out in all cases. Once a positive diagnosis of bubonic plague was made by bacteriological investigation, later cases were diagnosed by clinical symptoms.

To illustrate both the importance of microscopical examination and the similarity that other diseases bear to that one under discussion a single illustration may not be out of place. Our studies were all carried on in the building where we also did the pathological work for the Western Infirmary, a hospital of about 450 beds. One of the patients here had been troubled with a painful inguinal gland which was supposed to be of a specific nature. One day this discharged and after curettment the contents were sent to the pathological department. It chanced to come to the writer for examination and was pronounced to be in all probability a case of plague. Further consultation corroborated the diagnosis. You may picture the consternation following by imagining a similar case occurring in our own hospital with its dangers of an epidemic and unenviable publicity following. We were fortunately in time in removing this case, no epidemic followed, and even the knowledge of it was confined to a limited number. No paper, however brief, would be complete without mention of one of those products of modern bacteriology, the serum-therapy. Quite extensive use of serum was made here, all doctors, nurses, or other attendants being inoculated with the Haffkins preparation, which is preventive only. The serum prepared after Yersin's directions is not only prophylactic but also modifies the disease even when used after infection has occurred. Both of these are of use and decrease the mortality in a marked degree, but what seems of greater importance as proved by the Glasgow outbreak, is proper sanitary precautions.

Rats are the most active in spreading the plague, therefore in all epidemics in Anglo-Saxon countries, rat-catchers occupy a prominent place, catching and burning the animals. Flies and certain animal parasites are also capable of transmitting the disease.

Just here lies the importance of our bacteriological studies which is merely an example of the results being obtained in other diseases. Twenty-five years ago, not knowing the cause of plague, physicians found a mortality of 75 to 95 per cent following it. Now we know more about it and, being able to treat it intelligently, can, whenever our treatment is allowed, reduce the death rate very greatly. If this has been done with even one disease, then have the years of labor been well-spent, and we should go forward with courage to search for real causes, preventive and curative measures that will enable us to grapple more successfully with conditions in other diseases as yet obscure.

CATARRHAL CHILDREN.

BY EDWARD BEECHER HOOKER, M. D., HARTFORD, CONNECTICUT.

The title of this paper may not be strictly scientific, but it is undoubtedly expressive and hardly needs definition. But for the sake of accuracy I will say that I refer to a large class of children who are particularly subject to acute and chronic inflammations of the upper air passages. Such children are forever catching cold and, between the acute attacks, blowing and snuffing, hawking and hemming, with nasal passages wholly or partially obstructed and their secretions altered in character and amount. They are mouth-breathers in many instances, their hearing is impaired, and they are afflicted with lymphoid hypertrophies, especially of the tonsils and vault of the pharynx, though this is by no means a constant accompaniment. Such children are pale, anæmic, with fickle appetite, and extremely sensitive to changes of air, from which they are jealously and zealously guarded by fond and

anxious parents. These children are a lucrative source of income to the family doctor and specialist, and it is the height of unselfishness to attempt to cure them and to prevent others from becoming affected in like manner. Yet it is to the prevention and cure of this form of disease that I especially call your attention.

The conclusions at which I have arrived are largely the result of my own observations, the combined experience of a general practitioner and specialist. If, therefore, they smack more of homely common sense than of the bacteriological and pathological laboratory, it is not because I am not a firm believer in laboratory methods, for I am most heartily so, but because I can give you no first-hand account of them and am trying to tell you what I have thought out for myself, imperfect though it be.

The first and most important step is to discover the cause of this widespread catarrh, from which few are free, either adults or children, in this climate, and the consequences of which may be so grave. To begin at the beginning, heredity has in the past been considered a large causative factor. But heredity is a thing of the past and I believe that here, as well as in other diseases, its influence has been greatly overestimated. In fact I do not feel sure that any disease except syphilis is really hereditary, that is, that the disease itself is actually transmitted from parent to child. I do firmly believe that certain tendencies are transmitted, that a certain delicacy or vulnerability of tissue may be hereditary. Tuberculosis is rarely, if ever, transmitted, but a constitution which lacks power of resistance may be and, alas, too frequently is the heritage of many persons. If such persons never come in contact with the bacilli of consumption they will never become affected with it, but if they do encounter these germs, they will be more susceptible than others not thus organized. So with catarrh, I believe that a delicacy of tissue may be hereditary, which renders the individual particularly liable to catarrhal inflammations. But this question is not one easily answered, for the surroundings of the child being for the

most part identical with those of the parent, it is extremely difficult to discriminate between hereditary and acquired traits.

It is much the same with morals as with health. I do not believe lying is an hereditary vice, but a mendacious father is likely to have an untruthful son, and who can tell whether the moral weakness of the father is transmitted to the son or the evil habit of the son acquired by companionship with the unstable father. In either case, thank the Lord if there is a good mother, and there generally is.

The environment of the child is in my opinion the most potent causative factor in catarrh; and by that I mean climate, housing, dress, food and habits generally, all combining, in the civilization of the century, to produce a nervous, sensitive, delicate child, with too little power of resistance. The mischief is often begun in the first days, even the first hours, yes, the first minutes of a child's life, and the doctor and the nurse are responsible for some of it. When a woman is delivered, it not infrequently happens that the new-born child lies for several minutes, before the cord is cut, in a pool of blood and water, or at least on wet sheets or cloths, while we are waiting for the pulsations of the cord to cease, or while respiration is becoming established. If the latter is delayed or imperfect, the child is sprinkled with cold water or spat with a cold, wet hand. This, while necessary and proper, does not add to the salubrity of his immediate surroundings, and thus, if he escapes a malign heredity, he immediately becomes the victim of his environment. But fortunately environment can be changed, if heredity cannot, and the remedy is simple. As soon as respiration is established, immediately wrap the child in flannel. He has come from a home where the temperature was 99° to a cold world of 70°, and while the shock of the cold air is a splendid tonic to start his lungs into action, a small dose is enough and the skin needs prompt protection. Do not wait too long for the pulsation of the cord to cease. If the uterus has contracted well, the placenta is already in the cervix or vagina, and the placental circulation has ceased. You may perhaps feel pulsations two inches

from the navel of the child, but twelve or fifteen inches away there are none and there is no advantage in waiting. Before the child reaches the world, be sure that you have flannel enough on hand to properly cover him, and do not be satisfied with the one old flannel skirt which is not infrequently the receptacle which receives him when he leaves your hands.

The nurse is likely to be the next sinner and in an exactly opposite way. The skin of all animals except man adapts itself to the climate in which the animal naturally belongs, and is covered with hair, fur or feathers, as the environment renders necessary, according to the nature of the animal. Man alone has to be artificially clothed. The respiratory apparatus on the other hand is able to adapt itself to changes of temperature and climate, and does not require protection as does the skin. Hence, while the skin of a new-born child needs to be well coated with wool, there is no good reason for covering his mouth and nose. Yet I cannot recall a single instance of childbirth in which I have not, before leaving the house, parted the coverings about the child's face and given it more freedom of respiration while equally well shielding its eyes from too bright a light. While the lungs are protected by the nose and throat against changes in temperature, there is no sense in training a child in the beginning to breathe through wool.

Climate itself is the most productive cause of catarrh and especially the climate of the Atlantic sea coast and the great lakes. If the climate were steady, reliable, either hot or cold, it would not so much matter, but the sudden changes make the mischief, and the most trying of all features is the humidity of the atmosphere. Science has not yet been able to control the weather, and our only hope is to adapt ourselves to it and increase our powers of resistance. Yet to weaken this necessary power, we habitually overheat our houses in winter, thus magnifying the difference between the temperature within and without. On a keen, wintry day, what doctor does not dread the overheated house from which he will emerge in a sweat after his visit, to face a northeast wind —

if he lives in Boston. If he does not dread it, he is either vigorous beyond his fellows, or a Christian scientist. Overheated houses, poorly ventilated schools and public places of assembly, either for worship or amusement, overheated draughty cars — these are causes, predisposing and exciting, of catarrh. We are slowly learning to improve these conditions, but, like the climate, they will always exist to some extent. It behooves us, therefore, to render ourselves superior to them, in other words, to toughen ourselves so that we can resist their harmful influence.

There is no tissue of the body which needs toughening so much as the skin and the process should be commenced in early life. The most effective methods are cold salt bathing, dry friction, proper clothing, cool sleeping rooms, systematic exposure of the surface of the body during exercise, and an outdoor life. The quality of the underclothing is of great importance. It should be at once warm and porous, capable of retaining heat and allowing evaporation of moisture. Ordinary woolen goods retain heat, but do not readily permit the drying of the skin when wet with perspiration. The best fabric that I know of is a combination of wool and cotton, called the Jaros underwear. This is made out of a layer of wool next the skin, not woven, but laid against a cotton base, with the wool fibres running in the direction they naturally take when on the back of the sheep. Moisture on the skin travels along these fibres and is taken up by the layer of cotton, leaving the wool dry and the skin beneath it warm and dry also. I think well too of the linen mesh underwear, though I have not personally investigated it. Indigestion, caused by improper quality and quantity of food, combined with too rapid eating, is so well known as a cause of catarrhal trouble that I shall simply mention it and nothing more.

If a child could be brought up in the sensible, hardy way I have indicated, I believe he would have but little catarrh, even in our climate, and would rarely catch cold. But what about germs, you ask? The germs we have always with us, but a vigorous person, child or man, need have small fear of

them. I am a firm believer in the germ theory of disease, and a still firmer believer in our ability to resist their attacks and to destroy them if they enter the system. Probably every tissue and fluid of the body (except the waste products) is endowed with germicidal properties and, if they are in good working order, the germs will die which come in contact with them.

The cases which reach the doctor's office are already well-advanced forms of catarrh and what can be done for them? Institute at once a mode of life in harmony with what I have suggested and begin the toughening process. If the nasopharynx is obstructed, open it out, not too radically, be cautious and conservative. Reduce hypertrophied turbinated bodies, establish free nasal respiration and drainage. Recent investigations have shown the important part in keeping up chronic catarrh which the accessory cavities about the nose play. Their openings must be free, and the especially critical region is that about the middle turbinated body. Remove all tumors, clear the vault of redundant adenoid tissue, and remove hypertrophied tonsils. Reduce the lingual tonsil, if hypertrophied. Cut off projections of the septum of the nose and straighten its deflections, but again I say be cautious and conservative. Do not destroy mucous membrane that can be saved, for the new membrane that forms over the denuded tissues is never quite perfect in function. Avoid the use of actual cautery, if possible; use milder means, such as electrolysis, which is effective and without danger. It is important, when once free respiration and drainage are secured, to keep the passages clear by bland sprays and washes. Think of the amount of dust that the nasal tissues sift from the air. The hairy sieve in the nostrils holds back a great deal, yet very much passes through and is collected on the septum, floor and turbinated bodies of the nose. A normal membrane can take care of this invasion and protect itself and the system which it guards, but a diseased one is less active and vigorous in function and needs help. I believe in keeping the nose clean, as a part of the toilet, as we brush

the teeth. A simple catarrh, even if chronic, can be cured, if no surgical help is needed, by thorough, persistent cleansing and disinfection of the nose. The application of very hot, dry air, about temperature of 400°, is a helpful measure in both acute and chronic catarrh.

In connection with local measures, surgical and non-surgical, attend to the general condition of the patient. When we spray, burn and cut, we are dealing with the products of disease and however valuable these procedures may be—and they are often absolutely indispensable—we should try to go to the root of the trouble and deal with the system so that these pathological products shall not occur or recur. In addition to the hygienic measures I have suggested, I most earnestly advise a painstaking search for the drug which the individual you are treating needs to restore that equilibrium and elasticity of the vital forces, the harmonious action of which is health. I wish I could tell you how to find this blessed remedy quickly, easily and safely, but I know of no path which leads to it other than that of close observation and patient study.

And if you find the indicated remedy, meaning thereby the drug which bears a Homœopathic relation to the case under consideration, you may be disappointed if you administer this remedy and do nothing else. However powerful for good it may be in its own sphere, it cannot do everything. There are times when the system calls imperatively for iron and nothing else will take its place, but it may not bear a homœopathic relation to the case. Quinine and strychnine in appreciable doses are at times curative agents of great value, and I know of no reason why we should not use them and give thanks that we possess weapons so powerful to combat disease. Catarrh not infrequently follows an acute disease such as measles, scarlet fever, grippe or diphtheria, and I have with benefit used iron, quinine or strychnine, to help build up the patient afterwards and aid the system to take and assimilate more nourishment, for nutrition is the foundation of all progress in such cases. I have usually given these

remedies one at a time and tried to individualize them, whatever the dose. I used formerly to despise iron and look upon its use as a rather crude routine practice, but I have greatly changed my ideas of late and believe that I have given more iron in the last three years of my practice than in the previous twenty. I regard the preparation known as pepto-mangan as one of great merit, and under its use I have seen pale, listless, tired children become rosy, active and vigorous. And why not? If the hemoglobin of the blood is deficient in iron, it cannot carry the proper quantity of oxygen to the tissues and oxidation is imperfectly carried on, and that means malnutrition. You may pump oxygen into the lungs and pour beef juice into the stomach, but if the red blood corpuscles cannot take up oxygen the tissues will not be supplied and assimilation will be deficient, no matter how much nourishment may be taken into the stomach.

The examination of the blood and secretions by modern laboratory methods is opening a new field in medicine of the utmost importance both for diagnosis and, I believe, also for therapeutics. And it is here that the provings of our remedies are deficient. What definite knowledge have we of the effect of drugs upon the composition of the blood? When suppuration is threatened or has occurred and the system is rallying its forces to overcome it, and has raised an army of white blood corpuscles to fight the foe, until their number is increased to three or four times the size of the regular standing army, what remedy shall we give so far as the blood examination throws light on the situation? And yet we cannot ignore this knowledge which science is yielding us, for on our own principles we must base our prescription upon the totality of the symptoms. I say frankly that we shall fall hopelessly and deservedly to the rear unless we bring our methods up to the requirements of the more accurate and scientific standards of the day. There was a time when there was nothing so good in the whole field of medicine as homœopathy, though the eyes of a great majority of physicians were closed and could see nothing in it. Prejudice closed

their eyes. But that time has passed. Homœopathy, and I speak the name with reverence, has stood still, serenely confident in the universality and immutability of its law, while medicine in general in all directions has made immense strides. Let us not be blind or prejudiced, as were the physicians of a century ago, but make use of the knowledge that the passing years bring forth, carrying our beloved art of healing into the front rank of scientific methods. But, if it prove true that there are efficient means of restoring the sick to health which are different from ours, and especially if they prove to be the better, let us be broad enough and wise enough to use them and to be grateful that we possess them.

THE TREATMENT OF RHEUMATISM, NEURITIS AND NEURALGIA BY ELECTRICITY.

BY GEORGE E. PERCY, M. D.

[Read before Boston Hom. Med. Society, Oct. 17, 1901.]

It would not be an easy matter to choose three diseases more commonly met with, in the treatment of which so great a want of harmony as to methods employed is manifest. I was prompted to respond to the call of the secretary of this Bureau because of my desire to gain information in a field of work comparatively new to me, but one in which I have had a deep interest. I must take issue with Johnson in his lines to Boswell to the effect that no man can help others that wants help himself, for where one might not be able to give anything original on a subject of this nature, he can at least by suggestion elicit a discussion which cannot fail to be of profit. In the treatment of these diseases by electricity, as given by different authorities, particularly that of rheumatism, one finds the same want of agreement, the same positivism and skepticism, which has ever characterized the life of other therapeutic agents. As Dr. Dake has well said, "Nowhere in the field of human study, owing largely to a disposition to theorize, have there been greater obstacles in the way of cer-

tainty than in those pertaining to therapeutics, and nowhere in which there has been a greater tendency to see a *propter hoc* where there has been only a *post hoc*." But this should not longer obtain in electro-therapeutics, for with the increasing exactness of electrical methods, coupled with a better clinical knowledge, we must approach more closely to an exact treatment.

First, let us consider the most formidable of these three diseases, rheumatism. It is needless, if not hopeless, to attempt any description of this affliction which has such a hold upon humanity, whether it be a microbic, lactic or uric acid disease or, as some have claimed, due to a form of malaria, of this we are sure, it is dependent upon faulty metabolism, a want of balance between the fuel put into the body and the fire of force by which it is consumed and transformed into energy. Rockwell says, "In acute articular rheumatism electricity in any form is of doubtful value, and further, while general and local palliative treatment may give great comfort to the patient and occasionally may prevent complications, it is yet doubtful whether an attack of acute rheumatism can be very much shortened by any method of treatment."

This is not a very optimistic outlook, and is it strange that electrical treatment is not more generally resorted to by the profession when we consider the exacting details necessitated in its proper application? The past record would on the whole give color to this pessimistic view, but, as I have already intimated, a more careful and studied use of the various currents with a great deal of patience and an effort on our part to treat symptoms rather than disease, may make just the difference which made for therapeutic advance by which those of the new school have profited.

In the treatment of acute muscular rheumatism and myalgia by electricity the results are brilliant, but the expectation to meet with similar success in sub-acute or chronic affection will be doomed to speedy disappointment. Electrotherapeutics has suffered no little from such unreasonable demands upon its resources.

In the treatment of acute rheumatism or rheumatic fever proper I have had little, if any, experience with electricity. I have always felt that the nodal diffusion of the selected homœopathic remedy would be worthy of trial and have myself attempted it in a few cases.

If electricity were useless in other forms of rheumatism, its value in muscular forms, notably lumbago, is so marked and satisfactory that it can almost be classed as a specific. It is here that the static machine shows definite and lasting results, and right here I should like to report a case illustrating the efficiency of this treatment in an attack of lumbago which followed six months after a siege which was treated by remedies alone.

A. F., 36 years, phlegmatic temperament, subject to light attacks of rheumatism, never severe until March 10, 1900, when was attacked with acute muscular pain in lumbar muscle. He kept about his business the first day, taking bry. and cim. March 11, confined to bed, unable to turn on account of excruciating pain and spasm of lumbar and gluteal muscles. Hot fomentations and later dry, hot batting were kept to the parts and the remedial treatment modified to meet the symptoms. There was little if any fever, and the digestion was not much disturbed. The pain yielded gradually and the sixth day the patient was discharged. About six months later, this patient called at my office with the same symptoms, hardly able to get about, had not straightened his back during the day. He had been overworking and had already felt the effect of it. He anticipated another six days of suffering in bed. After twenty minutes of negative insulation wooden ball electrode, posterior spray, followed by a few moments of massage with roller to the muscles of back and hip, he left the office free from pain, resumed his duties the following day, and a second treatment on the following day relieved the symptoms entirely.

The treatment of these cases of acute and sub-acute muscular rheumatism with static electricity is one of the most satisfactory experiences with which I have ever been favored

and it rarely disappoints one if the method of application is judiciously made and persevered in.

I have some very strong leanings toward Alexander Haig's theories as to the causation of rheumatism. He has given unlimited time to this study and has brought to bear a vast amount of experimentation of a thoroughly scientific nature upon his subject which cannot be ignored. You have heard it said that the way to a man's heart is through his stomach, and any theory, however logical, that imposes upon this latter organ a fleshless diet must needs have great weight to secure converts.

Dr. Haig believes that anything that diminishes the alkalinity of the blood, improper alimentation, fevers, etc., may produce acute rheumatism or rheumatic fever. He further says, speaking of the etiology of rheumatism, "So long as we persist in believing that rheumatism is due to some unknown cause, miasm or microbe, we shall continue to say that the patient has an attack or relapse with endocarditis which resulted in a serious heart lesion and a crippled life, and shall regard these things as inevitable, much as do the jury who bring in a verdict of 'death by the visitation of God.' But once we realize that these diseases depend solely upon the quantity and solubility of uric acid in the blood, we shall see that these deadly diseases are not the result of unpreventable causes but of our own dietetic follies, and that our children need not be crippled or decimated by them if we allow them to live according to their own inclinations, on milk and garden products and abstain from the stimulating but deadly products of animal metabolism and equally poisonous and stimulating vegetable alkaloids."

The quotation is somewhat irrelevant, but the point I wish especially to bring up is that whether or no the dietetic errors are chief causes of this changed condition of blood which favors the rheumatic invasion and the precipitation of the urates in the joints, we have the results to deal with, and this theory should be ever in our minds in treating these chronic lesions. We have in electricity an agent that surely promotes

local and constitutional nutritional change. The fibrous structures and cartilages of the joint are poorly supplied with blood vessels, and it is a fact that as the alkalinity of the joint is diminished the tendency to arthritis with deposit is proportionately increased.

It was my good fortune a short time since, after many failures, to score a success in treating a typical case of arthritis deformans. The patient, a woman of sixty, had a history of several rheumatic invasions extending over a period of years. The carpal and metacarpal joints of both hands were involved, having gradually grown worse for several years. At the time she presented herself for treatment, she was entirely helpless as far as her hands were concerned, being unable even to feed herself. It was a typical case and the prognosis was unfavorable. My only hope was to remove the pain and possibly restore a little motion to the joints less seriously affected. As there were few constitutional symptoms, the disease being distinctly localized, the treatment was directed entirely to the different joints, taking each one separately. I used the fine coil faradic, the hand in hot saline solution, applying one electrode to the joint; the palm of the hand resting upon a large copper plate in the saline bath. Vigorous friction was made over each joint for several minutes, making the whole seance half an hour. These treatments were continued bi-weekly for nearly five months. The only change being made was in the solution, one of kali-bi-carb. and ichthyol being substituted for the sod. chlor. At the end of this long siege the pain was the first to subside, the joints although enlarged were certainly reduced one-half in size, and mobility was restored so far as to enable the patient to dress herself and to attend to her household duties. Two years later, without treatment in the interval, she reported in quite as good condition. I report this case because it is the only very bad one that I have ever seen where such good results were obtained and that were so lasting.

I have had some slight experience with cataphoresis in this class of cases which I hope to report at some future time. I

should like to say in this connection, however, that I believe this to be a very fertile field for study and one which has been too long neglected. It would seem that much greater success would attend our efforts in this work if we took more carefully into consideration the fact that drugs can be made to enter the body as well against as with the flow of the galvanic current on the condition that we are able to determine whether the agent used is electro-negative or positive and choose the pole accordingly.

Neuritis. The treatment of actual inflammation of nerve structure either from traumatism or cold has brought out some of the most remarkable effects in static electricity. In this disease the fixed pain, early and persistent tendency, with manifestation of trophic changes and localized anæsthesia, enables one to differentiate from the functional disturbance of the nerves which we term neuralgia. When this disease is distinctly localized and of recent origin, I believe that a large proportion of cases can be undoubtedly cured by a few applications with the positive spray from the pointed wooden electrode, first holding the electrode at some distance from the seat of pain and gradually approaching it as toleration will permit. I have in mind a case of traumatic neuritis of superior maxillary nerve caused by the extraction of a tooth and a subsequent cold. The patient called at my office at midnight, suffering from most agonizing pain. The tooth had been extracted two days before, and the pain came on that night. He sought medical advice and was given morphine in one-fourth grain doses every two hours. This he took during the night and part of the next day, and failing to get relief, was given large doses of antikamnia. This failed to make any impression upon the pain which, if possible, increased in severity up to the time he called at my office. The only relief he could get was to hold large pieces of ice in his mouth and the moment it melted he was in frenzy until another piece was in contact with his gums. I realized that the man was well saturated with morphine and antikamnia, and I had little courage in prescribing the well-indicated

coffea. Instead I placed him upon the static platform and began with a very mild positive spray with a wooden electrode, applying it along the course of the nerve and finally directing the spray immediately to the seat of pain at the point where the tooth was extracted. I was enabled after a few moments to put the point of the electrode directly into the socket. The relief was almost instantaneous after this close proximity of the spray. The patient went to his home free from pain and slept eight hours. The treatment the following day and evening, and one the second day after, entirely relieved the trouble.

There is a form of neuritis complicating rheumatism not infrequently met with. We find the local tendency of nerve structure with fixed pain and, if of long duration, the trophic changes and disturbed sensation. The treatment should be directed to the constitutional condition as well as to the local manifestation. For the latter I have found the galvanic current, regarding its well-established rule of positive pole to the seat of pain, current 8 to 10 milliamperes, the most satisfactory method of treatment. I recently had under my care a case of this kind which for some reason that I am unable to explain was aggravated by the faradic current as well as by the static, and yielded almost immediately to galvanism. In the more choreic form of neuritis with atrophied muscle and trophic changes of skin, I have thus far seen little to inspire me in the belief that the lost function of nerve can be restored. Doubtless the disease can be held in check and nutrition improved, but beyond this it is questionable how much any form of electricity can do.

Neuralgia may be described as a nervous disorder characterized by pain which is usually paroxysmal, with marked exacerbation succeeded by definite intermission, and existing independently of inflammation. In true neuralgia, where there is disturbance of nerve centers without much muscular disturbance, the galvanic current is usually indicated. The positive electrode, applied to the seat of pain and moved along the course of the nerve with a current of meter strength 5 to 10

milliamperes, will usually afford relief. In severe cases it may be necessary to resort to cocaine or morphine, in which cases they should of course be placed under the positive electrode.

In a debilitated subject with marked nutritional change, the faradic current of tension will be of most service, giving first a general faradic followed by local application. There is usually considerable aggravation in the beginning of a treatment, particularly if a strong current is used, and this is frequently necessary. I believe it is important to treat this class of patients night and morning for a few days, giving a seance of twenty minutes each time.

Who has not had the misfortune to meet with that wretched form of hysterical patient afflicted with neuralgia? I am sure most of us have heard the groans and vainly tried to get a symptom picture of these sufferers until a score of remedies had flashed upon our mental horizon as the true similimum, only to be dissipated in turn by a fresh invasion of aches and pains. If anything will reconcile a man to the trials and freaks of his static machine in damp weather it is the satisfaction which comes from the treatment of these patients with a generous spray, followed by positive insulation with graded negative for 30 minutes.

In conclusion, I would like to urge a careful trial of cataphoresis with the indicated remedy in the treatment of rheumatic fever. Second. In treating acute muscular rheumatism, lumbago or myalgia, use static electricity and never allow the patient to get down from the platform with pain. Third. In chronic articular rheumatism prepare for a long siege, remembering that you have a constitutional disease to deal with and that dietetics and hygiene are friendly to electrical methods. Give the hot alkaline and saline bath a trial with the anodal diffusion of indicated drug. Fourth. In treating neuritis make a bold fight from the start with the positive spray closely applied in acute cases, and in chronic ones be guarded in prognosis for there are limitations even to electricity. Miracles are not common. Fifth. Neuralgia

like the feline species is endowed with nine lives and each life presents a different phase of existence. Select the current, if possible, with reference to the cause of the disturbance and its manifest symptoms, the fine coil faradic for simple neuralgia and the static for the hysterical subjects.

The progress of electro-therapeutics must be along the line of clinical work, for we can secure no proving of this agent for a working basis since its sick-making properties in ordinary doses is practically nil. It is imperative, therefore, in order to build up this branch of therapeutic work, that we exercise greatest care in the study of each case and in the choice of current, noting failures as well as successes. A given current of measured strength and duration, applied for certain well-defined similar conditions, should give unvarying results, and if not our method and not the agent is at fault.

INTUSSUSCEPTION IN CHILDREN. 1. Try inflation only when case is seen within a few hours of onset, and is not of a very acute character. In the great majority of hospital cases it is better to open the abdomen at once.

2. Inflation may be tried in certain other cases for the purpose of reducing the main portion of the intussusception and enabling the incision to be made directly over the cecum.

3. When reduction is found impossible in chronic cases, a resection may be generally done through an incision in the ensheathing bowel.

4. In acute cases, and especially if gangrene is present or the condition of the bowel requires its removal, a wide resection should be undertaken as widely as possible, and the ends brought outside the abdomen; continuity should be restored at a subsequent operation.

5. In exceptional cases of enteric intussusception, resection and immediate restoration of continuity gives the only chance.—*British Medical Journal.*

EDITORIAL.

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

THE PRESENT DANGER.

Some time ago we referred casually to the danger to the existence of our school therapeutics in the present attitude of indifference of the old school. The thought was induced by Dr. Packard's very interesting letter on the condition of Homœopathy on the Continent, from which we gathered that, although the practice of Homœopathy was increasing, the number of its avowed practitioners did not increase in the same ratio. That the same state of affairs exists in our own country we believe to be eminently true. This condition of affairs will continue to exist so long as *practical* Homœopathy is taught by the dominant school, whereby the student may learn to cure his patient *tuto, cito et jucunde*, and still possess himself of whatever prestige there may be in belonging to a dominant school.

To assure oneself that practical Homœopathy is taught by the old school, one has only to read a most interesting article in "*The American Medicine*," for June 1, 1901, entitled "Simplicity in Therapeutics," by Edwin W. Pyle, M. D. Homœopathy is here treated under the euphonious title of "Elective Affinity." We are told that "Podophyllin has an affinity for the small intestines," that "Cantharides actively congests the kidneys and urinary passages," "Colocynth influences the colon," "Aconite the vascular system," "Gelsemium the cerebro-spinal centers," etc. But not alone this. The author also states: "We hazard the opinion that when a special part or organ becomes inflamed or disturbed in function, the physiologically selected medicine acts as a stimulant to restore balance of forces, when given in small and frequently repeated doses, but irritates, congests or paralyzes recuperative power, thereby aggravating the malady, when

given in *large* doses at *long* intervals, precisely as Alcohol influences the system under like administration." And then again: "Aconite influences the vascular system and Bryonia limits effusions of serous membranes. (Phillips.) In sickness characterized by fever, quick pulse, labored breathing, pleuritic pain and rusty sputa, 5 to 10 drops of these strong tinctures into 20 teaspoonfuls or a half-glass of water, 1 or 2 teaspoonfuls given every hour or two hours (dose, gtt. $\frac{1}{4}$ to 1), constitutes an early treatment for pleurisy and pneumonia that has given results incredible to those who have been accustomed to large doses and severe antiphlogistic measures. This fact has been verified by years of experience and is no longer in the 'primary stage of laudation.' Dr. Cooper writes: 'In asthenic cases of pneumonia I rely on minute doses of aconite and bryonia, frequently repeated,' and adds, 'under the treatment we should not lose over 5 per cent. of our cases.' The probable explanation is that the small dose stimulates and equalizes without interfering with the essential *vis medicatrix naturae*."

And again: "Belladonna determines blood to the capillary circulation with heat and redness; rhus tox. will, in addition, produce a vesicular eruption. If in erysipelas either of these medicines, depending on the character of the eruption, be given as above directed, the results are fewer deaths and quicker recoveries, *cæteris paribus*, than when tr. ferri. chl. is administered in unwelcome doses. We disclaim any estimate of the value of this medication, we only know that nature thus simply treated, gives better results than when burdened by an irritating product, and in this particular instance we are supported by the testimony of Cushney, the Hôtel Dieu (Paris), and the Royal Infirmary in Edinburgh.

"Phytolacca is a specific irritant of the throat. It is physiologically indicated in follicular tonsillitis with fetor of the breath, and in small doses is a most positive remedy. Jabourandi produces diaphoresis, yet in small doses will check the sweating of tuberculosis.

"Nitroglycerin causes congestive headaches with intense

throbbing; when properly selected for morbid conditions of similar character, gtt. 1-1,000 doses will give relief.

"Apomorphin acts upon the medulla, produces convulsions, rapid breathing and great prostration. A small hypodermic dose will stimulate the spinal centers, relieve hysteria, stop the convulsions in childhood, and abort the pains of vasomotor disturbances.

"Ipecac and calomel, both nauseants, correctly prescribed, will stop bilious vomiting. Colocynth, universally known as a purgative, will, in small doses, relieve diarrhœa characterized by griping, umbilical pain. (Hughes.)

"Fractional doses of podophyllin relieve a form of diarrhœa characterized by dark-colored movements, cutting pains and worse in the mornings. (Ringer.) Less than 1 drop doses of cantharides relieve the distress of cystitis and hematuria. (Mayer.)

"Arsenic, in minute doses, is extolled in the coryzas of childhood, and in the vomiting of drunkards. (Murrell). Potas. bichromate in gr. 1-100 doses, relieves hoarseness and aphonia. (Phillips.) Calomel in gr. 1-20 doses every hour, relieves irritable stomach (Aulde), and every two hours is a clinical routine treatment for certain systemic dyscrasia. (Knapp.) Strychnin arsenate, in doses of gr. 1-134, every hour, makes 'the most permanent tonic stimulant.' (Jackson.)"

And last of all he says: "The single remedy hygienically given in whatever dose, not only simplifies prescribing, but is scientifically correct. Polypharmacy is largely the result of physicians writing their own histories and never taking their own medicines."

Does anybody know of any better homœopathy than this? All these interesting facts which are so scientifically (?) portrayed in this article, have been the common property of practising homœopaths for a greater part of the last century, and his great discovery of the simplicity of the single dose was insisted on by Hahnemann more than a century ago.

It can readily be seen that in such teaching as this, under

whatever guise it may be presented, so long as it is not taught under its true name, Homœopathy, lies a most subtle and cunning danger. It can only be met in our judgment by the utmost honesty in our own claims, and by the constant insistence that Homœopathy, wherever found, shall be called Homœopathy, and not be allowed to masquerade under other names such as "Elective Affinity," etc.

EDITORIAL NOTES AND COMMENTS.

The article in last issue of GAZETTE, published under the authorship of Dr. S. S. Windsor, should have been credited to Dr. Lena. H. Diemar, and the article entitled "A Brief Study of Temperature in Certain Serious Puerpural Complications," to Dr. S. S. Windsor.

Both were read before the Mass. Homœopathic Society.

BUBONIC PLAGUE IN CALIFORNIA. The "*Bee*," of Sacramento, California, for October 17, 1901, publishes a report issued by the State Board of Health reversing its former decision and now announcing that there is not only no case of bubonic plague in San Francisco, but that the disease has never obtained lodgment there nor elsewhere in California.

LEDUM IN GOUT. Ledum is a useful remedy in gout, as well as in many articular troubles. We have the symptom that the ball of the great toe is swollen, soft, and painful on stepping, drawing pains worse from warmth, pressure and from motion. It has also gouty nodosities on the joints, it differs from bryonia in having a scanty instead of a profuse effusion, it is perhaps better adapted to hot swelling of the hip joint than is bryonia. All the pains of ledum travel upwards. Ledum is also useful after abuse of colchicum. It may be the first remedy to use when the patient comes from allopathic hands, having been dosed with larger doses of colchicum, which is a very asthenic remedy, producing great muscular weakness, as we have seen.—*Medical Century.*

SOCIETY REPORTS.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The sixty-first semi-annual meeting of the Society was held in Pilgrim Hall, 14 Beacon Street, Tuesday evening, October 8, and Wednesday, October 9, 1901.

EVENING SESSION.

The meeting was called to order by the President, George S. Adams, M. D.

REPORT OF THE COMMITTEE ON MATERIA MEDICA.

CHARLES H. THOMAS, M. D., *Chairman.*

- 1 "Some observations on the waters of Gastein." Walter Wesselhoeft, M. D.
- 2 "An Involuntary Proving of Antimony." Fred B. Percy, M. D.
- 3 "A Brief Proving of Pilocarpine." G. Forrest Martin, M. D.

WEDNESDAY SESSION.

The meeting was called to order by the President, George S. Adams, M. D. As no quorum was present, the Society proceeded with the Scientific Session, opening with the

REPORT OF THE COMMITTEE ON SURGERY.

WINFIELD SMITH, M. D., *Chairman.*

1. "A Complicated Fracture." N. W. Emerson, M. D.
2. "A Secondary Celiotomy for Adhesion of the Bowel." W. F. Wesselhoeft, M. D.
3. "The Incision in Appendicectomy." James B. Bell, M. D.
4. "Asepsis in Vaccination." A. Howard Powers, M. D.
5. "Report of the Surgical Service of the Massachusetts Homœopathic Hospital for July, August and September, 1901." Winfield Smith, M. D.

At 12.30 P. M. the records of the last meeting were read and approved.

The Executive Committee recommended the following change in the By-Laws and it was referred to the Committee on By-Laws :

To amend Art. XVIII, by dropping the word "upon," line three, and inserting the words "three years after." Inserting after the word "election," line three, the words, "providing he is in good standing." Also dropping the word, "therefor," at the end of line three. When amended the Article shall read: "Every applicant for membership shall deposit with his application in the hands of the Recording Secretary the sum of five dollars, and shall, three years after his election, provided he is in good standing, receive the diploma of the Society, signed by the President and Secretary. Should an applicant fail of election, the money shall be refunded to him."

The following candidates for membership, approved by the Board of Censors and recommended by the Executive Committee, were elected :

Henry H. Braley, M. D., Concord ; Clarence Crane, M. D., Boston ; Frederick W. Dodge, M. D., Boston ; Adelbert M. Hubbell, M. D., Haverhill ; Seth Ames Lewis, M. D., Springfield ; Abby Swan Morse, M. D., Gloucester ; Myrton B. Raynes, M. D., Melrose ; H. Leon Steele, M. D., Norwood ; John F. Valentine, M. D., Danvers.

At 12.45 P. M. the Society adjourned for lunch.

The Society was called to order by the President, George S. Adams, M. D., at 1.45 P. M., and the Annual Oration, entitled *Progressiveness of Medicine*, was delivered by Amand. C. Bray, M. D. The oration was followed by the

REPORT OF THE COMMITTEE ON OPHTHALMOLOGY, OTOTOLOGY, RHINOLOGY AND LARYNGOLOGY.

N. H. HOUGHTON, M. D., Chairman.

I. "Mastoiditis with Report of Cases." Frederick W. Colburn, M. D.

2. "Catarrhal Children." Edward Beecher Hooker, M. D.
3. "Purulent Contagious Ophthalmia Neonatorum." John H. Payne, M. D.

REPORT OF THE COMMITTEE ON GYNÆCOLOGY.

WILLIAM F. WESSELHOEFT, M. D., Chairman.

1. "The Prevention of Pelvic Disorders." Helen S. Childs, M. D.
2. "A New Operation for Cystocele." James B. Bell, M. D.
3. "Diagnosis a Necessity in the Treatment of Pelvic Diseases." Winslow B. French, M. D.

REPORT OF THE COMMITTEE ON DERMATOLOGY, SYPHIL-
OLOGY. AND GENITO URINARY DISEASES.

ORREN B. SANDERS, M. D., Chairman.

1. "The Clinical Value of a Urinalysis in Some of the Common Diseases." Solomon C. Fuller, M. D.
 2. "Treatment of Latent Gonorrhœa in the Female." George R. Southwick, M. D.
 3. "Eczema in the Adult." John L. Coffin, M. D.
- Adjourned 5.30 P. M.

The papers and discussions will be found in full in the volume of transactions.

FREDERICK L. EMERSON, M. D.

Recording Secretary.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.

BUSINESS SESSION.

The regular meeting of the society was held at the Boston University School of Medicine, Oct. 3, 1901, at eight o'clock, the President, T. Morris Strong, M. D., in the chair.

The records of the last meeting were read and accepted.

Thomas E. Chandler, M. D., 13 Sparhawk St., Brighton, was proposed for membership.

The resignation of Dr. L. M. Kimball was read and accepted.

Dr. D. W. Wells, for the committee on securing full reports of the meeting of the American Institute by the press, reported that the whole matter had been left to Dr. C. H. Thomas and, leaving the city soon after, he was unable to say what had been done.

The President stated that he had been told by a member of the Associated Press, who reported for some of the New York papers, that he gave close attention to it and that nothing came over the wire that could be made use of, which may account for the brief notices of the meetings which appeared in the papers, and will also explain why the committee can not show more result.

VOTED: That the Medico-Legal Section report Nov. 21, 1901, instead of Oct. 17.

REPORT OF THE SECTION ON ELECTRO-THERAPEUTICS.

T. R. GRIFFITH, M. D., Chairman.

LUCY BARNEY-HALL, M. D., Secretary.

C. Y. WENTWORTH, M. D., Treasurer.

The President appointed the following committee to nominate sectional officers for the ensuing year: Drs. H. O. Spalding, Ellen H. Gay and D. W. Wells. The committee reported as follows: Chairman, Caroline Y. Wentworth, M. D.; Secretary, Chas. J. Douglas, M. D.; Treasurer, Clara C. Simmons, M. D., who were duly elected.

PROGRAMME.

"Treatment of Neuralgia, Neuritis and Rheumatism by Electricity." Two papers by Eliza T. Ransom, M. D., and George E. Percy, M. D. Discussion by Dr. Frank C. Richardson, Dr. Edward P. Colby, Dr. Clara E. Gary, Dr. Martha E. Mann, Dr. A. Howard Powers, Dr. Nelson M. Wood.

As only a few members were present, it was voted to postpone the report of this Section until October 17.

Adjourned at 8.25.

EDWARD D. ALLEN,
Secretary.

HOMŒOPATHY IN THE SOUTH.

The seventeenth annual session of the Texas Homœopathic State Society was held at Dallas, October 8 and 9, with a large attendance and a gratifying number of applications for membership. Several of the recent graduates who have located in our state made their initiatory bow, and the meeting as a whole was pronounced enthusiastic.

The officers for the ensuing year are : President, Dr. W. D. Gorton, Austin ; 1st Vice-President, Dr. W. F. Thatcher, Dallas ; 2d Vice-President, Dr. E. E. Davis, Dallas ; Secretary, Dr. Julia H. Bass, Austin ; Treasurer, Dr. T. J. Crowe, Dallas.

Texas has over one hundred of the most promising towns for Homœopaths to settle that can be found in any land or clime. Fees and collections are good. Our new medical law provides for a Homœopathic Board of Medical Examiners and exempts from examination holders of state certificates whose credentials are first-class. Correspondence invited from all who desire a change for the better, as well as from the recent graduate.

JULIA H. BASS, *Secretary*,
Austin, Texas.

IN TREATING TUBERCULOSIS. Rest is imperative in all cases of tuberculosis in which the temperature is above normal. Exercise is of importance and should be judiciously taken, with due regard to its effect on the temperature and pulse. If these are materially increased by it, the exercise is beyond the powers of the patient. The diet should be as generous as can be digested, in febrile cases the heaviest meals being given in the early part of the day, as the temperature is usually normal then. In the way of treatment, the first place should be attached to whatever will improve the powers of digestion, and everything that tends to disturb this function scrupulously avoided.—*Exchange*.

REVIEWS AND NOTICES OF BOOKS.

OPERATIVE SURGERY, VOL. II. By Joseph D. Bryant, M. D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College; Visiting Surgeon to Bellevue and St. Vincent's Hospitals, etc., etc. D. Appleton & Co., New York.

The second volume of Dr. Bryant's "Operative Surgery" is now before the profession and it completes a surgery worthy of very careful consideration.

This volume, of some 700 pages, considers operations on the mouth, nose and œsophagus, the viscera connected with the peritoneum, the thorax and neck, scrotum and penis, and miscellaneous operations.

It is amply supplied with plates and illustrations, 827 in all, including 40 colored plates.

The subjects are skilfully treated and abundant reference is given to various methods used by different operators of note, thus adding to its value as a reference book.

The illustrations are profuse, but none the less instructive, and the sections on abdominal surgery especially well depicted. Under scrotum and penis we find an up-to-date consideration of that branch of surgery, of great value to the general practitioner.

The well-chosen idea of photographic plates of instruments required in different operations is continued in this volume to advantage.

It would seem that Dr. Bryant had contributed an excellent addition to the field of surgery, and his efforts should be rewarded by a large circulation of this work.

The publishers' work is of high grade as usual.

J. A. R. JR.

SAUNDERS' MEDICAL HAND ATLASES. ATLAS AND EPITOME OF THE NERVOUS SYSTEM AND ITS DISEASES. By Professor Dr. Chr. Jakob, of Erlangen. *From the Second Revised German Edition.* Edited by Edward D. Fisher, M. D., Professor of Diseases of the

Nervous System, University and Bellevue Medical College, New York. With 83 plates and copious text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.50 net.

In this Atlas the author has portrayed an instructive section of medicine which is usually extremely difficult of mastery by students and practitioners. This work will be of great value to the physician. The matter is divided into Anatomy, Pathology and Description of Diseases of the Nervous System. The plates illustrate these divisions most completely. There is probably no work in existence in which so much is compressed within so small a space. The book is comprehensive and practical.

SAUNDERS' MEDICAL HAND ATLASES. ATLAS AND EPITOME OF OPHTHALMOSCOPY AND OPHTHALMOSCOPIC DIAGNOSIS. By Prof. Dr. O. Haab, Director of the Eye Clinic in Zurich. *From the Third Revised and Enlarged German Edition.* Edited by Geo. E. De Schweinitz, Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 152 colored lithographic illustrations and 85 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Price, \$3.00 net.

The great value of Prof. Haab's Atlas of Ophthalmoscopy and Ophthalmoscopic Diagnosis has been fully established and entirely justifies an English translation of his latest edition. Not only is the student made acquainted with carefully prepared ophthalmoscopic drawings done into well-executed lithographs of the most important fundus changes, but in many instances, plates of the microscopic lesions are added. The whole furnishes a manual of the greatest possible service, not only to the beginner in ophthalmic work, but to one who has already far advanced and desires to compare the observations of his own service with those of the rich clinic from which Prof. Haab has gathered his plates.

THE AMERICAN ILLUSTRATED MEDICAL DICTIONARY. A new and complete dictionary of the terms used in medicine, surgery, dentistry, pharmacy, chemistry and the kindred branches, with their pronunciation, derivation and definition, including much collateral information of an encyclopædic character. By W. A. Newman Dorland, A. M., M. D., Assistant Obstetrician to the University of Pennsylvania Hospital, Editor of the American Pocket Medical

Dictionary, Fellow of American Academy of Medicine. With numerous illustrations and 24 colored plates. Philadelphia and London: W. B. Saunders & Co., 1900.

This is a very practical dictionary. By being well-printed on thin paper, the publishers have been enabled to get a complete dictionary within very serviceable limits. Besides the usual anatomic and clinical tables, it has specially prepared tables of Tests, Stains and Staining Methods. Several of the subjects, such as Amputations, Arteries, Bandages, Casts, Cells, Fractures, Hernias, Ligaments, etc., are admirably illustrated. The book is finely made-up with flexible covers and should be found on every physician's desk.

Price, \$4.50 plain, or \$5.00 indexed.

THE READY REFERENCE HANDBOOK OF DISEASES OF THE SKIN. By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York; Consulting Dermatologist to the Presbyterian Hospital, New York, etc., etc. Fourth Edition, with 80 Illustrations and 3 Plates. Lea Bros. & Co.

Those familiar with Dr. Jackson's earlier editions will appreciate what an aid his handbooks are to the general practitioner and student of skin diseases. This fourth and last edition of some 650 pages is very complete for a hand book and yet not filled up with unnecessary discussion of debatable subjects. Its subject matter is well up to date.

Crocker's classification of skin diseases is followed and brief reference to the most "prominent primary lesion" is made opposite each disease in question.

The appendix of formulae for the treatment of skin diseases is of value especially to beginners.

The cuts are clear and the general appearance of the book does credit to the publishers.

ANNUAL AND ANALYTICAL CYCLOPÆDIA OF PRACTICAL MEDICINE.

By Charles E. de M. Sajous, M. D., and One Hundred Associate Editors, assisted by Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. Volume VI. Philadelphia, New York, Chicago: F. A. Davis Company, Publishers, 1901.

This, the sixth volume of Sajous' work, completes the series. It contains in alphabetical order, various subjects from "Diseases of the Rectum" to "Zinc," inclusive. The same care and thoroughness is evidenced in this volume as in the preceding. Taken all together, as a completed work, it is invaluable for ready reference, enabling one to see at a glance the best of the most recent literature on any given subject.

REPRINTS AND MONOGRAPHS RECEIVED.

Roentgen Rays in the Treatment of Diseases of the Skin. By Wm. A. Pusey, M. D. Reprinted from the *Journal of the American Medical Association*, Sept. 28, 1901.

Congenital Anterior Dislocation of the Tibia Treated by Arthrotomy. By John B. Roberts, M. D. Reprinted from *Annals of Surgery*, August, 1901.

Endo-Cardiopathies. By Thomas E. Satterthwaite, M. D. Reprinted from *Virginia Medical Semi-Monthly*, April 26, 1901.

Bottini's Operation for Enlarged Prostate, with Report of Five Cases. By Henry H. Morton, M. D. Reprinted from the *Medical Record*, Sept. 17, 1898.

The Doctor's Fee, A Plea for Honorable Dealing. By John B. Roberts, M. D.

A Study of Burns, with A Plea for Their More Rational Treatment. By Frédéric Griffith, M. D. Reprinted from the *Medical News*, Aug. 24, 1901.

Acute Endocarditis. By Thomas E. Satterthwaite, M. D. Reprinted from the *Medical Times*, May, 1901.

Abstract of the Eleventh Census, 1890. Department of the Interior, Census Division, Washington, D. C., 1896.

ITEMS OF INTEREST.

DRY LYMPH. It has been demonstrated again and again that the unpleasant local effects that sometimes follow vaccination are seldom the result of any original contamination of the virus, and they never will be if the most ordinary precautions are taken; hence the addition of a germicide is not at all necessary, especially that of a feeble one like glycerin, which, whatever else it may do to vaccine, certainly dilutes it, and so, one would suppose, diminishes its potency. Given a vaccine free from noxious contamination — and dried lymph should always be that — what is wanted is one that will act quickly and produce typical pocks. Such, we believe, is dried lymph properly prepared, properly transplanted, and properly used.—*New York Medical Journal.*

EFFECT OF TEMPERATURE ON BACILLUS PESTIS. The effect of temperature on bacillus pestis is very remarkable. It is very sensitive to slight changes. In fact, temperature seems to be the most important factor in the viability of the organism. It may be kept alive and virulent a very long time in the cold, even though dry, but it can not live long when dry at the temperature of the body. High temperatures, such as 70° C. or more, are invariably fatal in a few minutes.

The bacillus is not as sensitive to temperature when kept moist, for under such conditions it will live a very long time in albuminous media at 37° C.—*Surgeon Rosenau, Marine Hospital Service, Modern Medicine.*

CANCER OF THE UTERUS. While Gaylord, of the New York laboratory, has done something toward establishing the parasitic theory of the disease, his claim is criticized by so eminent a man as Cullen, and should be held "sub judice." Still, there is no doubt that while he may not be on the right track, his efforts are certainly commendable.

As yet, in the treatment of cancer of the uterus, the early

recognition of the disease and the early application of the surgeon's knife with a view to sacrificing all suspicious surrounding tissues seems to meet with continued favor, and justly so.

This brings to my mind the necessity of a renewed appeal to the general practitioner to examine all women who are approaching the menopause, whenever the danger signals in the way of hemorrhage, etc., are sounded.—*St. Louis Medical Journal.*

OUR LATE PRESIDENT. The lives of great men are object lessons; they teach others how to live; and in thus teaching others they regenerate and perpetually rejuvenate the world. They also in a striking manner exemplify upon what traits of character the world at large places the highest value. Thus, with a full appreciation of President McKinley's political wisdom, his high executive ability, his "safety" as a ruler and leader, it is after all the true goodness of the man, his loyalty to the companion of his life and to his friends, his gentleness resting upon rugged strength, which made him the "well-beloved" President of the American people. No other President of the United States, it is safe to affirm, has ever received during his lifetime so many marks of personal devotion, so unstinted and ever-increasing a flow of love, and that because he was fortunately so placed that the simple goodness and purity of the man was at no time overshadowed by the dignity of the office which he held.—*Pacific Coast Journal of Homœopathy.*

PERSONAL AND NEWS ITEMS.

DR. J. M. HINSON has removed to 601 Boylston St., on Copley Square.

EDWARD R. SNADER, M. D., has removed to 1919 Arch St., Philadelphia, Pa.

DR. ANNA TEMPLE LOVERING, Librarian of the Boston

University Medical Library, has returned from Europe and has removed to 13 St. James Ave., Boston.

J. HERBERT MOORE, M. D., of Brookline, has removed his office to 1339 Beacon St. He will have office hours there from 8 until 9 A. M. and from 4 until 6 P. M.

FOR SALE.—Two second-hand six plate Waite & Bartlett Static Machines, and one four plate Knott Static Machine. These machines are on exhibition at Otis Clapp & Son's, and may be purchased at a bargain.

DR. E. R. JOHNSON, of Wollaston, is making a specialty of diseases of the nose, ear and throat. He will be associated with Dr. George B. Rice and will have office hours at No. 220 Clarendon St., Boston, on Wednesdays and Saturdays.

THE RIO CHEMICAL Co. have removed from St. Louis to 56 Thomas St., New York City. This step is taken because of the superior facilities New York offers for foreign trade, as well as for greater ease in obtaining the ingredients that enter into their preparations.

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY. The above society will hold its semi-centennial celebration at Unity Hall, Hartford, November 18 and 19. Among the speakers will be Dr. J. P. Sutherland, of Boston, whose topic will be "The Homœopathic Materia Medica."

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COMMUNICATIONS.

A COMPLICATED FRACTURE.

BY NATHANIEL W. EMERSON, M. D.

[Read before Mass. Hom. Society.]

In the latter part of November, 1900, I was asked to see Mr. G. H. W., who gave the following history: On October 1, 1900, he was knocked with great violence from a moving freight car by coming in contact with a bridge. It was not known what was the nature of his flight to the ground. Later in the day competent professional attendance was afforded him, and examination showed a compound fracture of the femur in the middle third, with the end of the upper fragment pushed through on the outer aspect of the thigh. There was no serious laceration of the soft tissues, and no unusual difficulty in reducing the fracture. The leg was put up with extension, and a long side splint reaching to the axilla, a long posterior splint and a long inside splint, and a few days later the case was seen by an expert and the method of treatment approved. The wound healed in about three weeks, in five weeks the splints were taken off for inspection and the contour of the leg was correct. The splints were put back as before, except that the external lateral splint was shortened and extension discontinued. When next the splints were removed, about a week later, some deformity

was apparent, and I was asked to see the case. An examination showed an incomplete union of the bony parts, deformity of the thigh, and much shortening of the whole limb, although accurate measurements could not be made at the time. I advised his removal to the Hospital and the use of the X ray, and this was accomplished on the same day. Skiagraphs of the seat of fracture showed an overlapping of the ends of the bone, and I therefore advised cutting down upon them and wiring. Measurement also showed a shortening of between two and three inches. Consequently, on November 21, under ether, a curved incision, five to six inches long, was made over the anterior and outer aspect of the thigh down to the muscles. These were then separated until the end of the upper fragment was exposed, and further dissection showed that the ends of the bone overlapped from two and a-half to three inches, the upper end lying on the outside. They were so bound together and to the soft parts that reduction was impossible, and yet at the same time there was no stability to the union, all appearances of a provisional callous being lacking. The lower fragment could be moved in any direction. It was therefore necessary to break up all adhesions between the soft parts and the bone. After the bones were thus freed, forcible extension reduced the fracture, but it was found impossible to retain it in position. The moment extension was discontinued the ends of the bone instantly returned to the faulty position. A more careful inspection discovered a large sequestrum from the posterior surface of the bone, irregularly triangular in shape, about one and five-eighths inches in the longest diameter, and something over one inch in the shorter diameter. This fragment came from the posterior portion of the shaft of the bone, was traversed by the *linea aspera*, and embraced the whole thickness of the bone. It was so shaped that it prevented the retention of the ends of the bone in coaptation, and there were no signs that any special effort had been made by nature to include this fragment in the process of repair and

it was therefore removed. This left an irregularly shaped cone at the end of each fragment, and when brought into apposition the areas in contact were so small that the irregularities of the upper fragment were sawed off and, by traction upon the foot, elongation sufficient to coaptate was secured. The bones were then wired into position with two silver wires, one on the anterior and the other on the external lateral surface of the bone. The soft parts were united by continuous catgut sutures, two rows of which were buried, and three silk-worm gut sutures for stay sutures. The wound was covered with a collodion dressing, a long strap of adhesive plaster applied upon either side of the leg, and the whole leg from the ankle to the hip was bandaged with roller bandages. After being put to bed, the leg was placed upon an inclined plane, the outer end of which was carried outward and upward, and extension was continued in this direction, ten lbs. being put on at first with the intention of increasing it to fifteen lbs. later. Large sandbags were placed at the side of the pelvis, and the foot of the bed elevated about eight inches.

On November 22 the leg was so painful that the weights were reduced to ten lbs. and afterwards increased to twelve lbs.

November 27. The leg has been very comfortable up to the present time, paining him almost none at all. It was dressed to-day for the first time, by opening the bandages down to the limb. The wound was without irritation and healed by first intention, and the silk-worm stitches were removed. While there has been a rising temperature with morning and evening fluctuations, showing pus, examination of the wound reveals nothing.

December 4. Temperature fluctuations have been more extreme and gradually growing higher. The site of the old scar made at the time of the original injury having become red and inflamed, under aseptic precautions and the use of ethyl chloride, an incision was made over the old scar and a

considerable amount of inodorous pus was evacuated. A curette was passed down to the bone and came in contact with denuded bone, and there was probably not the slightest attempt at bony union; on the contrary there was apparent necrosis of the ends of the fragments, thus necessitating in all probability further operation. A drainage tube was inserted. This caused the temperature to fall so rapidly that by December 6 it was again normal. The appearance of the leg, however, was not satisfactory, it was swollen and œdematous and pasty looking, and a bacteriological examination of the pus showed that the affection was due to the streptococcus. I felt that the case was more than usually a serious one, and although the temperature continued satisfactory, the general appearance of the patient was far from being so, and it seemed to me that, if the case continued as it was now going, the best that could be hoped for would be to save the patient's life, but with the loss of the leg close to the hip. After consultation with the family and physician, and placing the whole matter before them, I advised another operation. My idea was to expose the ends of the bone and go back far enough upon the shaft to remove these ends through the whole diameter of the bone, then to butt these broad-ended fragments directly together and wire them there, recognizing that if union took place there would be two and a-half inches or more of shortening. If union failed, it seemed then as if the leg would have to come off.

On December 11, I again opened the leg to the fracture, making a semilunar incision just inside the former one. Considerable callous was found about both fractured ends of bone, which was a symptom of encouragement, inasmuch as the previous operation had shown there was not the slightest development of callous. It seemed to indicate that the ability to secrete a callous was not lacking, only the proper conditions for the same. The ends of the bone were found in apposition and the effort at repair had been so successful that at first sight it seemed remarkable that there was failure.

Separating and exposing the ends of the bones, an irregular piece of bone from one-half to two-third inches long, and of considerable width, was sawed off from the upper fragment at right angles to the long axis of the shaft, and in doing this I unwittingly got at what I believe to be the root of the whole trouble, as will be explained shortly. Then from the lower fragment a piece from one and a-quarter to one and a-half inches long was removed. This was necessary because periosteum was lacking for this distance and it was thought wiser to go sufficiently far to get a section through a thoroughly nourished part of the shaft. The ends of the bone were then accurately fitted together and secured.

Examination of the fragments showed that the upper one was pyramidal, somewhat honeycombed in appearance, and easily broken up into additional pieces.

In the centre of the medullary substance of this piece was found a bit of the external part of the shaft, pyramidal in shape and completely imbedded. The periosteal surface was flush with the sawn surface of the fragment. It was entirely shut in, and must have found its present location as the result of extreme and sudden violence. Also, in this same fragment is a small piece of steel or iron, completely imbedded, bright and glistening, and surrounded by softened and discolored tissue with sinuses leading to it, and, in my opinion, this was the cause of the difficulty in obtaining a proper union after the last operation. Manipulation at that time allowed access of air, which in turn favored the development of germs which up to that time had been encapsuled.

Inflammation following this last operation, progress was not satisfactory, and on December 18 all dressings were removed and the wound was found to be septic. The leg was œdematous and enormously swollen. The wound was opened throughout and down to the bone, there being a profuse discharge of creamy pus. This was all washed out with sterile water and afterwards with peroxide of hydrogen, and the wound left wide open. Microscopical examination showed

the inflammation was caused by the streptococcus. It was therefore dressed daily, improved quickly, and the bony union was finally satisfactory except the shortening. He was discharged March 14, entirely well, but with about two and a half inches shortening of the affected side.

My own explanation of all this is that in the first instance, while reduction was complete, it was well nigh impossible to maintain it with so large a loose fragment from the *linea aspera*. This, together with the fractured bone ends, caused a series of inclined planes, besides preventing a blending of the parts by a provisional callous.

The fracture was originally caused by a direct impact of a metal such as a bolt or rod, which penetrated the soft parts to the bone in the course of his flight to the ground. This blow was delivered with such force that it broke out the large fragment from the *linea aspera*, and at the same time left a chip from itself behind. This was so forcibly driven into the bone that it was shut in, and when my first operation opened to it and exposed it, somewhat indirectly to be sure, but enough to light up infection, did it show itself, and this interfered with the union at that time and probably was the entire cause of failure. The second operation, removing more bone, exposed the deeper parts and also showed the beginning necrosis of the end of the bone, the latter being secondary to the former operation. Then followed the streptococcus infection.

Had union occurred under the first dressing, the probabilities are that there would have been trouble at some future time, since it is hardly probable that so much comminuted bone and foreign matter could have been successfully encapsuled and sterilized. Amputation was seriously considered at one time, and this case is recorded merely as encouragement for somebody else under like circumstances.

NOTES ON THE WATERS OF GASTEIN.

BY WALTER WESSELHOEFT, M. D.

The observations I venture to offer at this time are by no means new. But, like many other forgotten or half-forgotten experiences, they have a value which I think we should recognize and build upon. In the earlier homœopathic literature the waters of Gastein, a health resort in the Austrian Tyrol, with their peculiarly obscure chemical and physical properties and their centuries-old fame for curative powers, were repeatedly the subject of original investigation and both scientific and practical essays, such as we rarely see in these days. Indeed, since the manufacturing chemist has come to be the teacher of the physician in all matters pertaining to medicinal therapeutics, and claims to produce substances curative for almost every known form of disease, we are too apt to overlook the fact that nature *also* possesses a laboratory in which she compounds remedial agents of great purity and much efficacy. For us, the waters of Gastein, celebrated as they are throughout the continent of Europe, should continue to have a very special interest, since their qualities were first studied scientifically by a member of our own school. It was the late Dr. Trolle who subjected them to modern chemical and physical tests and called the attention of Liebig, Rettenbach and others to the results he obtained. During the last two years, at the instance of the town authorities, Prof. Von Thau, of Budapest, has once more taken up these inquiries, and gives in his text-book of electro-chemistry some remarkable data which we would do well to contemplate with some care. His experiments are not yet concluded and are only partially published, but when complete will undoubtedly afford some degree of comfort to those who retain a lingering regard for the genius of Hahnemann.

The origin of these waters, like much else concerning them, is still a matter of conjecture. They gush in some twenty-three springs from the mountain-side at an elevation of be-

tween three and four thousand feet above the sea level, their temperature varying according to location from 120° to 170° F. Although they pass through gneiss and conglomerate rock, it can be shown that they derive none of their chemical constituents from these formations. They are collected in reservoirs admirably constructed, and distributed through wooden and galvanized iron pipes to the various hotels and baths, where they are used by thousands of patients annually for a great variety of ailments.

Their temperature makes it evident that they come from a great depth beneath the earth's surface, but unlike other hot springs and geysers, their chemical composition gives no clue to the strata in which they take their origin. Like the waters of Poland Springs, in Maine, they are as pure as spring waters can well be, containing in 10,000 parts less than three parts of solid matter. From this it is assumed that they originate in steam produced at an intense heat and condensed in the cooler strata through which they pass to the surface. These matters are still under investigation. To us they are of interest only in consideration of the unusual purity of the water and its unquestioned effect upon certain pathologic states, proved by many centuries of experience.

The chemical and physical properties of all the springs are the same, showing them all to be of one origin although escaping through different channels.

The chemical analysis of Prof. Ludwig and others shows the water to contain potash, soda, lithia, caesium, rubidium, calcium, strontium, magnesium, aluminium, iron, manganese, arsenic, chlorine, fluorine, sulphuric, phosphoric, carbonic and titanitic acids, and one or two volatile organic acids. With the figures in fractions of the quantitative analyses I will not weary you. Suffice it to say that these substances are present in almost infinitesimal amounts, of which the sum is, as before stated, between two and three parts in 10,000 or, to be exact, 2.421 parts in 10,000. Which of these constituents may be the bearer of the curative virtues no one can say. For us these waters constitute *one* substance or, better, one

remedial agent, in the same way that any other composite substance, organic and inorganic, constitutes a single drug with a peculiar effect of its own.

The physical attributes of the waters, too, are not without scientific interest, although as yet they throw no light on its therapeutic qualities. The specific gravity is no more than 1.00034 (one and thirty-four hundred-thousandths). The water is absolutely tasteless, odorless, perfectly transparent and clear, and wholly free from fixed organic admixture and of micro-organisms. In greater quantities it shows a faint bluish tint, as in the clear white and deep-tiled basins into which it is drawn for baths. But it is a noteworthy fact that distilled water, when so exposed in a clear glass cylinder as to throw a shadow on a white surface, gives a similar bluish tinge. The use of the water in bathing and for other purposes shows its remarkable softness. In consequence of its great purity it refracts light strongly, and is, as a matter of course, an effective solvent. For the same reason it favors in an unusual degree all processes of endosmosis and exosmosis, and to this may unquestionably be ascribed its influence on the metabolism of the human organism.

A very peculiar physical property is seen in the relation of the water to the electric current. It was first demonstrated by Dr. Trolle, and afterwards confirmed by Liebig, Reisacher and Von Wallendorf, that this water permits of the passage of the electric current 6.1 times more easily than does distilled water. And here it is to be noted that at one time water was regarded as the only electrolyte, but it is found that the purer the water is the less does it conduct electricity. Kohlrausch and Nippoldt have shown that the presence of one ten-millionth of sulphuric acid is sufficient to account for its observed conducting power, so that the weight of evidence goes to show that water is not an electrolyte at all. (*Encyclopædia Britannica*.) These are old established facts, but the phenomenon appears to me so important that I must ask your attention to its explanation, so far as an explanation can be offered to-day. We gain some light, if we consider the

fact, now established beyond a doubt, that solutions of salts, acids and bases in a highly diluted state, possess the power of conducting electricity more readily the more these substances are subdivided, *dissociated* as the term is, in their solutions. This ability, therefore, to conduct the electric current is dependent on the peculiar molecular arrangement of the elements contained in the water; their division into ions (a term coined by Faraday to denote the separated component parts of substances attracted respectively by the anode and cathode.) But it would lead us too far to enter further into the intricacies of electrolysis. It is important to note, however, that these ions, or dissociated molecules, possess a high degree of electrical tension or stress. They are in fact the real bearers of electricity.

In the same way the fixed constituents of the Gastein water are dissociated, separated into their ions, and are known to have all the attributes of this form of matter, that is, matter in a state of extreme subdivision, dissociation. But, if we pursue this observation a step farther, we shall see that the process of reducing matter to its dissociated molecular form may not only be effected experimentally by the electric current, but that it occurs, as in these waters, in nature's own laboratory under the action of forces of which as yet we know little or nothing. That which interests us particularly is the *fact that it occurs*. And the question arises whether we can, by any technical devices within our power, bring about a like state of subdivision and stress or tension of force or forces *without the aid of electricity*.

No answer can come to this question save by the means of repeated experiments in the hands of experts. I had hoped to present the results of some simple experimentation with the electrometer on several pure spring waters and on distilled water. But these must be reserved for a future occasion.

In the meanwhile, I believe that we are warranted in accepting these electro-chemical facts as the starting point for new investigations into the effects of medicinal substances in a state of extreme comminution. To advance fresh theories

on the subject would be, as we know too well, the idlest possible expenditure of energy. Here we have it in our power to deal with matter in its molecular form (which is, of course, a theoretical assumption, since molecules are neither visible nor measurable), but we know matter to be present in appreciable and actually measurable quantities. The quantitative analysis enables us to determine the precise amount as the qualitative analysis enables us to judge of its chemical character and relations. We are not, therefore, dealing with purely hypothetic assumptions, but may proceed on strictly practical and scientific lines within the range of positive observation and without opening again those discussions which from the first have retarded our progress and in so great a degree paralyzed our efforts.

I am well aware that even conclusive experiments conducted in the laboratory with the most delicate instruments afford no proof whatever of the medicinal or curative virtues of substances in minute quantities in the most perfect state of separation or subdivision. This, it is not given to any physical science to do. But we shall gain knowledge of the most useful character if we can succeed in demonstrating further that our medicinal substances in their dissociated form and in quantities extremely minute are capable of manifesting clearly showable and controllable effects. The clinical experiment alone can avail to prove by what substances and in what quantities the disturbed harmony of the organism is to be restored. But we must constantly aim to discover the missing links between the physical experiment and the clinical test.

In Gastein, this clinical test has been in progress for many centuries. It has resulted in attracting to the baths year after year the people who are able to command the best medical advice. Cases of debility in various forms, anæmia, neurasthenic conditions of many kinds, the weakness arising from overwork and from advancing age, seem to be most favorably affected; likewise obstinate cutaneous affections. I will not enumerate all the hundreds of ailments for which the waters

are recommended, nor attempt to expound the theoretical explanations of the *modus operandi* of the waters, but certain effects which I had the opportunity of observing, I beg to mention in conclusion. Among these observations were several pronounced cases of brain fag and nervous fatigue. It was truly surprising to see the rapid rise of the vigor and joy in living, the improved appetite and sound sleep, after a series of six or eight baths, in a number of weary and despondent people. In the same way I had occasion to notice the prompt disappearance of obstinate acne rosacea which had resisted much treatment for many months, the marked improvement in a case of acne pustulosa, and another of eczema, both of many years standing. Strange to say, the effect of the water, in those who use it to excess, is very often to produce, among other disturbances, persistent skin affections, pustulous, vesicular and squamous in character, and, likewise, forms of debility closely resembling that of hypochondria, neurasthenia and melancholia. A striking instance of such neurotic derangement was that of an elderly man who had been much benefited by the baths but, against the doctor's advice, insisted on pushing their use beyond the prescribed course. He was soon thrown into a state of extreme hypochondriacal despondency, nervous irritability with disturbed sleep and deranged digestion, which represented most faithfully the affections for which Gastein is most frequently prescribed. In reading certain articles by Dr. Trolle, who had made provings of the Gastein and had much experience in their use, I was struck with the fact that he himself had repeatedly observed similar unhappy results from the incautious use of the water, showing this to be far from indifferent in its effects as by the sceptical it is supposed to be. And there are still those who refuse to believe that minute quantities of medicinal substances can produce either pathogenic or curative effects.

As yet the indications for the use of Gastein remain most vague, and despite the glamour of scientific phrases with which its physiologic, pathogenic and therapeutic action is set forth, its use is wholly empirical. My aim in calling at-

tention to its chemical and physical properties, in connection with its healing virtues, is not only to stimulate reflection among ourselves on the true relation of these things, but also to arouse in those who are in a position to conduct accurate experiments along these lines an interest in such investigations as will aid us in solving some of those therapeutic problems before which the profession still stands in too much darkness. It appears to me, therefore, that, in the new provings and re-provings to which we are all bidden to lend our aid, the physical and chemical, as well as the pathogenic, properties of drugs should receive attention. And, what is more, it is growing daily more evident that the investigation of certain pure spring waters known to possess distinct therapeutic virtues, cannot fail to throw much needed light on the action of medicinal substances in a state of extreme subdivision. If nothing more, it will be no small gain if in this way much blind prejudice and unreasoning scepticism can be overcome.

If, for example, we can see that the fraction of a ten-thousandth part of arsenic, or lithia, or manganese, etc., in solution may be demonstrated to cause a distinct deflection of the electric needle, or the ten-millionth part of another substance so change the electrolytic behavior of distilled water as to produce a visible effect, we shall not err in concluding that the curative power of many medicinal substances resides in their dissociated molecules. By many experiments with different substances under varying conditions of dilution and admixture, we shall also be able to define and classify these curative powers and thereby raise them out of the vague uncertain field of empirical use to the level of something nearer to scientific certainty, which the physiological and clinical experiment alone will scarcely accomplish.

A FACTOR IN WOUND DISTURBANCE.

BY WILLIAM F. WESSELHOEFT, M. D.

[Read before Boston Hom. Med. Society.]

The problems that present themselves to the surgeon to-day in dealing with clean wounds deliberately made, are very different in degree from those before the days of Lister. Before the era which he inaugurated there were no known methods to certainly avoid the inflammatory complications we now know to be due to infection introduced from without, and every surgeon undertaking an operation then had to face dangers, many of which are now happily eliminated. The fearful terrors of hospital gangrene, epidemic erysipelas, pyæmia, and septicæmia, are to most of us of historical interest only, and we do our work in surgery secure from endangering the lives of our patients from diseases that are practically wiped out of ordinary existence. On the other hand, this security in operating has opened great fields of surgical work impossible in former days, and the quality of surgical work has kept pace with the advance in surgical methods, so that, instead of a surgeon's responsibilities being lessened, they are really largely increased.

Methods of avoiding infection are now greatly altered since the days of Lister. Study and experience have changed and improved each detail. Methods more certain, more direct, and more simple, have been developed, so that to-day we may feel sure that the sources of infection of wounds made by the surgeon are limited to his hands, the patient, and the atmosphere. Everything else may be subjected to absolutely certain processes of sterilization. Instruments, dressings, sutures, and ligatures, including those of animal material, are sterilized by a degree of moist heat high enough to absolutely annihilate organic life.

The sterilization of the hands of the surgeon and his assistants, and the sterilization of the field of operation on the patient, have been by various methods, including rubber

gloves, so practically if not bacteriologically accomplished that, with the proper care and attention which is imperative, experience has shown them to be adequate. Infection from the air does not, in the opinion of surgeons and experience generally, play a serious part in direct wound infection.

In support of all this I can, as can others, testify to having seen continuous months of a hospital service pass without a trace of suppuration in cases not infected previous to operation, where all the wounds in clean cases healed by first intention and were absolutely dry, and when all the cases, infected and clean alike, were operated upon in the same operating room. How the staphylococcus epidermis albus, which may be found in the deep layers of the epidermis of the patient, can exercise a serious practical influence in wound disturbance is not evident to me, for in no one of these cases was any attempt made to disinfect the skin wound after it was made, and the same knife and instruments used in cutting through the skin were used in the subsequent steps of the operation.

There are cases now and then, however, where all the details of aseptic operating have been undoubtedly faithfully carried out, that do develop pus, and it is for a consideration of what I believe to be a common cause of such infection that this paper is presented.

We all know that there are certain regions of the body where wounds can be made without much danger of suppuration occurring, even when all the details of aseptic operating are not observed. Such regions are, for instance, the scalp, face, lips and cervix, while it is certainly not very rare to see slight suppuration in an abdominal wound, after a hernia operation, or in an amputation stump, after every detail in operative asepsis has been presumably carried out faithfully.

I have frequently seen, in operations for suppurating appendicitis, the abdominal wound bathed in foul smelling pus, and yet heal by first intention where it was approximated by

sutures, and under a dressing saturated with discharges through the opening left for drainage.

There is no doubt that healthy wounded tissues, properly approximated, can resist a certain amount of dangerous infectious material and yet heal by first intention and without suppuration.

It is not a new suggestion and it has long been recognized that where blind spaces are left in the suturing of wounds, blood and serum may collect and break down into pus, but I do not believe that the extent of this is as fully appreciated or that care is as generally taken to avoid such collection, however minute, as is demanded by the facts.

Some years ago, during a period of great freedom from wound infection, I removed a fatty tumor from the abdominal wall of a woman at the Hospital. The wound was closed with a few interrupted silk-worm gut and a continuous catgut suture. In a few days she had pain and fever. I looked at the wound and was more pained than she to find swelling of the area with redness at one end. An opening was made and some thin, bloody, purulent fluid evacuated. The rest of the wound did not break, but healing was greatly delayed by this considerable area having gradually to close from the bottom. Here I had put on good pressure but in spite of it serum had been thrown out. The wound itself healed, but the serum, being a good culture medium and plenty of germs being present from the handling and exposure of the tissues to the atmosphere in operating, had become infected, and the result was a septic condition after an aseptic operation. This is a very simple case, but I have every reason to believe from many similar cases upon which I have since operated, that, had I put in a small tube or even a silk-worm gut drain, the serum poured out in the first few hours would have soaked into the dressing and there dried, that the walls of the space would have come together, and all would have united by first intention throughout. Figs 1 and 2.

In the common operation for removal of the breast and

clearing out of the axillary space, very large areas of wounded surfaces are brought into apposition. Here, with a drainage tube in the axilla and a firm pressure bandage, healing throughout by first intention is almost the invariable rule. A large amount of bloody serum is usually discharged by the



FIG. 1.

Bed of fatty tumor filled with bloody serum.

drainage tube during the first two days, the drain is then removed, and the case is then practically finished. Yet, in spite of the firm chest wall forming a most excellent base upon which to apply pressure, I have several times seen extensive suppuration occur in cases where drainage of the axilla was not used. This, I believe, was due purely to not providing for the discharge of serum.

In operations upon the scrotum and its contents, where the

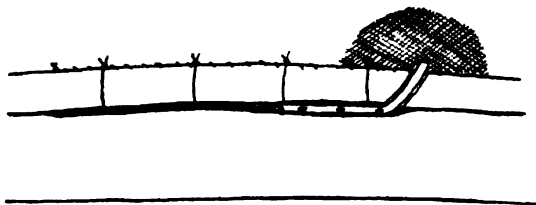


FIG. 2.

Same as Fig. 1, with serum discharged through drain.

tissue is perhaps the most lax in the body, and where it is very difficult to apply even and firm pressure, first intention is almost invariable, even when a large cavity is left, where drainage is used, and it is a portion of the body very apt to swell and suppurate if drainage is not used.

In wounds where the tissue is firm and can be accurately approximated by sutures, such as the scalp, face, and cervix, there is little chance of blind spaces being left for the accumulation of serum, and these are the portions of the body where first intention in wounds is the common rule, even under adverse conditions.

Abdominal wounds are the most important and the most interesting wounds with which a surgeon has to deal. First intention in abdominal wounds is especially desirable, for, if suppuration occurs here, healing results with the formation of more or less increased scar tissue. Scar tissue is a fibrous tissue which is apt gradually to stretch and give under strain, so that a hernia is far more likely to result from a wound which has suppurated than from one which has not.

The abdominal wall is composed of several planes. Below, over the bowels, is the peritoneum and transversalis fascia, then comes a layer of muscle, over this is a strong aponeurosis or aponeuroses, and over this the skin. There are different methods of suturing the abdominal wall in vogue. One is by interrupted through and through sutures, another by approximation of each layer separately, another by a combination of the two in which the stay sutures generally pass through all the layers of skin, aponeurosis and muscle, but not the peritoneum.

It can readily be seen in diagram that spaces may easily be left in which serum may collect, and I believe the fact of such collections frequently to be the cause of a great deal of the suppuration in abdominal wounds that is often attributed to errors in technique. Figs. 3 and 4.

Pressure cannot be applied over the abdominal wall as advantageously as it can upon the firm, unyielding chest or head, and dependence must necessarily be put upon suturing almost entirely. In using the through and through stay sutures, some vessel in the muscular layer is not infrequently pricked. This causes some blood to flow into the wound. Tying the stitch usually arrests this readily, but it never-

theless is a not infrequent source, I believe, of blood being left in the wound. It is a very fortunate fact that, when an abdominal wound does suppurate, instead of the pus making its way into the abdominal cavity, it seeks a vent outwards either along a stay suture or out through a layer. The

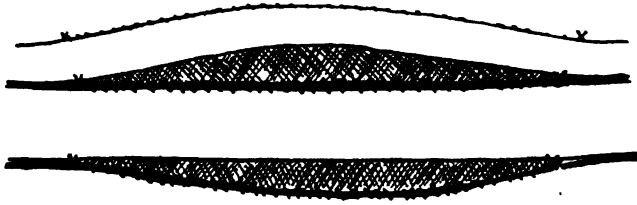


FIG. 3.

Abdominal wound sutured in layers, showing spaces over aponeurosis under skin, and over transversalis fascia under muscle, where serum may collect.

“stitch hole abscess” about a stay suture is undoubtedly usually the result of a collection in a space below, which seeks a vent along the suture and is not to be attributed to the suture itself.

During the Spring term at the Hospital last year, several abdominal wounds suppurated, and Dr. Bell determined to

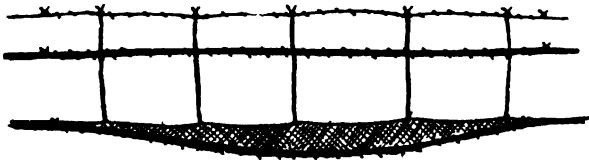


FIG. 4.

A common way of suturing abdominal wounds in layers, with stay sutures embracing skin, aponeurosis and muscle, but not transversalis fascia and peritoneum. Shows space under muscle where serum may collect.

give a vent to this serum which he suspected might be the cause of the trouble. He therefore introduced a drain of silk-worm gut strands into the bottom of such wounds and an immediate change took place. A good deal of serum was dis-

charged into the dressing, the drain was removed in thirty-six to forty-eight hours, and healing by first intention again became the rule. Fig 5.

Another method, and I believe the best, is to pass the stay sutures rather close together through the wall, including the



FIG. 5.

Same as Fig. 4, with serum discharged through drain.

peritoneum, and to approximate the layers with catgut. The stay sutures are held taught while the layers are being sewn, in order that no gut or omentum be caught in them when they are tied. In this way close approximation is obtained and the spaces obliterated, with excellent results. Fig 6.

Any sterile culture medium, such as bouillon, if left exposed to the air of any operating room, will decompose because it will



FIG. 6.

Tight wound with no spaces. Layers sutured with catgut. Silk-worm gut stay sutures passed through entire abdominal wall including peritoneum.

be attacked by the germs contained in the air. Bloody serum collecting in blind spaces in a wound is an excellent culture medium. It is liquid and lies in a warm bed—conditions most favorable for germ life and culture. The tissues in which it lies have been exposed to the air and to the man-

ipulation of the operator, and it is easy to suppose that this serum can gain from the tissues which have been thus exposed, germs in plenty to set up changes in it. While living tissues can resist the little infectious material met with during an operation, and heal by first intention when properly approximated, bloody serum, lying in blind spaces in a wound, is apt to become infected, and lead to infection and breaking of the wound.

Bloody serum lying in the peritoneal cavity is under entirely different conditions. It has been repeatedly demonstrated that the peritoneum can take up a large amount of bloody serum, and absorb it very rapidly. In an ordinary wound the process of absorption is very slow, and time is given for changes to take place which are set up by microorganisms.

With all the details of surgical asepsis faithfully carried out, with careful stopping of all bleeding, with the obliteration of blind spaces where serum might collect, either by means of pressure or close suturing, and with the draining of blind spaces that can not be surely obliterated, wounds in clean cases ought to heal readily. I feel confident from what I have seen, that the presence of even very small quantities of bloody serum collecting in not readily absorbing tissues is a potent factor in wound disturbance, even when aseptic details have been carried out fully.

AN INVOLUNTARY PROVING OF ANTIMONY.

BY FREDERICK B. PERCY, M. D.

It has always been a mooted question whether a voluntary or an involuntary proving of a drug was productive of more valuable information. Whichever horn of the dilemma you accept, you must admit that the following proving is both interesting and instructive. It certainly subscribes to four fundamental rules for a proving, namely, that the drug shall

be pure and in varying conditions. Second, that the prover shall be in ordinarily good health. Third, that there shall be as few changes as possible in the mode of life. Fourth, that there shall be intelligent observation and interpretation of the effects.

One unique feature of the proving lies in the fact that all the pathogenetic effects were elicited through skin absorption of the drug. It may not be amiss to recite to you the reasons for this proving coming into my possession.

Some years ago a well-known chemist came under my care for temporary indisposition. His recovery was rapid and uneventful, but a pleasant friendship resulted. Many years after we met again, and then it was that he told me of a recent illness from which he was only then recovering. At my instigation he committed the facts to writing, and I submit to you his letter :

“ Dear Dr. Percy,

The following is an account of the case of Antimony poisoning as nearly as a layman can describe it. I was engaged in the manufacture of the double lactate of antimony and soda for dyers' use. This is made by dissolving powdered regular or metallic antimony in a mixture of lactic and nitric acids. The nitric acid is simply to convert the metal into an oxide soluble in lactic acid. When the nitric acid is used up, one half the remaining lactic acid is neutralized with soda.

“ The double lactate of antimony and soda is a hygroscopic non-crystalizable salt, which is absorbed through the skin with great readiness. Shortly after beginning the manufacture of this, I noticed a decided lowering of the general health and great sensitiveness to cold. I was only comfortable in a room at 80° to 85°, and was obliged to give up cold baths, to which I was regularly accustomed up to this time. There was also great digestive disturbance, much gas in the intestines, watery and mucous discharges from the in-

testines but no pain, a nasty coated tongue, torpid liver, and yellow skin. The whites of the eyes showed yellow as well. The heart, which had always been quick but strong, became most erratic, jumping from fifty-six to a hundred and fifty beats per minute, and from weak to strong and vice versa. The mental disturbance was more pronounced than the physical. An extreme listlessness was accompanied with the most extreme melancholia. The thing which finally led me to the cause of the trouble was the breaking out of watery pustules on the wrists and arms, principally an intense itching of the inflamed parts. The pustules resembled ivy poisoning.

"A physician prescribed soda and a tonic without relief. Then iodide of potassium solution, one to one, five drops three times a day, were administered with immediate relief. The iodine showed in the urine and saliva. For the liver ergot, and for the heart strychnine and nitro-glycerine were given. After five months I am nearly in a normal condition, but have never been able to resume the cold baths and am more or less dependent on the nitro-glycerine. Hoping this complete, I am,

Sincerely yours,

"

That we may better appreciate the remarkable confirmation of the generally accepted symptoms of *Antimonium crudum*, I beg that you will follow me as I give you these symptoms in parallel columns :

PROVING.	HOMŒOPATHIC INDICATIONS.
Decided lowering of the general health.	Depressed vitality of the mucous membranes with mal-assimilation.
Great sensitiveness to cold in the prover. Only comfortable in a room 80° to 85°.	Cold baths aggravates or causes trouble. Child always worse from cold bath.

Obliged to give up cold baths to which I was regularly accustomed.	Disagreeable feeling of internal chilliness, so he cannot get warm.
Nasty, coated tongue.	Tongue thickly coated, white, very white, white as milk.
Great digestive disturbances. Much gas in intestines.	Chronic loss of appetite, eructations, tasting of ingesta.
Watery and mucous discharges from the intestines.	Stools partly solid and partly fluid, alternate constipation and diarrhoea, constant discharge of yellowish slime from anus.
Heart, which had always been quick and strong, became most erratic, jumping from 56 to 150 per minute, from quick to strong and vice versa.	Violent palpitation of the heart. Pulse, sometimes a few quick beats, then three or four slow ones.
Mental symptoms: Most extreme melancholia.	Great sadness and woful moods. Child cannot bear to be touched or looked at.
Watery pustules on the wrists and arms; pustules resemble ivy poisoning. Intense itching of the inflamed parts.	Pimples, pustules, furuncular elevations, with pricking itching of the skin.

Could stronger proof of the law of similars be offered than these parallel columns give? "Few drugs have made as much noise in the medical world as Antimony. It was known in the remotest antiquity. Hippocrates, Galenus, Plinius and Dioscorides mention it. From the arcana of Paracelsus it was afterwards transferred into common use as an almost universal panacea, and during the fifteenth and sixteenth centuries became the object of such violent disputes among doctors that Parliament was obliged to interfere and to interdict the use of this drug. This interdiction remained in force from the

year 1566 until the 16th of April, 1666, when it was revoked at the instance of the medical faculty of Paris, one hundred and two members of which at last united to give their assent to the use of antimonial preparations."

The modern school of medicine has abandoned the use of crude antimony almost entirely, but our study of the drug has always led us to place almost implicit confidence in its usefulness for chronic catarrhal conditions which are attended with a depressed vitality of the mucous membranes and an unhealthy condition of the skin. Its strongest analogies are bryonia and pulsatilla, but it has a sphere of usefulness of its own which, though not wide reaching, is none the less important. We can therefore, I think, claim for this drug that any part it may have played in medicine in the past centuries or will play in time to come can be interpreted only in accordance with the law of medicine to which we subscribe.

October 8, 1901.

ASEPTIC VACCINATION.

BY H. H. POWERS, M. D.

[Read before Mass. Hom. Society.]

In this good city of Boston, in the first nine months of the current year, there have been reported to the Board of Health fifty-five cases of smallpox. I say reported, for I believe that there have been a number of cases unreported and probably unrecognized, since the source of infection has not been found in a number of instances. This is more than we have had for a number of years previously, but is probably not more than we may have in the coming years, and I believe this for several reasons. The most important reason is the fact of the mild character of the disease as it presents itself throughout the United States. In the past two years there have been cases in every part of our country and the total number of cases has been large, but the mortality has been small and in several cities there have been heated discussions

as to the diagnosis of cases which were presented in the epidemics. As to the reasons for the mildness of the epidemic I have nothing to say here, since it has no relation to the present topic. Another reason is that we have a generation of physicians who have seen few, if any, cases of smallpox and hence they are unable to make prompt and accurate diagnoses. This is still further the fact from the general lack of knowledge of skin eruptions, and it is commonly said of the general practitioner that he knows everything in medicine better than dermatology.

But you may be asking, what has this to do with vaccination except indirectly, and yet it is to emphasize the importance of vaccination that I have thus referred to smallpox. It is probable that the one thing that a medical student thinks he knows is how to properly vaccinate. It is so simple and easy that off-hand he can do it with credit and profit to himself. My first knowledge of vaccination came when as a child, a young man, a neighbor and a medical student, came to my father's house and vaccinated my sister and myself, and from then till now medical students have done much of the vaccination with which I have been personally connected, and the medical student usually becomes the physician, and commonly he carries with him his knowledge of vaccination. To say that any physician does not know how to vaccinate is to place yourself outside the pale of brotherhood of that member of the profession. Hence, rather than criticize, I simply suggest what to my mind is the ideal method, hoping that others may criticize and through courteous discussion we may gain the whole truth concerning this topic. Now how, when and where shall we vaccinate? First, how shall we vaccinate? The surface which is to be inoculated should be cleansed with soap and water, preferably green soap, and this followed by washing with alcohol or ether, so as to make clean and aseptic the area for scarification. Then with a clean scalpel, needle or metal scarifier, remove the scarf skin from a square not larger than a fourth of an inch, down to the papillae, so that there is the slightest oozing of the blood

or blood serum. Now, from a tube of glycerinated vaccine lymph apply a drop of its contents and rub it well into the scarified patch. Allow it to remain uncovered for fifteen minutes or until the lymph has dried, then cover with an aseptic dressing and this dressing continued till the crust has formed and fallen from the skin, leaving a non-absorbing surface. The time to vaccinate is, as I believe, in the cooler weather, avoiding the extremes of heat and cold, and the primary vaccination should occur before three years of age unless there is some proper contra-indication, and re-vaccination should occur before twenty, and again and again if an epidemic of smallpox appears. The point of election for vaccination is at the insertion of the deltoid muscle of the left arm and rarely should vaccination be performed on the leg or thigh.

And now a few of the reasons for the suggested method and I will close. And first I wish to emphatically record myself as in favor of glycerinated lymph in preference to the dry points, and for the following reasons. The vaccine point practically always carries staphylococci and streptococci, but lymph subjected to the action of glycerine becomes, after a little, aseptic. It preserves the vitality of the lymph much longer than points, unless they have been especially dried, exhausting all the moisture. This gives a chance to test the lymph, so that any which will not conform to the highest standard may be discarded. In addition to the germs which all points carry, there are a certain number of blood corpuscles which may decay and by the poison thus formed cause irritation of the wound. I was as skeptical as any one as to the advantage of this form of lymph, but years of experience have shown that the number of "bad arms" is only a fraction of what occurs when points are employed. An objection has been made that the glycerinated lymph has more failures to take than points, but that is on account of lack of knowledge of how it should be applied. The action of the glycerine when first applied is to draw the serum from the arm, and it is longer before it is absorbed than if the gly-

cerine had not been added. Still further the lymph is diluted by the glycerine, and a fair amount of glycerinated lymph must be applied and rubbed in to insure success.

One word about shields. Many of them are a delusion and a snare, and an aseptic dressing of cotton and gauze has proved to be very successful in protecting the vaccinated arm.

This, then, is my idea of vaccination. Thus performed there is very slight local and constitutional disturbance and the dangers are insignificant and infinitesimal. My hope is that this paper may elicit enough discussion to clear away some of the fog which hangs over the medical and lay mind in regard to this very important topic.

RECOVERY FROM LEPROSY. Mr. Jonathan Hutchinson, in the *Indian Medical Record* of October 31, 1900, reports two cases of anæsthetic leprosy which recovered after an extended treatment which consisted only in small doses of arsenic, a liberal diet, and abstinence from fish. Of late years, says Mr. Hutchinson, it has been shown that in not a few cases of leprosy recovery occurs. They have been chiefly observed in countries where the disease is not epidemic, and in patients who migrated from the place where the disease was acquired and lived under wholly altered conditions. In former times the leper had no chance, but now the disease is looked upon much more hopefully. The essentials to recovery are a liberal diet, external comforts, and entire absence from uncooked fish. In olden times the leper was an outcast, condemned to poverty and the poorest food. If he got access to a leper asylum, he would very probably be fed on fish. To a considerable extent this is changed. The leper establishments now allow a more judicious and liberal diet, and from one, that of Robben Island, where recoveries have been chiefly claimed, fish is wholly excluded. The best examples of cure have come, however, not from asylums, but from private practice and from cases in which, as in the United States, the patient has migrated to a non-leprosy district and has been able to secure plenty of non-leprosy and anti-bacillary food.

EDITORIAL.

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

PUBLISHERS' ANNOUNCEMENT.

The publishers of the *New England Medical Gazette* wish to call the attention of the profession to certain changes in the policy of that journal which will be inaugurated with the commencement in January of the thirty-seventh volume. A specialized and earnest attempt is to be made to bring each of this journal's several departments to a high degree of efficiency, and to render the physician the greatest possible assistance in his efforts to keep abreast of medical progress.

Thus the pithiest and most practical contributions only will be published, the most pertinent abstracts from the literature of the day, the best obtainable reports of society meetings and individual researches.

The *Gazette* will take special notice of the extension and advancement of homœopathy all over the world and endeavor to chronicle the changes and improvements in our therapeutical resources, such as provings and reprovings, the introduction of new adjuvants, etc. At the same time not neglecting to give adequate space to matter dealing with the important specialties into which professional work is being more and more resolved, such as surgery, gynecology, obstetrics, pediatrics, diseases of the nervous system, of the genito-urinary system, of the eye, ear, nose, throat, chest, and skin, syphilis and kindred disorders.

A most interesting field, now being rapidly developed, is that of experimental research in the laboratory. The *Gazette* will endeavor to give trustworthy accounts of the results of these investigations, especially of those which promise to be of direct and immediate value in the prevention and limitation of infectious and contagious diseases.

It is hoped that very many items of general interest may appear from time to time, relating to the work of sanitariums, hospitals and colleges.

All the newest medical works and books on related subjects will be impartially noticed at length, so that the physician may be better able to determine what he wishes to read and to add to his library. Other publications and journals of general interest and merit will be grouped under the following headings: Editorially Speaking; Original Communications; Society Reports; Abstracts from Books and Journals; College, Hospital and Laboratory Notes; Books and Reading; Personal and General Items.

As co-editor with Dr. John L. Coffin of Boston, who has been for some years editor of the *Gazette*, the publishers have secured the services of Dr. A. Temple Lovering, also of Boston, a journalist of experience, and well known through several successful books on medical and other subjects.

It is greatly hoped that the members of the homœopathic school of medicine will individually feel themselves invited to contribute brief original papers dealing with their personal experiences in the practice of medicine and surgery. The profession will confer a favor by sending items of general and personal interest, announcements of removals, appointments, and the like.

All contributions, exchanges, publications for review, subscriptions and all business and other communications should be sent directly to the care of the publishers, 10 Park Square, Boston.

The publishers feel justified in asking every physician who reads this announcement to respond with a year's subscription, which will be liberally returned to him in the form of twelve numbers of the *Gazette*, issued promptly monthly and replete with everything which will materially assist him in his work.

OTIS CLAPP & SON, Publishers,

10 Park Square, Boston, Mass.

**CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY—
SEMI-CENTENNIAL CELEBRATION.**

On the 17th and 18th inst., the Connecticut Homœopathic Medical Society observed their fiftieth anniversary. Judging from the extended report in the *Hartford Courant* for Nov. 19 and 20, the celebration was in every way a success. The exercises began on Monday afternoon at 3 o'clock with a business meeting, over which Dr. Charles E. Sanford, of Bridgeport, as president, presided. A detailed and interesting history of the Society was read by Dr. A. W. Phillips, of Derby, Conn. Dr. Bradford, of Philadelphia, Pa., presented an address on "Homœopathy in the United States from 1851 to 1901." Dr. J. P. Sutherland, of Boston, spoke in his characteristic and interesting manner upon "The Homœopathic Materia Medica." The afternoon exercises closed with an address upon "Medical Colleges and Medical Education," by Dr. Pemberton Dudley, of Philadelphia.

Monday evening was devoted to a public meeting, at which there were several musical selections, an address by Dr. J. B. Rand, of Monson, Mass., on "The Relation of the Physician to the Patient," and an address by Prof. F. S. Luther, of Trinity College, on "The Relation of the Patient to the Physician." Prof. Luther, after speaking of the helplessness of the sick and their absolute dependence on the physician, goes on to speak of and to deplore the difference of opinion of the physicians. He says in part:

"Within the memory of most of us, all men, sick and well alike, have become your patients. We are demanding not so much that you shall cure us when we are sick as that you shall prevent us from getting sick. Now it is in this larger range that the relation of patient to physician is least satisfactory. I venture to say that we, the patients, have some fault to find with you, the physicians. You are in many respects altogether too much like other people, too much like the rest of us. There is a good deal more disagreement among our doctors than we patients like to see. We have our lawyers, our soldiers, our delegates to the constitutional

convention, to do our quarrelling. For our doctors and our ministers we want harmony and unity. And I think that the clergy are to-day further advanced toward agreement than the doctors are. The clergy at least deplore their differences and show traces of a desire to work together. Indeed, they do largely work together in the most essential and the most profitable of their activities. They unite in all sorts of associations for the exchange of views and for the conduct of enterprises looking to the betterment of mankind. They are doing this because they are coming to understand that their knowledge is but a small thing when compared with their ignorance and that the common end avowedly sought by all will be quickest attained by co-operation of all. So far they set most physicians a good example and the spectacle should stir your emulation. We patients are unable to comprehend a professionalism that has a barb wire fence around it. We laugh, if we are not sick ourselves, when we see that a doctor, feeling himself at a loss, will decline to consult save with those most likely to think his own thoughts and follow his own methods.

“I suppose I ought not to be saying this just here and now, especially as I have had some experience in the same line. Some years ago I addressed a company of physicians and ventured upon a few remarks which I feared would not be received with perfect cordiality. Well, they weren't. They produced a coldness such that the price of coal was raised twenty-five cents a ton the next day. Yet mark the sequel. Every one of the several doctors in the room whom I chanced to know personally took early occasion to say to me privately that for himself he deemed my opinions thoroughly sound, but that probably he was the only doctor in the room who agreed with me. Well, when loyalty to a sect, whether the sect be religious or scientific—when loyalty to a sect dulls the perceptions, cripples earnest effort, and sours sweet charity, then treason to the sect becomes the highest virtue.

Moreover, it is the apparent hostility of physicians to each other that is partly responsible for whatever of public distrust

causes you annoyance. I am speaking now of your patients with that broad inclusiveness which looks upon all civilized peoples as in the hands of the physicians. Before this vast clientage, disagreements look like confessions of meager knowledge. They shake confidence. They bring into prominence and exaggerate the uncertainties of medical science. In every science it is the borderland of the unknown that is the battlefield. For the physicist, the chemist, and of late years for the biologist, there is a great and growing body of theory that is accepted by all and depended upon by everybody with absolute confidence. Yet there have been, in each of these lines of thought, revolutions as great as any that have taken place, or been attempted, in medicine. If the extent of indisputable acquirement in medical science is less than in some other sciences, less than we could wish, as it probably is, then that is all the more reason for frank public union as to all that has been gained; all the more reason for abandoning any differences that are merely artificial, conventional, sectarian. We, your patients in the broad sense, want to see our doctors get together, acknowledge their limitations, maintain their varying opinions as to doubtful matters stoutly, yet in the spirit of earnest seekers after truth."

Dr. T. Y. Kinne, of Patterson, N. J., gave an address on "Samuel Hahnemann"

Tuesday morning the business session was occupied by the most interesting papers. The Hon. Charles E. Gross, of Hartford, gave an extended and most interesting "History of Medical Legislation." Other addresses were: "Progress of Medicine in Fifty Years," by Dr. George F. Laidlaw, of New York City; "Progress of Surgery in Fifty Years," by Dr. George W. Roberts, of New York City; and Dr. Horace Packard on "The Hospital in 1851 and 1901."

On Tuesday evening the Society and its invited guests closed its celebration with a banquet at the Allyn House. Dr. Ed. Beecher Hooker acted as toast-master. The toasts were responded to by the Rev. George W. Smith, President

of Trinity College; Louis E. Stratton, Esq., of Hartford; Col. Norris G. Osborn, of New Haven, Editor of the *New Haven Register*; Dr. Jos. E. Root, Secretary of the Hartford Medical Society (Allopathic); and Joseph T. Greenleaf, of Owego, N. Y., President of the New York State Homœopathic Society.

Our friends in Connecticut are to be heartily congratulated upon the enthusiasm manifested and the success of the occasion.

THE COMPARATIVE GERMICIDAL ACTION OF SOME DISINFECTANTS. The following antiseptic solutions were tested by the author: Binioidide of mercury, perchloride of mercury, chlorinated lime, formaldehyde, lysol, carbolic acid, izal, medical izal, Jeyes' sanitary fluid, Walker's I. X. L. disinfectant fluid, Condy's fluid, "sanitas" fluid, and boric acid.

Several platinum loops of bacillus coli communis in pure culture on potato were transferred to sterile peptone bouillon. In this emulsion pieces of finely-plaited sterilized silk, an inch long, were immersed for ten minutes, and then transferred with sterile forceps to Petri dishes for three hours. Next they were put in the disinfecting solutions for the required times, and then placed in sterilized peptone bouillon, after they had been thoroughly washed in sterile water. A growth was then looked for during the ten days following. If no growth appeared during this time the tubes were inoculated from an emulsion of the bacilli as prepared above. In every such case a growth was found at the end of twelve hours, proving that the bouillon in these tubes was a suitable medium. — Arthur H. Burgess, *The Lancet*, June 23, 1900.

SOCIETY REPORTS.**BOSTON HOMŒOPATHIC MEDICAL SOCIETY.**

An adjourned meeting of the society was held at the Boston University School of Medicine, Thursday evening, Sept. 17, 1901, at eight o'clock, the President, T. Morris Strong, M. D., in the chair.

REPORT OF THE SECTION ON ELECTRO-THERAPEUTICS.

T. R. GRIFFITH, M. D., Chairman.

LUCY BARNEY-HALL, M. D., Secretary.

C. Y. WENTWORTH, M. D., Treasurer.

SUBJECT FOR THE EVENING.

"Treatment of Neuralgia, Neuritis and Rheumatism by Electricity." Two papers by Eliza T. Ransom, M. D., and George E. Percy, M. D. Discussion by Dr. Frank C. Richardson, Dr. Edward P. Colby, Dr. Clara E. Gary, Dr. Martha E. Mann, Dr. A. Howard Powers, and Dr. Nelson M. Wood.

The papers were interesting and heard with attention; Dr. Ransom treated the scientific aspect of the subject.

DISCUSSION.

Dr. Frank C. Richardson: I regret that I have not heard Dr. Percy's paper, except the last of it, and, therefore, I will not attempt to say anything in regard to it.

Any attempt to place the application of electricity upon a scientific basis is of great interest. Up to the present time that has been the great drawback to the therapeutic application of electricity. No doubt you have all heard reports of cures of similar cases by very different methods of application. This has been so much the case as to lead to the accusation that the principal effect were psychical. Dr. Ransom's paper has certainly attempted to put it upon a scientific basis. I do not attempt to criticize it, because I do not know enough about it. Theoretically, it seems correct, and I have learned a great deal from her paper in regard to the reason for se-

lection of currents, some of which I have selected with impunity. I am convinced of the benefit to be derived from a limited and somewhat psychical effect.

There has been one point in Dr. Percy's paper in regard to neuritis. I think he did not speak as enthusiastically as he might. I believe that there are some cases of degeneration which never can be cured, a regeneration can never take place, but I do think those cases are rare and that in the majority of cases one does well to persist in the use of electricity long after it seems reasonable to give it up. Several cases have responded when I have almost lost hope.

Dr. E. P. Colby: This is one of those instances in which a former pupil has got a little ahead of her former instructor. There are some points in connection with her paper which show the advance of science and my own lack of reading as I should.

With regard to the pathology. I am pleased, more than ordinarily pleased, to hear the pathology of neuritis introduced in the way that it has been and carried out on strictly scientific principles. It is true pathology that we can abide by, and in that lies our picture of the diseased conditions, the conditions to be overcome. Years ago I began treating neuritis according to advice published by Dr. Weir Mitchell, in which there was recommended a very strong primary current. I soon found that in order to use this current with benefit and without injury to my patient, I must wait until the acute stage was past. After that the static machine came into use and I had opportunity to test it, and I found that the high frequency of the current and the greater electro-motive force, and consequent less potential, gave us a new agent by which we could relieve pain and not do the damage of the high current of the primary coil. Then from that I have for over a year past been using this current, which Dr. Ransom calls convective, one pole, usually the negative, grounded, the positive connected with the patient and the poles very near together, with rather rapid sparks, what Morton terms the

vibratory current of extreme high frequency. An important point is that it does good, it meets the requirements of the case and patients get well, they get better, and that is what I like to have them do, because they tell their friends. They recover in a fairly satisfactory way, and I think with much less inconvenience to them and certainly much less pain than with the old method. I employ electricity as an agent as we do nux vomica, belladonna and other good remedies. I have not provided myself with all the instruments that, perhaps, I ought. Of course, there are some things to-day done in a chemical way that can be done with the old galvanic current. I think that is of very great value. There is more done, I think, in a way that has not been so much thought of with the high frequency current, in continually sending shocks or impulses, creating nerve impulses, and some one, whom I do not remember, said some time ago that those impulses, being established by electricity, act as a bombardment against the barriers of diseased tissues. We know that nerve tracks, that passage way for nerve areas, can be increased, can be developed. I would not say that inefficient cells can be developed by education into efficient cells by causing impulses to pass over those imperfect tracks. Nature herself is after all a curative agent. Nature herself is doing the cure when we seem to be doing it, and the best physician after all is he who recognizes that fact and directs his every aid not to force but to aid nature in her natural process and normal direction, and I believe that electricity does this.

One very important class of inflammatory process has not, perhaps, had here that attention that it deserves by the general practitioner. I refer to multiple neuritis. It is a condition which depends upon some toxic condition in the blood. It is bi-lateral. It affects usually more than one member, referable to more than one segment of the spinal cord. Now, there are other forms of neuritis that are not bi-lateral, which, for some unknown cause, become local. Among these I would include acute neuritis.

Rheumatism is not probably a uric acid disease. I do not know what rheumatism is, but I do believe more and more every year that it is a condition due to a toxic condition which cannot be expressed in chemical terms. There are peculiar cases of gout and multiple neuritis which are affected by electricity, but never cured, and we must not forget constitutional treatment, according to rules laid down, by properly selected remedies. I believe that in neuritis and multiple neuritis, electricity will act more beneficially by removing the other symptoms making up the totality of the disease. I think you will find anæmia present in neuralgia by making examination of the blood. We know we have hysterical neuralgia which is cortical in its origin and which, when the mental perturbation is removed, recovers in a very short time, particularly if attention is given to nourishment.

Dr. A. H. Powers: I am rather at a loss to know why I am asked to discuss the paper as I am not a neurologist. I have had neuralgia once or twice in my life, which is about as far as my experience goes. Incidentally, it has been my experience or observation that coming under my care there have been a good many cases roughly called rheumatism or neuralgia, which, on careful examination, have proved to be neuritis. I never could understand why a neuritic patient should come to the surgeon at the Dispensary. They have been pleasant cases in some respects. I prescribe proper remedies and do not see them again and presume they get well. I remember a case of a woman who had suffered for a long time. A practitioner known throughout the State as a good prescriber, called the case rheumatism. There was no improvement, the patient became dissatisfied and incidentally came under my care. On careful examination I found the diagnosis proved it to be neuritis beyond any doubt. My use of electricity has been very meagre and I have nothing to say about its practical use.

I was going to say that some practitioners call everything neuralgia, but I certainly believe that the average practit-

ioner, who is seeing cases and caring for them, fails to recognize the disease, overlooks the cause, not but that most of us make mistakes along certain lines. I would urge the careful discrimination as to neuritis and rheumatism, and have the electric current scientifically applied as suggested this evening. I have observed the improvement from the use of electricity, and I am a believer in its use when applied by some one who knows a good deal more than I do about it.

Dr. Frederick F. Strong: I am interested in the discussion of this subject. I was impressed with what Dr. Colby said, and I think every one must be who is dealing with disease and observing it every day, that it is a fact that we cannot hope to cure disease by medical or other means, that nature cures and we only assist. In looking over the literature of electro-therapeutics, I have always been impressed with this fact, the great diversity of opinions regarding the use of the electrical current and the multiplicity of details given in text-books. My experience in the use of electricity has been that there are practically a very few effects resulting from the different currents. While we have various forces and different currents, which will produce different effects and modifications of effects, I think we can limit the action of each current accurately, and find there is a certain definite field for the use of each one. It has been my experience in this line of work that electricity acts principally in the line of high potency, acts principally as nutrition, bringing about a repair of tissues on the verge of degeneration. It was my privilege to say something on the use of the high frequency currents a year ago and I am still interested in their use. I think these currents differ noticeably in their action.

About the bombardment. It is an electrical massage, a bombardment of the nerve cells, which results in an increased chemical action of the cell itself. The diseased condition of the cell is probably the result of toxic conditions, the principal one, and the one which has been considered to the greatest extent, is uric acid. We may assume that it has

something to do with these conditions, for it is certain that if uric acid, or the tendency to uric acid, is eliminated the symptoms disappear. The effect of the high frequency current is to increase the cellular combustion, to burn up their waste products so that the result is urea. The analysis of the urine in cases of rheumatic or gouty character shows in the first part of the treatment an increased elimination. Uric acid already in the system seems to be eliminated more rapidly as the action of the current is increased. This is accounted for by electrical massage. The uric acid between the tissues and interstices of the body is jostled into the main channels and passes out of the body. The comparison of urea and uric acid shows that the former is increased and the latter decreased.

Lithium salts and salicylic acid are the two mainstays of old school physicians in the treatment of gout and rheumatism. They act by their solvent action on the uratic deposits, forming respectively soluble lithium urate and salicyluric acid (the salts of the latter being quite soluble). In order to get the solvent effect on a gouty deposit, it is necessary to saturate the entire system with the drug, if it be given in the usual manner. I have employed a solution of lithium salicylate on gouty joints, either immersing the part in a solution of the salt, or using the latter on a sponge electrode. Using the positive pole over the joint the salt is decomposed, lithium being driven into the tissues. After from ten to thirty minutes the poles are reversed, making the electrode over the joint the negative. The current is made as strong as the patient can bear with comfort through both stages of the treatment. When the negative pole is over the joint, salicylic acid is driven into the tissues, so that at the end of the operation both lithium and salicylic acid have been driven directly into the part without affecting the rest of the body, as is often the case when the drugs are given by mouth. As far as I know, this double method of electrical osmosis has never been employed elsewhere up to the present time.

I have had gouty joints which responded nicely to this treatment, though my experience has not been sufficient to give results. I should like to see it carried out by those who have opportunity for larger clinical experience. I would like to say that I speak of the high frequency current because I have made a special study of it. It will take the place almost entirely of the static, also the galvanic.

Dr. Percy: I am very grateful to Dr. Ransom for her paper, and the discussion it has elicited has been very interesting.

There is one thing I should like to say and that is in relation to the constitutional condition arising in rheumatism. I do not suppose any of us know the cause, but if there is anything in logic or scientific fact we must accept the uric acid theory as laid down by Dr. Hamilton.

Dr. Ransom: I desire to say that in my paper on rheumatism and neuralgia, I have said nothing of the treatment by other methods. I was very glad to hear what Dr. Strong had to say, and desire to emphasize one point, that electricity should never be applied unless the person using it knows how and why it is being used.

Adjourned at 9.40.

EDWARD D. ALLEN,
Secretary.

ANNOUNCEMENT.

CLEVELAND, OHIO, Nov. 1, 1901.

TO THE MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY:

The American Institute of Homœopathy, in session at Richfield Springs, N. Y., empowered the newly elected executive committee to select the place for the Institute's fifty-eighth meeting.

The Committee has made choice of the city of Cleveland, Ohio, for the meeting of the Institute in the month of June,

1902. We feel assured that after the meeting has taken place, the members will agree that the Committee's decision is the wisest one that could have been made. In 1899 the Institute made Cleveland its first choice for the next succeeding meeting, thus recognizing its eminent fitness. The local profession now desires the meeting. Cleveland has the advantage of being easily accessible by many lines of road from all parts of the United States. This is looked upon as being of the greatest importance in insuring a large attendance. The place of meeting must be accessible. The month of June in Cleveland is one of the most delightful of the year and weather conditions are likely to be of the pleasantest. The Hollenden House, which will be headquarters, is one of the best hotels in any city in the country. It has made many concessions in the interests of its expected guests. The Hollenden has five hundred rooms and will take splendid care of a large number. There are other first-class hotels near by. All can be suited and all can be accommodated.

There is a very large number of homœopathic physicians in the part of the country tributary to Cleveland, making it a most favorable point for the accession of new members. It is many years since the Institute met in Ohio, an additional reason in favor of the choice that the Committee has made.

It is proper to state that the Executive Committee is well aware of the fact that there is a strong and wide-spread sentiment in favor of a quiet "resort" for the Institute meetings. Each member of the Executive Committee shares in this feeling. With this in view an earnest effort was made to find a suitable place of the character. The only one that presented itself was Put-in-Bay island in Lake Erie. After a thorough investigation the Committee felt compelled to abandon further thought of this place, for the main reason, among others, that it is very inaccessible. Boats do not always make proper connection with trains, often causing long delay. Should the Lake chance to be rough, the trip is very objectionable to many people. Therefore, because of its inaccess-

ibility, the Committee became convinced that it was undesirable to make choice of the Lake Erie island resort.

In making the above announcement of its final choice, the Executive Committee entertains the confident assurance that the meeting of the Institute to be held at Cleveland, June 17-21, 1902, will take its place among those that have been the most successful, the most profitable, and the most largely attended.

JAMES C. WOOD, M. D., *President-elect.*

CHARLES GATCHELL, M. D., *Secretary-elect.*

REVIEWS AND NOTICES OF BOOKS.

ELECTRICITY IN MEDICINE AND SURGERY, INCLUDING THE X-RAY.

By William Harvey King, M. D., Editor of the *Journal of Electro-Therapeutics*. New York: Boericke & Runyon Co., 1901. pp. 296. Price, \$3.50.

In the above-mentioned work we seem to have one that is comprehensive and carefully written, embodying the latest knowledge of the subjects treated. All the conditions to which electricity is remedially applicable are enumerated and the indications outlined. The contents of this work are presented in two parts, the first including sections on electro-physics, the X-ray, motor points, electro-diagnosis, organic electrology, all very fully illustrated. The second part comprises sections on general electro-therapeutics, diseases of the nervous system, gynecology and obstetrics, diseases of the alimentary tract, genito-urinary, the treatment of hypertrophy of the prostate gland by the galvano-caustic method after Lottini, diseases of the nose and throat, diseases of the skin, general diseases, and diseases not otherwise classified. Diseases of the eye and ear and the therapeutic action of the electric light have been omitted, but these are not omissions which lessen the value of this treatise as a whole. We think it peculiarly adapted to serve as a general textbook in and out of college. The explanations and instructions are clearly put and thoroughly practical. Professor King is a man of large experience and is an authority upon the therapeutic uses of

electricity, while his coadjutors are fully competent to collaborate in the preparation of such a work. The drawings, which have been specially prepared, will be of great assistance in memorizing the accompanying text and in determining motor points.

MANUAL OF THE ESSENTIALS OF DISEASES OF THE EYE AND EAR.

By J. H. Buffum, M. D., Professor of Ophthalmology and Otolaryngology in the Chicago Homœopathic Medical College, etc. Illustrated. Chicago: Halsey Bros. Co., 1901.

The subject matter of this book is arranged in the form of questions and answers. This admits of frequent paragraphing and would have permitted with advantage, we think, such divisions as would properly have appeared under chapter headings. There is, however, nothing of this kind and consequently no table of contents. The index is sufficiently complete and the scope of the book not so extensive as to create confusion in the search for a given subject. The principal diagnostic and therapeutic points of the various diseases of the eye and ear are concisely given, preceded by the anatomy, physiology and pathology. Many of the illustrations are chromo-lithographs of considerable merit. The inclusion of homœopathic remedies will be much appreciated. We commend the spring-back binding and wide margins but deplore the cheap paper.

ESSENTIALS OF OBSTETRICS. By Charles Jewett, A. M., M. D., Sc. D., Professor of Obstetrics and Gynecology in the Long Island College Hospital, etc. Assisted by Harold F. Jewett, M. D. Illustrated. New York and Philadelphia: Lea Brothers & Co., 1901. pp. 386. Price, \$2.25 *net*.

A manual such as the above furnishes an admirable introduction to larger and more comprehensive works on obstetrics. It serves as an accompaniment to and a commentary upon the didactic and clinical teaching of the college course. It belongs to the popular class of treatises which stand between the quiz-compend and textbook proper.

The author is accustomed to write for students and, as a teacher, understands and appreciates their needs. These "Essentials" will be found practical and helpful. The book has many and excellent illustrations, is well printed and attractively bound.

THE MEDICAL NEWS VISITING LIST FOR 1902. Weekly (dated, for 30 patients) ; Monthly (undated, for 120 patients per month) ; Perpetual (undated, for 30 patients weekly per year) ; and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, \$1.25. Thumb-letter Index, 25 cents extra. Philadelphia and New York : Lea Brothers & Co., Publishers.

A visiting list is a necessity for every physician. Among the various ones which are annually put forth, the Medical News Visiting List seems to fill the bill as well as any. It has several useful tables in the beginning, such as "Doses," "Examination of Urine," "Artificial Respiration," "Diagnostic Table of Eruptive Fevers," etc. As seen above, it is issued in four styles, and the work is up to the standard usually maintained by Lea Brothers & Co.

SAUNDERS' QUESTION COMPENDS. ESSENTIALS OF THE DISEASES OF CHILDREN. By William M. Powell, M. D. *Third Edition. Thoroughly Revised* by Alfred Hand, Jr., M. D., Dispensary Physician and Pathologist to the Children's Hospital, Philadelphia. 12mo., 259 pages. Philadelphia and London : W. B. Saunders & Company. Price, \$1.00 net.

In this third edition we find an unusually clear consideration of the essential features of all the ordinary diseases of children, together with a like careful survey of some of the rarer affections.

The feature of the book calling for especial commendation is the judicious stress put upon the matter of diet throughout, but particularly emphasized in relation to the disorders of the gastro-intestinal tract. The introduction, under which is included medical examination, fecal evacuations, the pulse, the temperature, and drugs, would prove instructive reading for any practitioner. Everything is revised to date.

A. E. P. R.

SAUNDERS' MEDICAL HAND-ATLASES. ATLAS AND EPITOME OF THE NERVOUS SYSTEM AND ITS DISEASES. By Professor Dr. Chr. Jakob, of Erlangen. *From the Second Revised German Edition.* Edited by Edward D. Fisher, M. D., Professor of Diseases of the

Nervous System, University and Bellevue Medical College, New York. With 83 plates and copious text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, \$3.50 *net*.

To those of us who have shrunk from the critical study and precise interpretation of the pathological processes underlying the various diseases of the nervous system, this book comes as a revelation.

Even those members of the medical profession who have not enjoyed the elaborate pathological training of these latter days will, without great difficulty, soon find themselves at home in its pages. To the neurologist it is a veritable mine of information. The trained histologist, realizing, as he does, the great skill and untiring energy involved in carrying tissue through the various steps from the post-mortem table to the multi-colored lithograph, is simply overcome upon inspecting this work. The debt which we owe Dr. Jakob and his coadjutors, including those concerned in the production of the mechanical features of the book, is one that it will be difficult to repay.

The text includes a concise and marvellously clear consideration of the Morphology of the Nervous System; Development, Structure and Histology of the Nervous System; Anatomy and Physiology of the More Important Nervous Pathways; General Pathology and Treatment of the Diseases of the Nervous System; Special Pathology and Treatment; each section, as indicated, being accompanied by profuse and well-described illustrations. It is difficult to conceive anything more complete.

A. E. P. R.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By John V. Shoemaker, M. D., LL. D., Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia, Physician to the Philadelphia Hospital for Diseases of the Skin, etc. *Fourth Edition, enlarged and revised.* D. Appleton & Co., 1901. Cloth, \$5.00; Sheep, \$6.00. 8vo.

This is essentially the practitioners' and students' hand-book of diseases of the skin.

Part I is devoted to general considerations and includes the Anatomy, Physiology, Function, and Hygiene of the Skin and its Appendages.

In Part II the nine heads under which the diseases of the skin and their treatment are considered are as follows: 1, Disorders of Secretion and Excretion; 2, Hyperæmias; 3, Hæmorrhages; 4, Exudations; 5, Hypertrophies; 6, Atrophies; 7, Tumors; 8, Neuroses; 9, Parasites.

A valuable formulary of one hundred pages completes the book.

A careful inspection of the work reveals the fact that all the important features that have marked the most creditable advance made in dermatology during the past few years have been faithfully noted.

This book is especially valuable because of the admirable classification and arrangement of the material, the simplicity of the text, and the detailed attention which the subject of treatment receives throughout.

A. E. P. R.

PERSONAL AND NEWS ITEMS.

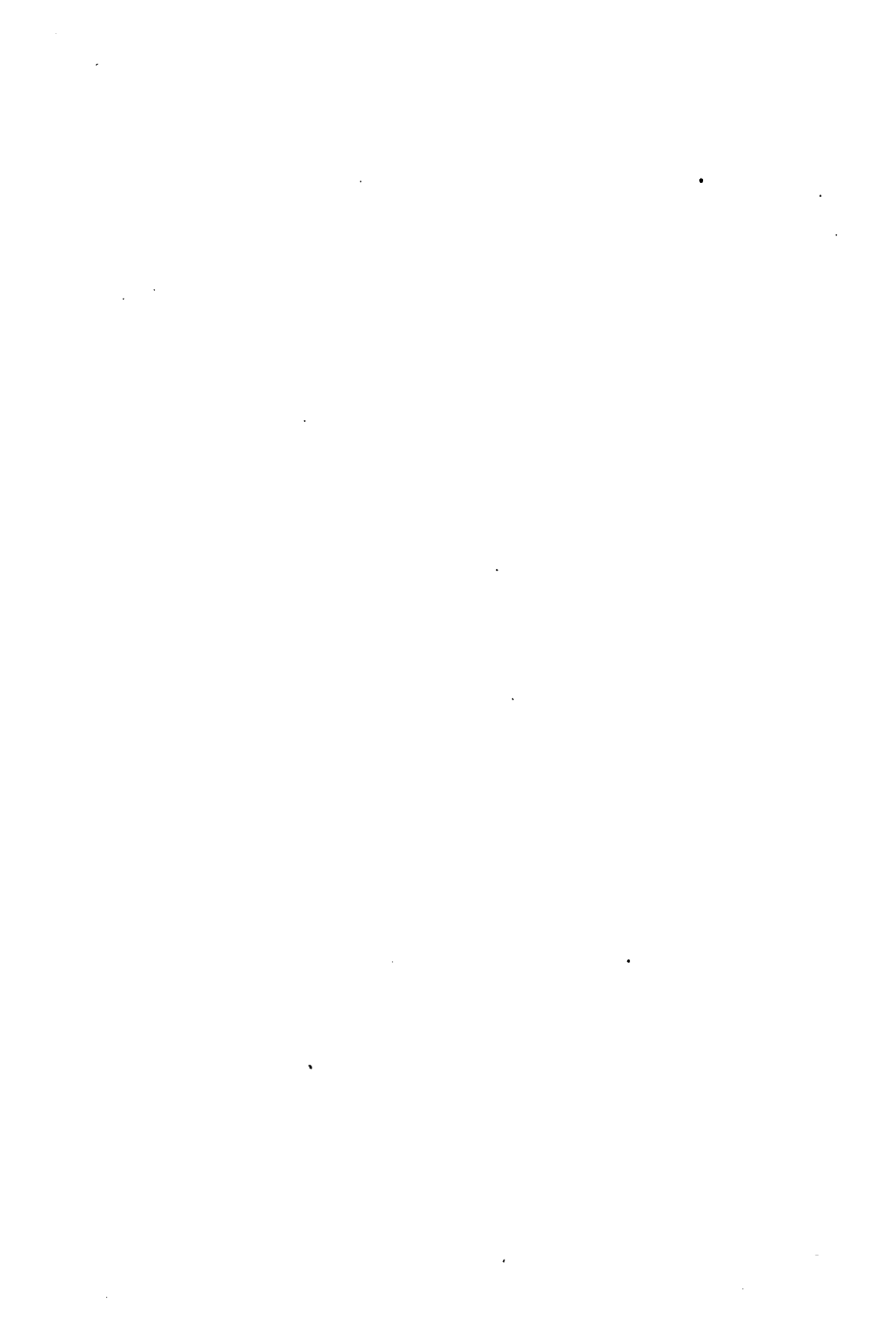
Dr. J. S. SHAW has removed from 552 Tremont St. to 2 Commonwealth Ave. He will have office hours from 12 M. to 3 P. M.

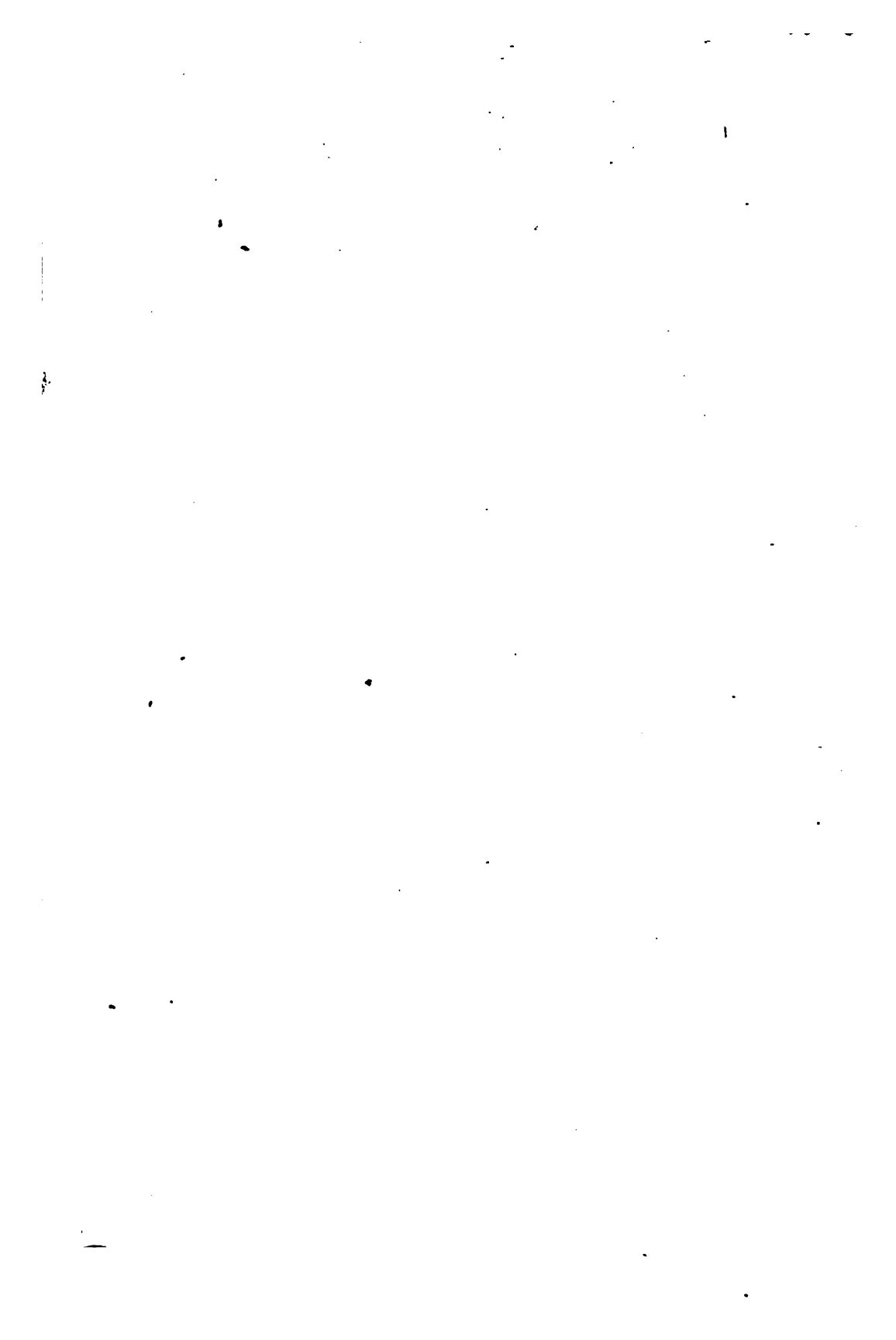
Dr. Frederick William Payne has removed from the Steinert Building to Colonial Theatre Building, 100 Boylston St. Office hours from 11 A. M. to 1 P. M., and from 2 to 5 P. M.

Dr. Frederick W. Colburn has removed to 116 Newbury St., near Dartmouth. His office hours are from 2 to 4 P. M.: Sundays excepted.

Dr. H. E. FERNALD, of Cohasset, has removed to the residence formerly owned by the late Edward E. Ellms, on South St.

Dr. ALICE E. ROWE, of Springfield, Mass., returned from Germany on Nov. 12, where she had spent three months in the study of gynæcology in the German hospitals.





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